

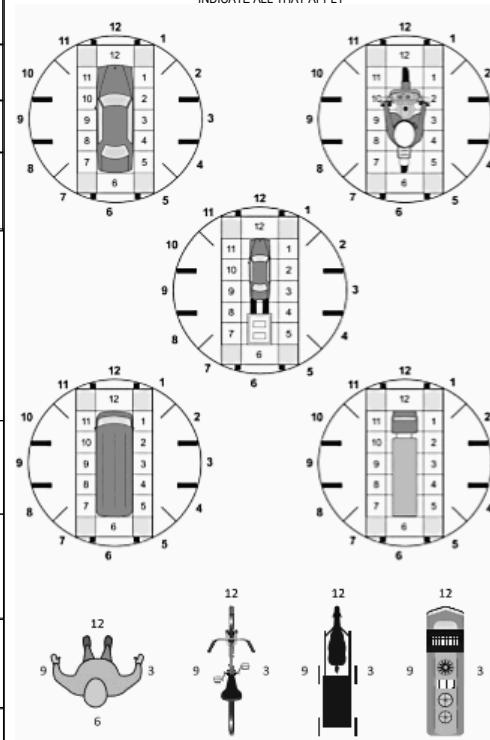
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 3 2 8 8		HITS/SKIP 1 - Solved 2 - Unsolved 2		NUMBER OF LISTS 0 2		UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN 0 1	
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 2 2 3 2 0 2 5 2 2 3 7				CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5			
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		LOCATION ROAD NAME E.86		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 4 3 0 7 6 0		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5	
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4729		ROAD TYPE 1		LONGITUDE DECIMAL DEGREES 8 1 6 2 4 4 7			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - WEST 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
DISTANCE EDP/MILEPOST/MILE 1 0		DISTANCE 1 UNIT PER MILEPOST 1 - Miles 2 - Feet 3 - Yards 3		LOCATION OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 2		MANNER OF CRASH COLLISION/IMPACT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 5 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		NARRATIVE UNIT 1 WAS TRAVELING N/B ON E.86TH. UNIT 2 WAS PARKED IN FRONT OF 4729 E.86TH. UNIT 1 STRUCK UNIT 2. UNIT 1 LEFT THE SCENE.		Diagram showing the crash location at the intersection of E.86TH and 4729. Unit 1 is shown striking Unit 2. A compass rose indicates North is up. A scale bar indicates 'Not To Scale'.							
CRASH REPORTED DATE/TIME 1 2 2 3 2 0 2 5 2 2 3 7		DISPATCH DATE/TIME 1 2 2 3 2 0 2 5 2 2 3 7		ARRIVAL DATE/TIME 1 2 2 3 2 0 2 5 2 2 4 1		SCENE CLEARED DATE/TIME 1 2 2 3 2 0 2 5 2 3 0 1		REPORT TAKEN BY POLICE AGENCY MOTORIST OFFICER'S NAME * C. Carrington OFFICER'S BADGE NUMBER * 0 5 8		CHECKED BY OFFICER'S NAME * D. Simia CHECKED BY OFFICER'S BADGE NUMBER * S 2 3		SUPPLEMENT (CORRECTION = ADDITION) 100 - ADDITIONAL REPORT TO CRASH	

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY
	INSURANCE POLICY #		VEHICLE COLOR
	VEHICLE MODEL		VEHICLE YEAR
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	# OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	UNIT TYPE 0 3		TOWED BY: COMPANY NAME
	# of TRAILING UNITS		
EVENT(S)	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
	AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		
	CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		
	VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		
	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		
	PRE-CRASH ACTION 0 1 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		
	CONTRIBUTING CIRCUMSTANCES 9 9 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		
	SEQUENCE OF EVENTS		
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1			
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 0 2 5 3 2 8 8	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 5 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1 5	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE DIAZ CINTRON KENIEL OMAR (<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP 4729 E 86TH ST GARFIELD HTS OH 44125 (<input type="checkbox"/> Same As Driver)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # KPK7269	VEHICLE IDENTIFICATION # 1N4AL3AP3HC493472	VEHICLE YEAR 2017	VEHICLE MAKE Nissan
INSURANCE VERIFIED	INSURANCE COMPANY STATEFARM	INSURANCE POLICY # 3927410-SFP-35	VEHICLE COLOR BLK	VEHICLE MODEL Altima
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 00	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE 01	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# of TRAILING UNITS					

