



# TRAFFIC CRASH REPORT

|                       |   |                            |
|-----------------------|---|----------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                   |
| 15 806                | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1 - SOLVED<br>2 - UNSOLVED |

|                   |
|-------------------|
| LOCAL INFORMATION |
| 150-15-806        |

|   |   |   |                                  |  |                      |  |
|---|---|---|----------------------------------|--|----------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input 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 *<br>05214 | REPORTING AGENCY NAME *<br>Medina Township Police Department | NUMBER OF UNITS<br>1 | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *<br>Medina  | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>Medina       | CRASH DATE *<br>01/30/2015       | TIME OF CRASH<br>1043  | DAY OF WEEK<br>Fri   |  |

|                         |                        |
|-------------------------|------------------------|
| DEGREES/MINUTES/SECONDS | DECIMAL DEGREES        |
| LATITUDE<br>::          | LONGITUDE<br>41.178262 |
| LATITUDE<br>::          | LONGITUDE<br>81.818157 |

|   |  |   |                           |  |
|---|--|---|---------------------------|--|
| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND | EASTBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br>2 | ROAD TYPES OR MILEPOST<br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |
|---|--|---|---------------------------|--|

|                              |                           |                              |                          |   |
|------------------------------|---------------------------|------------------------------|--------------------------|---|
| LOCATION ROUTE NUMBER<br>[ ] | LOC PREFIX<br>[ ] N,S,E,W | LOCATION ROAD NAME<br>Hamlin | LOCATION ROAD TYPE<br>RD | ROUTE TYPES<br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE CR - NUMBERED COUNTY ROUTE<br>SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |
|------------------------------|---------------------------|------------------------------|--------------------------|---|

|  |  |                             |                                |                           |  |                            |
|--|--|-----------------------------|--------------------------------|---------------------------|--|----------------------------|
| DISTANCE FROM REFERENCE<br><input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br><input type="checkbox"/> N,S,E,W | REFERENCE ROUTE TYPE<br>[ ] | REFERENCE ROUTE NUMBER<br>3554 | REF PREFIX<br>[ ] N,S,E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE<br>[ ] |
|--|--|-----------------------------|--------------------------------|---------------------------|--|----------------------------|

|   |                      |   |  |  |   |  |
|---|----------------------|---|--|--|---|--|
| REFERENCE POINT USED<br>3 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>01 | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ ROUNDABOUT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br>2 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
|---|----------------------|---|--|--|---|--|

|   |  |   |  |  |
|---|--|---|--|--|
| ROAD CONTOUR<br>3 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>03 PRIMARY<br>SECONDARY [ ] | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE | 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
|---|--|---|--|--|

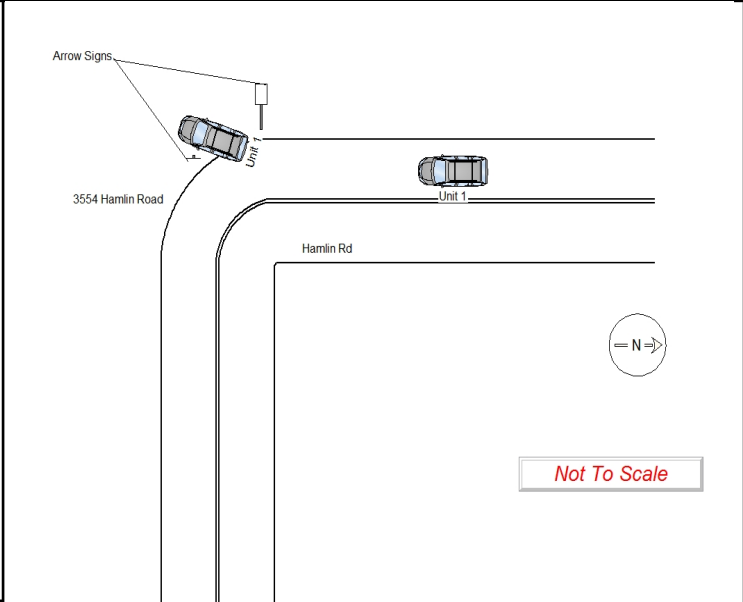
|  |   |
|--|---|
| MANNER OF CRASH COLLISION/IMPACT<br>1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, -SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>1 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
|--|---|

|  |  |  |  |             |  |
|--|--|--|--|-------------|--|
| ROAD SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1 1 PRIMARY<br>SECONDARY [ ] | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|--|--|--|--|-------------|--|

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
|--|---|--|---|

NARRATIVE

Unit one was traveling south on Hamlin Road, when the vehicle slid off the road striking a curve arrow sign.



|  |  |                       |                      |                      |                                |                     |
|--|--|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |                       |                      |                      |                                |                     |
| DATE CRASH REPORTED<br>01/30/2015  | TIME CRASH REPORTED<br>1043  | DISPATCH TIME<br>1047 | ARRIVAL TIME<br>1058 | TIME CLEARED<br>1123 | OTHER INVESTIGATION TIME<br>20 | TOTAL MINUTES<br>56 |
| OFFICER'S NAME *<br>Zieja, Todd  | OFFICER'S BADGE NUMBER<br>1508   | CHECKED BY<br>1503    |                      |                      |                                |                     |



