



TRAFFIC CRASH REPORT

17647

017647

LOCAL INFORMATION 3RD HAMPTON MURRAY		LOCAL REPORT NUMBER 17647		CRASH SEVERITY 1 - FATAL 2 - INJURY 3 - PDO 2		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2															
PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		PDO UNDER STATE REPORTABLE DOLLAR AMOUNT 0		PRIVATE PROPERTY <input type="checkbox"/>		REPORTING AGENCY NCIC * CLIP00		REPORTING AGENCY NAME * CLEVELAND DIVISION OF POLICE		NUMBER OF UNITS 02		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01									
COUNTY * 118		<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *		CITY, VILLAGE, TOWNSHIP * CLEVELAND		CRASH DATE * 11/22/2018		TIME OF CRASH 10:09:15		DAY OF WEEK SUN											
DEGREES / MINUTES / SECONDS LATITUDE 41° 49' 26.87"						LONGITUDE -81° 40' 26.58"															
ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED		DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND		NUMBER OF THRU LANES 02		ROAD TYPE OR MILEPOST * AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE LA - LANE		HE - HEIGHTS HW - HIGHWAY LA - LANE		MP - MILEPOST PK - PARKWAY PI - PIKE		PL - PLACE RD - ROAD SQ - SQUARE		ST - STREET TE - TERRACE TL - TRAIL							
LOCATION ROUTE TYPE 1 01		LOCATION ROUTE NUMBER 22ND		LOC PREFIX E N, S, E, W		LOCATION ROAD NAME 22ND		LOCATION ROAD TYPE 2 ST		ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE		CR - NUMBERED COUNTY ROUTE TR - NUMBER TOWNSHIP ROUTE									
DISTANCE FROM REFERENCE MILES FEET YARDS 0		DIR FROM REF N, S, E, W 0		REFERENCE ROUTE TYPE 1 01		REFERENCE ROUTE NUMBER 22ND		REP PREFIX REFERENCE NAME (ROAD, MILEPOST, HOUSE #) CARNEGIE		TYPE 2 AV											
REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1		CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY/ACCESS 02		11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN <input type="checkbox"/>		INTERSECTION RELATED <input type="checkbox"/>		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN 1													
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 1		4 - CURVE GRADE 9 - UNKNOWN		ROAD CONDITIONS PRIMARY 01		SECONDARY 01		01 - DRY 02 - WET 03 - SNOW 04 - ICE		05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*		09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN		* SECONDARY CONDITION ONLY							
MANNER OF CRASH COLLISION/IMPACT 6		1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN		WEATHER 1		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 6 - SNOW		4 - RAIN 5 - SLEET, HAIL 6 - SNOW		7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN											
ROAD SURFACE 2		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER		LIGHT CONDITIONS PRIMARY 1		SECONDARY 1		1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY		5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER		9 - UNKNOWN		* SECONDARY CONDITION ONLY							
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)		TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA															
DRIVER OF UNIT # 1 STATES, WHILE DRIVING WEST BOUND ON CARNEGIE AVE. HAVING THE GREEN LIGHT TO PROCEED AT E.22ND -CONTACT WAS MADE WITH UNIT # 2																					
DRIVER OF UNIT # 2 STATES WHILE DRIVING NORTHBOUND ON E.22ND. HAVING THE GREEN LIGHT TO PROCEED CONTACT WAS MADE WITH UNIT # 1 IN THE INTERSECTION OF CARNEGIE AVE.																					
* EMS # 1 - ON SCENE - NO PARTIES TRANSPORTED.																					
Diagram																					
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST														<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)							
DATE CRASH REPORTED 11/22/2018		TIME CRASH REPORTED 10:09:34		DISPATCH TIME 10:09:36		ARRIVAL TIME 10:09:44		TIME CLEARED 11:13:36		OTHER INVESTIGATION TIME 11:13:36		TOTAL MINUTES 01:12:00									
OFFICER'S NAME * P.O. SPARKS						OFFICER'S BADGE NUMBER 1959		CHECKED BY [Signature]		9207		PAGE 1 OF 5									



UNIT

17647

17647

UNIT NUMBER 011		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) HAMPTON THELMA		OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 216 - 213 - 2765		DAMAGE SCALE 4		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2000 DENISON AVE. CLEVELAND OHIO 44109						1 - NONE			
LP STATE OH		LICENSE PLATE NUMBER HMW 4856		VEHICLE IDENTIFICATION NUMBER 1F1AHP3F29CL2936901		# OCCUPANTS 01			
VEHICLE YEAR 2012		VEHICLE MAKE FORD		VEHICLE MODEL FOCUS		VEHICLE COLOR BLACK		2 - MINOR	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY GEICO		POLICY NUMBER 4557-75-84-57		TOWED BY UNITED / LOT # 6		3 - FUNCTIONAL	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP						CARRIER PHONE - INCLUDE AREA CODE			
US DOT HM PLACARD ID No.		VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10k Lbs. 2 - 10,001 TO 26,000 Lbs. 3 - MORE THAN 26,000 Lbs.		CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY	
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED								<input type="checkbox"/> HIT / SKIP UNIT	
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		UNIT TYPE 02 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE / ATV 12 - OTHER PASSENGER VEHICLE 99 - UNKNOWN OR HIT / SKIP		MED/HEAVY TRUCKS OR COMBO UNITS > 10k Lbs 13 - SINGLE UNIT TRUCKS OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOSTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE		BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10k Lbs) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER		09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - TOTAL (ALL AREAS) 13 - REAR CENTER 14 - OTHER		ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN	
PRE-CRASH ACTIONS 01 99 - UNKNOWN		MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION		NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON - MOTORIST ACTION			
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SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN		NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		COLLISION WITH FIXED OBJECT 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 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 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT					
UNIT SPEED 035 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		POSTED SPEED 03		TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED		UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN		PAGE 2 OF 5	