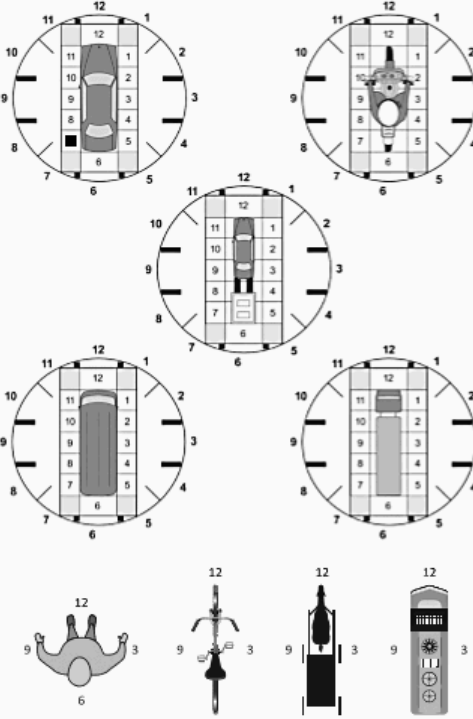
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	0 AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN

01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN

4	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

01	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
CONTRIBUTING CIRCUMSTANCES					

SEQUENCE OF EVENTS					
EVENTS					
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK					
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT				
1	MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 20253288	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 3	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	

INITIAL POINT OF CONTACT	
0 7	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING 1
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UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



