



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

150-15-194

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

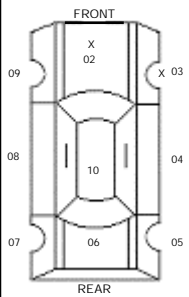
1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

150-15-194

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH - 2 <input type="checkbox"/> OH - 1P <input checked="" type="checkbox"/> OH - 3 <input type="checkbox"/> OTHER		<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT		<input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NCIC * 05214		REPORTING AGENCY NAME * MEDINA TWP. POLICE		NUMBER OF UNITS 2		UNIT IN ERROR 02 98 - ANIMAL 99 - UNKNOWN	
COUNTY * 52		<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *		CITY, VILLAGE, TOWNSHIP * MEDINA (TOWNSHIP OF)				CRASH DATE * 1/7/2015		TIME OF CRASH 20:25		DAY OF WEEK WED	
DEGREES / MINUTES / SECONDS LATITUDE LONGITUDE -				DECIMAL DEGREES LATITUDE LONGITUDE 41136287 -81785218									
ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" 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 6		ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL							
LOCATION ROUTE TYPE 1		LOCATION ROUTE NUMBER		LOC PREFIX N.S. E.W.		LOCATION ROAD NAME MEDINA		LOCATION ROAD TYPE 2 RD		ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	
DISTANCE FROM REFERENCE POINT MILES FEET YARDS		DIR FROM REF N.S. E.W.		REFERENCE ROUTE TYPE		REFERENCE ROUTE NUMBER		REF PREFIX N.S. E.W.		REFERENCE NAME (ROAD, MILEPOST, HOUSE #) WINDFALL		REFERENCE ROAD TYPE 1 RD	
REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER		CRASH LOCATION 02		01 - NOT AN INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ ROUNDABOUT		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		<input checked="" type="checkbox"/> INTERSECTION RELATED		LOCATION OF FIRST HARMFUL EVENT 2 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN	
ROAD CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN		ROAD CONDITIONS 02 03 PRIMARY 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 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 6 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 4 PRIMARY 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		<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED									
<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 1 - L ANE 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 one was turning left (north) from Medina Road onto Windfall Road , when unit two went through a red light striking unit one. Unit two was west on Medina Road went through the red light, striking unit one. The driver of Unit two was found most negligent and cited for traffic control device. Witness Rachael Geissinger stated she was in front of unit one , the light turned to a green arrow and she preceded to turn left (north) onto Windfall. She stated she witnessed the Jeep come through the red light and strike the civic.													
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 1/7/2015		TIME CRASH REPORTED 20:25		DISPATCH TIME 20:25		ARRIVAL TIME 20:36		TIME CLEARED 21:45		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 80	
OFFICER'S NAME * OFFICER MATT VENTURA						OFFICER'S BADGE NUMBER 1516		CHECKED BY SGT ZIEJA					



UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER) <b>STEVEN, CLUTTER</b>	OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER) <b>(330)391-1335</b>	DAMAGE SCALE <b>3</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER) <b>5494 GEY DR MEDINA OH 44256</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GJV9204</b>	VEHICLE IDENTIFICATION NUMBER <b>1J4GK48K82W140006</b>	2 - MINOR	
VEHICLE YEAR <b>2002</b>	VEHICLE MAKE <b>JEEP</b>	VEHICLE MODEL <b>LIBERTY</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>PEKIN</b>	POLICY NUMBER <b>00P690885</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
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 <b>01</b> 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	TRAFFICWAY DESCRIPTION <b>2</b> 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE /REFUSE 99 - OTHER/UNKNOWN	
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIBLOCK - 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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 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 BUGGY, WAGON, SURREY 24 - ANIMAL WITH BICYCLE/ PEDACYCLIST 25 - BICYCLE/ PEDACYCLIST 26 - PEDESTRIAN/ SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION <b>01</b> 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 <b>02</b> 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	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE - CRASH ACTION <b>01</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>03</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 99 - UNKNOWN	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 CONDITION) 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
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SEQUENCE OF EVENTS 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED			COLLISION WITH FIXED OBJECT		
14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	25 - IMPACT ATTENUATOR/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	42 - CULVERT	49 - FIRE HYDRANT
16 - RAILWAY VEHICLE (TRAIN, ENGINE)	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
17 - ANIMAL - FARM	OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	44 - DITCH	51 - WALL, BUILDING, TUNNEL
18 - ANIMAL - DEER		29 - BRIDGE RAIL	37 - TRAFFIC SIGN POST	45 - EMBANKMENT	52 - OTHER FIXED OBJECT
19 - ANIMAL - OTHER		30 - GUARDRAIL FACE	38 - OVERHEAD SIGN POST	46 - FENCE	
20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT	31 - GUARDRAIL END	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILBOX	
		32 - PORTABLE BARRIER	40 - UTILITY POLE		

