



TRAFFIC CRASH REPORT

CITY OF

017757

LOCAL REPORT NUMBER *

1177517

CRASH SEVERITY

2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

3RD WILLIAMS/SOMMERFELT

☐ PHOTOS TAKEN
☐ OH-2
☐ OH-3
☐ OTHER☐ UNDER
☐ STATE
REPORTABLE
DOLLAR AMOUNT☐ PRIVATE
PROPERTY

REPORTING AGENCY NCIC *

CLIP1010

REPORTING AGENCY NAME *

CLEVELAND DIVISION OF POLICE

NUMBER OF
UNITS

102

UNIT IN ERROR

01 98 - ANIMAL
99 - UNKNOWN

COUNTY *

118

☒ CITY *☐ VILLAGE *☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

CLEVELAND

CRASH DATE *

112272018

TIME OF CRASH

1959

DAY OF WEEK

THU

DEGREES / MINUTES / SECONDS

LATITUDE

81° 39' 18.96"

LONGITUDE

-74° 13' 02.97"

DECIMAL DEGREES

LATITUDE

LONGITUDE

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND
☐ S - SOUTHBOUND
☐ E - EASTBOUND
☐ W - WESTBOUND

NUMBER OF THRU LANES

102

ROAD TYPE OR MILEPOST *

AL - ALLEY
AV - AVENUE
BL - BOULEVARD
CR - CIRCLE
CT - COURT
DR - DRIVE
HE - HEIGHTS
HW - HIGHWAY
LA - LANE
MP - MILEPOST
PK - PARKWAY
PI - PIKE
PL - PLACE
RD - ROAD
SQ - SQUARE
ST - STREET
TE - TERRACE
TL - TRAIL
WA - WAYLOCATION
ROUTE
TYPE 1LOCATION ROUTE
NUMBERN, S,
E, W

LOCATION ROAD NAME

CARNEGIE

LOCATION
ROAD
TYPE 2

AV

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBER TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

100

DIR FROM REF

E

MILES

FEET
YARDS

OF

REFERENCE

ROUTE
TYPE 1

REFERENCE ROUTE NUMBER

REP PREFIX REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

E

REFERENCE ROUTE NAME (ROAD, MILEPOST, HOUSE #)

30TH

ST

TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION

02 - FOUR-WAY INTERSECTION

03 - T-INTERSECTION

04 - Y-INTERSECTION

05 - TRAFFIC CIRCLE/ROUNDOABOUT

06 - FIVE-POINT, OR MORE

07 - ON RAMP

08 - OFF RAMP

09 - CROSSOVER

10 - DRIVEWAY/ALLEY/ACCESS

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS

99 - UNKNOWN

☐ INTERSECTION
RELATED

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

ROAD CONTOUR

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL

4 - CURVE GRADE

9 - UNKNOWN

ROAD CONDITIONS

PRIMARY

02

SECONDARY

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

2 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

4 1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE
6

4 - RAIN

5 - SLEET, HAIL

6 - SNOW

7 - SEVERE CROSSWINDS

8 - BLOWING SAND, SOIL, DIRT, SNOW

9 - OTHER/UNKNOWN

ROAD SURFACE

1 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS,
ASPHALT
3 - BRICK/BLOCK4 - SLAG, GRAVEL
STONE5 - DIRT
6 - OTHER

LIGHT CONDITIONS

PRIMARY

4

SECONDARY 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

☐ SCHOOL
ZONE
RELATED☐ YES SCHOOL BUS
DIRECTLY INVOLVED
☐ YES SCHOOL BUS
INDIRECTLY INVOLVED

SCHOOL BUS RELATED

☐ YES SCHOOL BUS
DIRECTLY INVOLVED
☐ YES SCHOOL BUS
INDIRECTLY INVOLVED☐ WORK
ZONE
RELATED☐ WORKERS PRESENT☐ LAW ENFORCEMENT PRESENT
(OFFICER/VEHICLE)☐ LAW ENFORCEMENT PRESENT
(VEHICLE ONLY)