MOTORIST / NON-MOTORIST	<div><div>UNIT #</div><div>0 1</div></div>		<div><div>NAME: LAST, FIRST, MIDDLE</div><div>UNKNOWN UNKNOWN</div></div>				<div><div>DATE OF BIRTH</div><div></div></div>				<div><div>AGE</div><div>1 2 5</div></div>		<div><div>GENDER</div><div>U</div></div>						
	<div><div>ADDRESS: STREET, CITY, STATE, ZIP</div><div>unknown unknown GARFIELD HTS OH 44125</div></div>						<div><div>CONTACT PHONE - INCLUDE AREA CODE</div><div></div></div>												
	<div><div>INJURIES</div><div>5</div></div>		<div><div>INJURED TAKEN BY</div><div>9</div></div>	<div><div>EMS AGENCY (NAME)</div><div></div></div>		<div><div>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</div><div></div></div>		<div><div>SAFETY EQUIPMENT USED</div><div>9 9</div></div>		<div><div><input type="checkbox"/> DOT-COMPLIANT MC HELMET</div></div>		<div><div>SEATING POSITION</div><div>0 1</div></div>		<div><div>AIR BAG USAGE</div><div>9</div></div>		<div><div>EJECTION</div><div>1</div></div>		<div><div>TRAPPED</div><div>1</div></div>	
	<div><div>OL STATE</div><div></div></div>		<div><div>OPERATOR LICENSE NUMBER</div><div></div></div>			<div><div>OFFENSE CHARGED</div><div></div></div>		<div><div>LOCAL CODE</div><div><input type="checkbox"/></div></div>	<div><div>OFFENSE DESCRIPTION</div><div></div></div>				<div><div>CITATION NUMBER</div><div></div></div>						
	<div><div>OL CLASS</div><div></div></div>		<div><div>ENDORSEMENT SELECT UP TO 2</div><div></div></div>	<div><div>RESTRICTION SELECT UP TO 3</div><div></div></div>		<div><div>DRIVER DISTRACTED BY</div><div></div></div>	<div><div>ALCOHOL / DRUG SUSPECTED</div><div><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG</div></div>		<div><div>CONDITION</div><div></div></div>	<div><div>ALCOHOL TEST</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>VALUE</div><div></div></div></div>		<div><div>DRUG TEST(S)</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>RESULT SELECT UP TO 4</div><div></div></div></div>							
	<div><div>UNIT #</div><div></div></div>		<div><div>NAME: LAST, FIRST, MIDDLE</div><div></div></div>						<div><div>DATE OF BIRTH</div><div></div></div>				<div><div>AGE</div><div></div></div>		<div><div>GENDER</div><div></div></div>				
<div><div>ADDRESS: STREET, CITY, STATE, ZIP</div><div></div></div>						<div><div>CONTACT PHONE - INCLUDE AREA CODE</div><div></div></div>													
MOTORIST / NON-MOTORIST	<div><div>INJURIES</div><div></div></div>		<div><div>INJURED TAKEN BY</div><div></div></div>	<div><div>EMS AGENCY (NAME)</div><div></div></div>		<div><div>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</div><div></div></div>		<div><div>SAFETY EQUIPMENT USED</div><div></div></div>		<div><div><input type="checkbox"/> DOT-COMPLIANT MC HELMET</div></div>		<div><div>SEATING POSITION</div><div></div></div>		<div><div>AIR BAG USAGE</div><div></div></div>		<div><div>EJECTION</div><div></div></div>		<div><div>TRAPPED</div><div></div></div>	
	<div><div>OL STATE</div><div></div></div>		<div><div>OPERATOR LICENSE NUMBER</div><div></div></div>			<div><div>OFFENSE CHARGED</div><div></div></div>		<div><div>LOCAL CODE</div><div></div></div>	<div><div>OFFENSE DESCRIPTION</div><div></div></div>				<div><div>CITATION NUMBER</div><div></div></div>						
	<div><div>OL CLASS</div><div></div></div>		<div><div>ENDORSEMENT SELECT UP TO 2</div><div></div></div>	<div><div>RESTRICTION SELECT UP TO 3</div><div></div></div>		<div><div>DRIVER DISTRACTED BY</div><div></div></div>	<div><div>ALCOHOL / DRUG SUSPECTED</div><div><input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG</div></div>		<div><div>CONDITION</div><div></div></div>	<div><div>ALCOHOL TEST</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>VALUE</div><div></div></div></div>		<div><div>DRUG TEST(S)</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>RESULT SELECT UP TO 4</div><div></div></div></div>							
	<div><div>UNIT #</div><div></div></div>		<div><div>NAME: LAST, FIRST, MIDDLE</div><div></div></div>						<div><div>DATE OF BIRTH</div><div></div></div>				<div><div>AGE</div><div></div></div>		<div><div>GENDER</div><div></div></div>				
	<div><div>ADDRESS: STREET, CITY, STATE, ZIP</div><div></div></div>						<div><div>CONTACT PHONE - INCLUDE AREA CODE</div><div></div></div>												
	<div><div>INJURIES</div><div></div></div>		<div><div>INJURED TAKEN BY</div><div></div></div>	<div><div>EMS AGENCY (NAME)</div><div></div></div>		<div><div>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</div><div></div></div>		<div><div>SAFETY EQUIPMENT USED</div><div></div></div>		<div><div><input type="checkbox"/> DOT-COMPLIANT MC HELMET</div></div>		<div><div>SEATING POSITION</div><div></div></div>		<div><div>AIR BAG USAGE</div><div></div></div>		<div><div>EJECTION</div><div></div></div>		<div><div>TRAPPED</div><div></div></div>	
<div><div>OL STATE</div><div></div></div>		<div><div>OPERATOR LICENSE NUMBER</div><div></div></div>			<div><div>OFFENSE CHARGED</div><div></div></div>		<div><div>LOCAL CODE</div><div></div></div>	<div><div>OFFENSE DESCRIPTION</div><div></div></div>				<div><div>CITATION NUMBER</div><div></div></div>							
MOTORIST / NON-MOTORIST	<div><div>OL CLASS</div><div></div></div>		<div><div>ENDORSEMENT SELECT UP TO 2</div><div></div></div>	<div><div>RESTRICTION SELECT UP TO 3</div><div></div></div>		<div><div>DRIVER DISTRACTED BY</div><div></div></div>	<div><div>ALCOHOL / DRUG SUSPECTED</div><div><input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG</div></div>		<div><div>CONDITION</div><div></div></div>	<div><div>ALCOHOL TEST</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>VALUE</div><div></div></div></div>		<div><div>DRUG TEST(S)</div><div><div>STATUS</div><div></div><div>TYPE</div><div></div><div>RESULT SELECT UP TO 4</div><div></div></div></div>							

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