UNIT SPEED <b>15</b>	POSTED SPEED <b>40</b>	TRAFFIC CONTROL <b>04</b> 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	UNIT DIRECTION FROM <b>3</b> TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED							



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

150-15-194

Motorist / Non-Motorist

Motorist / Non-Motorist

Occupant

Occupant

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Gesicki, Paul,	DATE OF BIRTH 04/28/1960	AGE 54	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 179 Halifax Lane, ,Medina,OH,44256			CONTACT PHONE - INCLUDE AREA CODE (330)721-9646	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RN455159	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				HANDS-FREE DEVICE USED <input type="checkbox"/>
				DRIVER DISTRACTED BY 1

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Reese, Clutter, S	DATE OF BIRTH 12/17/1998	AGE 16	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 5494 Gey Dr, ,Medina,OH,44256			CONTACT PHONE - INCLUDE AREA CODE (330)391-1335	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER UJ170829	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				X23667 4511.12 TC Devic
				HANDS-FREE DEVICE USED <input type="checkbox"/>
				DRIVER DISTRACTED BY 1

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 ONLY 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			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 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 TYP 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 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
ALCOHOL TEST STATUS		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING /E-MAILING 4 - ELECTRONIC COMMUNICATION DEVIC 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Gesicki, Laura, L	DATE OF BIRTH 01/07/1962	AGE 53	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 179 Halifax Lane, , Medina, OH,44256			CONTACT PHONE - INCLUDE AREA CODE (330)721-9646	
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY LST	MEDICAL FACILITY INJURED TAKEN TO Medina	SAFETY EQUIPMENT USED 04
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				HANDS-FREE DEVICE USED <input type="checkbox"/>
				DRIVER DISTRACTED BY 03

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Gesicki, Andrew,	DATE OF BIRTH 06/20/1991	AGE 23	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 179 Halifax Lane, , Medina, OH,44256			CONTACT PHONE - INCLUDE AREA CODE (330)721-9646	
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY LST	MEDICAL FACILITY INJURED TAKEN TO Medina	SAFETY EQUIPMENT USED 04
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				HANDS-FREE DEVICE USED <input type="checkbox"/>
				DRIVER DISTRACTED BY 06



# OCCUPANT ADDENDUM

LOCAL REPORT NUMBER  
**150-15-194**

Occupant	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDE	F - FEMALE M - MALE			
	<b>2</b>	<b>Ballard , Calob ,</b>	<b>10/19/1998</b>	<b>16</b>	<input checked="" type="checkbox"/> M				
	ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
<b>4746 Stockbridge Dr , , Medina , OH,44256</b>			<b>(330)391-1335</b>						
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<b>1</b>	<b>1</b>			<b>04</b>		<b>03</b>	<b>1</b>	<b>1</b>	<b>1</b>

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	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	EJECTION	AIR BAG USAGE	TRAPPED
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	1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS



# MOTORIST / NON-MOTORIST ADDENDUM

LOCAL REPORT NUMBER
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED		<b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 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			
<b>SEATING POSITION</b> 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					<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED <u>ONLY</u>		<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES -HBD NOT IMPAIRED 4 - YES -DRUGS SUSPECTED 5 - YES -ALCOHOL AND DRUGS SUSPECTED	
<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		<b>ALCOHOL TEST TYP</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		<b>DRIVER DISTRACTED BY</b> 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	