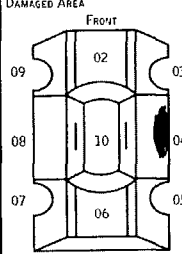


UNIT

17647

LOCAL REPORT NUMBER

17647

UNIT NUMBER 1012	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) EAN HOLDINGS LLC	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 554 WATER ST. CHARDON OHIO 44024				
LP STATE OH	LICENSE PLATE NUMBER PKA 7315	VEHICLE IDENTIFICATION NUMBER 12GCVKPEIC2K1113714518	# OCCUPANTS 015	
VEHICLE YEAR 2011	VEHICLE MAKE CHEVROLET	VEHICLE MODEL TRK	VEHICLE COLOR BLACK	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10k Lbs. <input type="checkbox"/> 2 - 10,001 TO 26,000 Lbs. <input type="checkbox"/> 3 - MORE THAN 26,000 Lbs.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
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SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION			
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN ENGINE) 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 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 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 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT				
UNIT SPEED 35 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED 35	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	PAGE 3 OF 5



MOTORIST/ Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

17647
11M647

UNIT NUMBER [01]	NAME: LAST, FIRST, MIDDLE HAMPTON, THELMA	DATE OF BIRTH [1][2][1][1][19][4][8]	AGE 70	GENDER [F] F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 2000 DENISON AVE. CLEVELAND OHIO 44109		CONTACT PHONE- INCLUDE AREA CODE 216 - 213 - 2765									
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION [01]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]		
OL STATE [OH]	OL CLASS [4]	No VALID OL	M/C END.	CONDITION [1]	ALCOHOL/DRUG SUSPECTED [1]	ALCOHOL TEST STATUS [1]	ALCOHOL TEST TYPE [1]	ALCOHOL TEST VALUE [0][0][0]	DRUG TEST STATUS [1]	DRUG TEST TYPE [1]	
OFFENSE CHARGED ([] LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE [] DEVICE USED		DRIVER DISTRACTED BY			
UNIT NUMBER [012]	NAME: LAST, FIRST, MIDDLE MURRAY BRET	DATE OF BIRTH [0][5][0][4][19][5][9]	AGE 59	GENDER [M] F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 11075 PECK RD. MANTUA, OHIO 44255		CONTACT PHONE- INCLUDE AREA CODE 216 - 965 -1976									
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION [01]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]		
OL STATE [OH]	OL CLASS [4]	No VALID OL	M/C END.	CONDITION [1]	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS [1]	ALCOHOL TEST TYPE [1]	ALCOHOL TEST VALUE [0][0][0]	DRUG TEST STATUS [1]	DRUG TEST TYPE [1]	
OFFENSE CHARGED ([] LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE [] DEVICE USED		DRIVER DISTRACTED BY			
INJURIES 1 - NO INJURIES / NON REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER							
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAB) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON A VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN		EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRACT BY MECHANICAL MEANS 3 - EXTRACTED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FALL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATION, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUG SUSPECTED 5 - YES - ALCOHOL AND DRUG SUSPECT	
ALCOHOL Test STATUSES 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL Test TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG Test STATUSES 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG Test TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTED REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION			
UNIT [012]	NAME: LAST, FIRST, MIDDLE HOSTETLER, LINDA	DATE OF BIRTH [0][2][2][4][19][6][5]	AGE 53	GENDER [M] F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 553 SHERWOOD - AURORA, OHIO 44202		CONTACT PHONE- INCLUDE AREA CODE 216 - 534 -2620									
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION [03]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]		
UNIT NUMBER [012]	NAME: LAST, FIRST, MIDDLE NESHVILLE, JAMES	DATE OF BIRTH [1][1][0][7][20][0][2]	AGE 16	GENDER [M] F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 1020 WOODLAWN DR. MACEDONIA, OHIO 44056		CONTACT PHONE- INCLUDE AREA CODE 216 - 280 - 5946									
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION [05]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]		



OCCUPANT/ WITNESS ADDENDUM

LOCAL REPORT NUMBER

MMA47

UNIT NUMBER [02]	NAME: LAST, FIRST, MIDDLE NESHVILLE, RANDY	DATE OF BIRTH [1][2][2][9][1][9][6][0]	AGE 57	GENDER [M] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 1020 WOODLAWN DR. MACEDONIA, OHIO 44056		CONTACT PHONE - INCLUDE AREA CODE 216 - 280 -5946							
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION [04]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]
UNIT NUMBER [02]	NAME: LAST, FIRST, MIDDLE UNKNOWN NESHVILLE	DATE OF BIRTH [1][2][2][1][2][0][0][0]	AGE 18	GENDER [M] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 1020 WOODLAWN DR. MACEDONIA, OHIO 44056		CONTACT PHONE - INCLUDE AREA CODE 216 - 280 -5946							
INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY EMS # 1	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION 99	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE	GENDER [] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE (WITNESS) - ACOFF RHABIA	DATE OF BIRTH []	AGE	GENDER [] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 2190 E. 30TH CLEVELAND OHIO 44114 # APT- 6		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE	GENDER [] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE	GENDER [] F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT [] MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
INJURIES 1 - NO INJURIES / NON REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER			
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)		PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAB) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON A VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRACT BY MECHANICAL MEANS 3 - EXTRACTED BY NON-MECHANICAL MEANS	