



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

1700938

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

PHOTOS TAKEN

OH-2 OH-1P
OH-3 OTHER

PDO UNDER

STATE REPORTABLE
DOLLAR AMOUNT

PRIVATE

PROPERTY

REPORTING AGENCY NCIC *

01815

REPORTING AGENCY NAME *

CLEVELAND HEIGHTS

NUMBER OF

01

UNIT IN ERROR

98 - ANIMAL
99 - UNKNOWN

COUNTY *

18

CITY *

Cleveland Heights

CITY, VILLAGE, TOWNSHIP *

Cleveland Heights

CRASH DATE *

02/17/2017

TIME OF CRASH

0743

DAY OF WEEK

Fri

DEGREES / MINUTES / SECONDS

LATITUDE

LONGITUDE

0

DECIMAL DEGREES

LATITUDE

41.505112

LONGITUDE

81.588897

ROADWAY DIVISION

DIVIDED
UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST²AL - ALLEY CR - CIRCLE
AV - AVENUE CT - COURT
BL - BOULEVARD DR - DRIVE

HE - HEIGHTS

MP - MILEPOST

PL - PLACE

ST - STREET

WA - WAY

RD - ROAD

TE - TERRACE

SQ - SQUARE

TL - TRAIL

LOCATION ROUTE TYPE¹

LOCATION ROUTE NUMBER

E

LOC PREFIX N, S, E, W

E

LOCATION ROAD NAME

EUCLID HEIGHTS BLVD

LOCATION ROAD TYPE²

BL

ROUTE TYPES¹

IR - INTERSTATE ROUTE (INC. TURNPIKE)

US - US ROUTE

SR - STATE ROUTE

CR - NUMBERED COUNTY ROUTE

TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

MILES
FEET
YARDS

DIR FROM REF

N, S, E, W

REFERENCE ROUTE TYPE¹

E

REFERENCE ROUTE NUMBER

2544

REF PREFIX N, S, E, W

E

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

2544

REFERENCE ROAD TYPE²

BL

REFERENCE POINT USED

3 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/ROUNDBOAT

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

1

LOCATION OF FIRST HARMFUL EVENT

1 1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE

5 - ON GORE

6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR

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

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

1 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

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 1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY

SECONDARY

5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER

9 - UNKNOWN

* SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

1 Yes, School Bus Directly Involved
2 Yes, School Bus Indirectly Involved

WORK ZONE RELATED

1 WORKERS PRESENT
2 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
3 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

1 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 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA

4 - ACTIVITY AREA

5 - TERMINATION AREA

NARRATIVE

UNIT NUMBER ONE WAS TRAVELING E/B ON EUCLID HTS BLVD IN THE CURB LANE. UNIT NUMBER ONE LOST CONTROL AND RAN OFF THE ROAD TO THE RIGHT. UNIT NUMBER ONE CAME TO REST IN THE FRONT YARD OF 2544 EUCLID HTS BLVD AGAINST THE FRONT GARDEN BED. UNIT NUMBER ONE WAS ISSUED CITATION NUMBER BK156043 FOR FAILURE TO CONTROL AND ACCIDENT RESULTING IN PROPERTY DAMAGE. UNIT NUMBER ONE WAS TOWED TO THE CLEVELAND HEIGHTS IMPOUND LOT LOCATED AT 2881 NOBLE RD.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

REPORT TAKEN BY

POLICE AGENCY

MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs)

DATE CRASH REPORTED

02/17/2017

TIME CRASH REPORTED

0743

DISPATCH TIME

0743

ARRIVAL TIME

0746

TIME CLEARED

0810

OTHER INVESTIGATION TIME

00

TOTAL MINUTES

24

OFFICER'S NAME *

CHRIS MCHUGH

OFFICER'S BADGE NUMBER

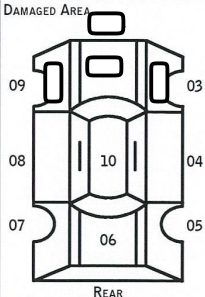
CPM

CHECKED BY

SGT. OSOWSKI

PAGE OF

1700938

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) CHAPMAN PAMALYN	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 216-450-0622	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1904 PARKWAY DR CLEVELAND OH 44118			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GFG8213	VEHICLE IDENTIFICATION NUMBER 1G2NF52E43M739562	2 - MINOR	
VEHICLE YEAR 2003	VEHICLE MAKE PONT	VEHICLE MODEL GRA	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY NONE	POLICY NUMBER	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		TOWED BY CLEVELAND	9 - UNKNOWN	
CARRIER PHONE- INCLUDE AREA CODE				
US DOT	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 4 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	
HM PLACARD ID No.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>		<input type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER <input type="checkbox"/>				
NON-MOTORIST LOCATION PRIOR TO IMPACT				
<input type="checkbox"/> 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 04 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 TRUCK OR VAN 2AXLE, 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				
<input type="checkbox"/> HAS HM PLACARD				
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 09 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 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER 99 - UNKNOWN				
ACTION 2 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN				
PRE-CRASH ACTIONS 01 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 17 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 31 - OTHER NON-MOTORIST ACTION				
VEHICLE DEFECTS <input type="checkbox"/> 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 08 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN				
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				
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 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 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION				
UNIT SPEED 35 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED				
POSTED SPEED 35				
TRAFFIC CONTROL 1 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN				
PAGE 0F				



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1700938

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE CHAPMAN JOEL D	DATE OF BIRTH 05/10/1994	AGE 22	GENDER M F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP 1904 PARKWAY DR CLEVE HTS OH 44118			CONTACT PHONE- INCLUDE AREA CODE 216-319-1220									
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	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	OPERATOR LICENSE NUMBER TT215836	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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1	
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.34A		OFFENSE DESCRIPTION FAILURE TO CONTROL			CITATION NUMBER BK156043		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1			
UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/> F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP <input type="checkbox"/>			CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/>									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>			
OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER <input type="checkbox"/>	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>	
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) <input type="checkbox"/>		OFFENSE DESCRIPTION <input type="checkbox"/>			CITATION NUMBER <input type="checkbox"/>		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>			
INJURIES 1 - NO INJURY / NONE 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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (Elbows,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 Cap) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON 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 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED 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 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED				
ALCOHOL TEST STATUS 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 STATUS 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 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION				
UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/> F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP <input type="checkbox"/>			CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/>									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>			
UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/> F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP <input type="checkbox"/>			CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/>									
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>			