TYPE OF WORK ZONE

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 FIRST WORK ZONE WARNING SIGN

2 - ADVANCE WARNING AREA

3 - TRANSITION AREA

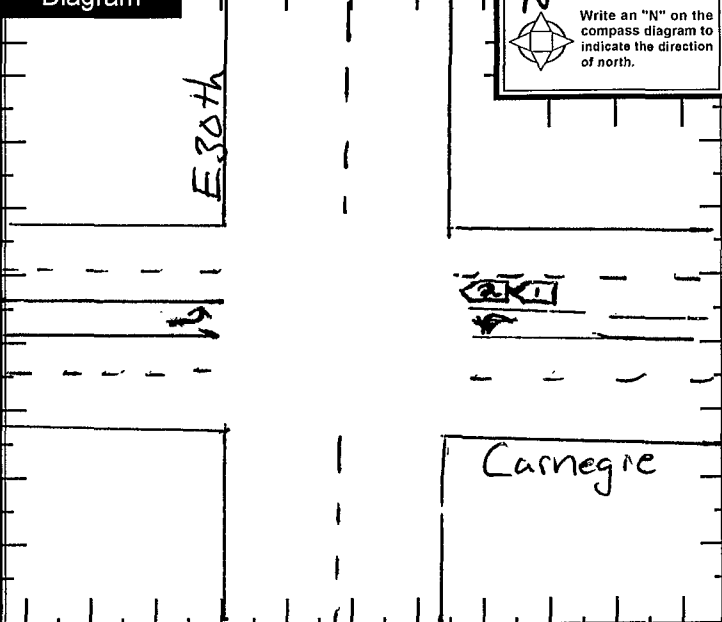
4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

UNIT 2 WAS STOPPED IN LANE 1 AT THE
LIGHT AT E 30TH AND CARNEGIE. AS THE
LIGHT TURNED GREEN UNIT 2 BEGAN TO
PROCEED THROUGH THE LIGHT. UNIT 1
TRAVELING EAST BOUND IN LANE 1 ON
CARNEGIE REAR ENDED UNIT 2

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO
AN EXISTING REPORT SENT TO ODPs)

DATE CRASH REPORTED

112272018

TIME CRASH REPORTED

1959

DISPATCH TIME

2003

ARRIVAL TIME

2008

TIME CLEARED

2100

OTHER INVESTIGATION TIME

TOTAL MINUTES

59

OFFICER'S NAME *

BRUNER

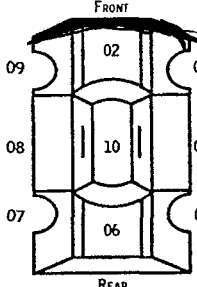
OFFICER'S BADGE NUMBER

2401

CHECKED BY

PAGE 1 OF 4

117757

UNIT NUMBER 1011	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) WILLIAMS, JAKE, SR	OWNER PHONE NUMBER - INC AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 216-415-9416	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 4296 E 124TH, CLEVELAND, OH 44105			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER HNM7748	VEHICLE IDENTIFICATION NUMBER 12C8GF684X5R3114435	2 - MINOR	
VEHICLE YEAR 2005	VEHICLE MAKE CHRYSLER	VEHICLE MODEL PACIFICA	3 - FUNCTIONAL	
VEHICLE COLOR BLACK	PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY NO INSURANCE	4 - DISABLING	
POLICY NUMBER	TOWED BY PRIVATE		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	
US DOT HM PLACARD ID No. 1	VEHICLE WEIGHT GVWR/GCWR 1 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 2 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
HM CLASS NUMBER 1	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>			
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 06 99 - UNKNOWN OR HIT / SKIP	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
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 (BOBTAIL) 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/PEDALCYCLIST 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				
CONTRIBUTING CIRCUMSTANCES PRIMARY 09 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD SECONDARY 09 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION			NON-MOTOR 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 32 - OTHER NON-MOTORIST ACTION	
VEHICLE DEFECTS 09 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS				
SEQUENCE OF EVENTS 1 20 2 00 3 00 4 00 5 00 6 00 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 OR SUPPORT 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 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT				
UNIT SPEED 025 <input checked="" type="checkbox"/> STATED <input 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/DON'T 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	

177571

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SOMMERFELT, NORMA, J	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 216-641-3039	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 20537 STANFORD AVE, FAIRVIEW PARK, OH 44126			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER JAMI	VEHICLE IDENTIFICATION NUMBER 2D14R1N3D16AR499328	2 - MINOR	
VEHICLE YEAR 2010	VEHICLE MAKE DODGE	VEHICLE MODEL GRAND CARAVAN	3 - FUNCTIONAL	
VEHICLE COLOR RED	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY ALLSTATE	4 - DISABLING	
POLICY NUMBER 725 7218-D27-35A	TOWED BY PRIVATE	9 - UNKNOWN		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
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HM PLACARD ID No. 1	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	UNIT TYPE 05 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	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 (BOBTAIL) 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
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CONTRIBUTING CIRCUMSTANCES				
PRIMARY 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 32 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
SEQUENCE OF EVENTS				
1 20 FIRST HARMFUL EVENT	2 1 MOST HARMFUL EVENT	3 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 OR SUPPORT 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
UNIT SPEED 005 <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/DON'T 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	



MOTORIST/ Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

11775121111111111111

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

UNIT NUMBER [01]	NAME LAST, FIRST, MIDDLE WILLIAMS, JAKE, SR	DATE OF BIRTH [03][05][19][59]	AGE 59	GENDER [M] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4296 E 124TH, CLEVELAND, OH 44105	CONTACT PHONE - INCLUDE AREA CODE 216-415-9416
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INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [01]	AIR BAG USAGE [2]	EJECTION [1]	TRAPPED [1]	
OL STATE [OH]	OL CLASS [4]	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END	CONDITION [5]	ALCOHOL/DRUG SUSPECTED [1]	ALCOHOL TEST STATUS [1]	ALCOHOL TEST TYPE [1]	ALCOHOL TEST VALUE [] [] []	DRUG TEST STATUS [1]	DRUG TEST TYPE [1]

OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 435.01A/ 431.09	OFFENSE DESCRIPTION DRIVER LICENSE REQUIRED/ FOLLOWING TO CLOSE	CITATION NUMBER 2499337	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [1] []
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UNIT NUMBER [02]	NAME LAST, FIRST, MIDDLE SOMMERFELT, NORMA, J	DATE OF BIRTH [05][13][19][63]	AGE 55	GENDER [F] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 20537 STANFORD AVE, FAIRVIEW PARK, OH 44126	CONTACT PHONE - INCLUDE AREA CODE 216-641-3039
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INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [01]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]	
OL STATE [OH]	OL CLASS [4]	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END	CONDITION [1]	ALCOHOL/DRUG SUSPECTED [1]	ALCOHOL TEST STATUS [1]	ALCOHOL TEST TYPE [1]	ALCOHOL TEST VALUE [] [] []	DRUG TEST STATUS [1]	DRUG TEST TYPE [1]

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [1] []
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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
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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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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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
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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
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OCCUPANT

UNIT [01]	NAME LAST, FIRST, MIDDLE WINN, DIONKA	DATE OF BIRTH [11][16][19][81]	AGE 37	GENDER [F] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2220 E 71ST ST, CLEVELAND, OH 44103	CONTACT PHONE - INCLUDE AREA CODE 440-319-0894
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INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [04]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]
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UNIT NUMBER [01]	NAME LAST FIRST, MIDDLE WINN, DORIAN	DATE OF BIRTH [03][10][20][18]	AGE	GENDER [M] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2220 E 71ST ST, CLEVELAND, OH 44103	CONTACT PHONE - INCLUDE AREA CODE 440-319-0894
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INJURIES [2]	INJURED TAKEN BY [1]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [06]	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [06]	AIR BAG USAGE [1]	EJECTION [1]	TRAPPED [1]
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