# UNIT

Ohio Law Enforcement Information System

LOCAL REPORT NUMBER

15 806

|   |  |   |                                    |                                  |
|---|--|---|------------------------------------|----------------------------------|
| UNIT NUMBER<br><b>1</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Groves, James, H</b> | OWNER PHONE NUMBER<br><b>216-562-0477</b>                 | DAMAGE SCALE<br><b>2</b>           | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>4437 Glenbrook Dr Apt 101, Brunswick, OH, 44212</b> |  |   | 1 - NONE                           |                                  |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>EB46VH</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>2C4GP24R93R278386</b> | 2 - MINOR                          |                                  |
| VEHICLE YEAR<br><b>2003</b>   | VEHICLE MAKE<br><b>Chrysler</b>  | VEHICLE MODEL<br><b>Town And Country - LMT</b>            | 3 - FUNCTIONAL                     |                                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   |  | INSURANCE COMPANY<br><b>Geico</b>                         | POLICY NUMBER<br><b>4297846372</b> | 4 - DISABLING                    |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |  |   | TOWED BY<br><b>Llyods</b>          | 9 - UNKNOWN                      |
| CARRIER PHONE   |  |   |                                    |                                  |

|                   |  |  |  |  |
|-------------------|--|--|--|--|
| US DOT            | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>   |  |  |  |
| HM CLASS NUMBER   |  |  |  |  |

|   |   |  |   |   |  |   |
|---|---|--|---|---|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>05</b><br>99 - UNKNOWN OR HIT/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
|---|---|--|---|---|--|---|

|  |   |   |  |  |              |  |
|--|---|---|--|--|--------------|--|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|--|--------------|--|

|  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|--|--|---|--|--|--------------------------------|

|  |  |   |   |  |
|--|--|---|---|--|
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>17</b><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|--|--|---|---|--|

|   |   |  |
|---|---|--|
| SEQUENCE OF EVENTS<br>1 <b>08</b> 2 <b>37</b> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>2</b><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
|---|---|--|

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX | 48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|--|---|---|--|--|--|

|   |                           |   |  |   |   |   |
|---|---------------------------|---|--|---|---|---|
| UNIT SPEED<br><b>25</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|---|---------------------------|---|--|---|---|---|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**15 806**

|                         |  |                                    |                  |   |
|-------------------------|--|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>1</b> | NAME: LAST, FIRST, MIDDLE<br><b>Groves, James, H</b> | DATE OF BIRTH<br><b>04/25/1977</b> | AGE<br><b>37</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|-------------------------|--|------------------------------------|------------------|---|

|   |  |
|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>4437 Glenbrook Dr Apt 101, Brunswick, OH, 44212</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>216-562-0477</b> |
|---|--|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>01</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

|                       |  |                      |   |                                     |                       |                                    |                                 |                               |                    |                              |                |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|
| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>RJ853015</b> | OL CLASS<br><b>4</b> | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><b>1</b> | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE |
|-----------------------|--|----------------------|---|-------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------|

|   |                     |                 |  |                                  |
|---|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><b>1</b> |
|---|---------------------|-----------------|--|----------------------------------|

|             |                           |               |     |                                    |
|-------------|---------------------------|---------------|-----|------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> |
|-------------|---------------------------|---------------|-----|------------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

|                                      |  |            |                                   |                       |   |                  |               |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|--------------------------------------|-------------------------------------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|--------------------------------------|-------------------------------------|

|          |                         |          |   |                                     |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|---|-------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|----------|---|-------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|

|   |                     |                 |  |  |
|---|---------------------|-----------------|--|--|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input type="checkbox"/> |
|---|---------------------|-----------------|--|--|

|  |   |   |   |
|--|---|---|---|
| INJURIES   | INJURED TAKEN BY  | SAFETY EQUIPMENT USED   | 99 - UNKNOWN SAFETY EQUIPMENT   |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED | <b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER |

|  |   |  |   |
|--|---|--|---|
| SEATING POSITION   | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | AIR BAG USAGE   |
| 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) | 13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | 1 - NOT DEPLOYED<br>2 - YES - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |

|   |   |  |  |  |
|---|---|--|--|--|
| EJECTION  | TRAPPED   | OPERATOR LICENSE CLASS   | CONDITION  | ALCOHOL/DRUG SUSPECTED   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO'S "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |

|  |   |  |   |   |
|--|---|--|---|---|
| ALCOHOL TEST STATUS  | ALCOHOL TEST TYPE   | DRUG TEST STATUS   | DRUG TEST TYPE                                  | DRIVER DISTRACTED BY  |
| 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | 1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |

|                         |   |                                    |                  |   |
|-------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>1</b> | NAME: LAST, FIRST, MIDDLE<br><b>Groves, Ryleiah</b> | DATE OF BIRTH<br><b>03/04/2004</b> | AGE<br><b>10</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
|-------------------------|---|------------------------------------|------------------|---|

|  |  |
|--|--|
| ADDRESS, CITY, STATE, ZIP<br><b>4437 Glenbrook, Brunswick, OH, 44212</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>216-262-0477</b> |
|--|--|

|                      |  |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>06</b> | AIR BAG USAGE<br><b>5</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

|             |                           |               |     |                                    |
|-------------|---------------------------|---------------|-----|------------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> |
|-------------|---------------------------|---------------|-----|------------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

|                                      |  |            |                                   |                       |   |                  |               |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|--------------------------------------|-------------------------------------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|--------------------------------------|-------------------------------------|

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT