

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		LOCAL INFORMATION		2   0   2   2   2   2   5   6		
REPORTING AGENCY NAME *		NCIC *		HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
GARFIELD HEIGHTS		0   1   8   2   0		1 - Solved 2 - Unsolved	0   2	98 - ANIMAL 99 - UNKNOWN

COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *	CRASH DATE/TIME	CRASH SEVERITY
1   8	1	GARFIELD HTS	0   8   0   3   2   0   2   2   1   1   3   6	3   1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGR
			Turney	R   D	4   1   .   4   1   1   2   1
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS	ROAD TYPE	LONGITUDE DECIMAL DEGR
			Oakpark	B   L	8   1   .   6   0   1   5   4

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1 - INTERSECTION 2 - MILE POST	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE <input type="checkbox"/> ROADWAY DIVIDE
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			NUMBER OF APPROACH
2   0	2   Miles			3
				ROADWAY
				<input type="checkbox"/> ROADWAY DIVIDE

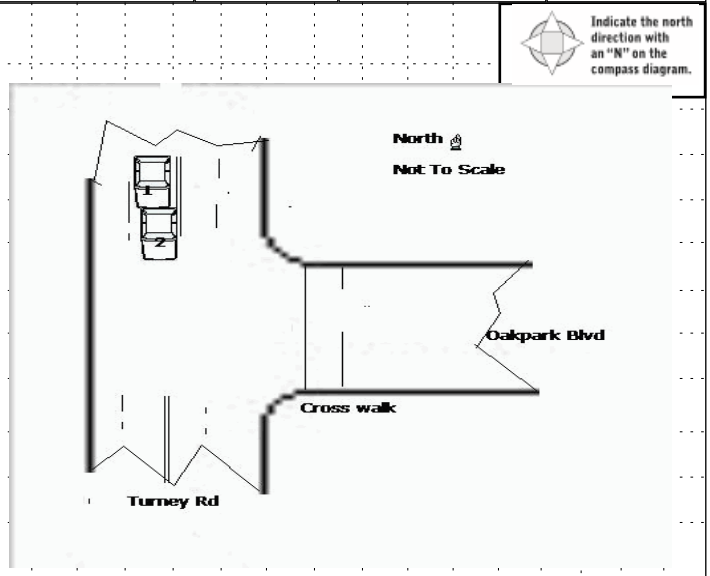
LOCATION OF FIRST HARMFUL EVE	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAV	MEDIAN TYPE
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE	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 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)

WORK ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK	1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN
LIGHT CONDITIO	WEATHER				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING	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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				

NARRATIVE

UNIT # 1 WAS TRAVELING SOUTH ON TURNEY RD. AT OAKPARK BLVD. IN THE INSIDE LANE DIRECTLY BEHIND UNIT # 2. UNIT # 2 STOPPED PRIOR TO TURNING LEFT. AS A RESULT, THE FRONT OF UNIT # 1 COLLIDED WITH THE BACK OF UNIT # 2. UNITS WERE IN THE PROCESS OF MOVING UPON ARRIVAL TO SCENE.

NOTE: DRIVER OF UNIT # 1 STATED; UNIT # 2 DID NOT THEN; DID HAVE ITS BLINKER ON- BWC.



CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME	SCENE CLEARED DATE/TIME	REPORT TAKEN B
0   8   0   3   2   0   2   2   1   1   3   6	0   8   0   3   2   0   2   2   1   1   3   7	0   8   0   3   2   0   2   2   1   1   3   7	0   8   0   3   2   0   2   2   1   2   0   5	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
TOTAL TIME ROADWAY	OTHER INVESTIGATION	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME*
0	2   0	4   8	R. Cramer	M. Berdysz
		OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*	
		0   3   7	L   1   4	

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**EWING TOMIKA ROSHA**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**14102 KREMS AVE MAPLE HEIGHTS OH 44137**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP (  Same As Driver )  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

3 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING  
 DAMAGE

9 - UNKNOWN

**VEHICLE**

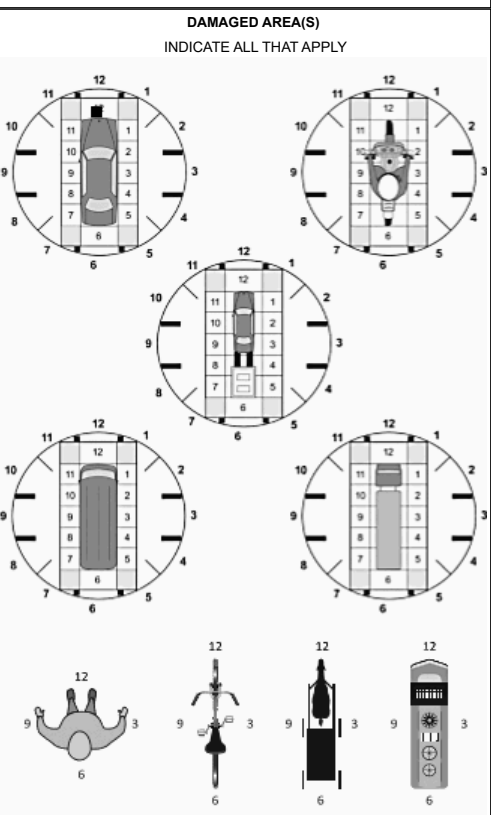
LP STATE OH LICENSE PLATE # GHW8805 VEHICLE IDENTIFICATION # 5XYPGDA33JG397208 VEHICLE YEAR 2018 VEHICLE MAKE Kia

INSURANCE VERIFIED  INSURANCE COMPANY Progressive INSURANCE POLICY # 951083365 VEHICLE COLOR WHI VEHICLE MODEL Sorento

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY  INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL CLASS # \_\_\_\_\_ PLACARD  RELEASED



UNIT TYPE 03

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHE ELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATE R

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHE ELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)

3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST

4 - PICK UP 10 - MOPEL OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE

5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HITS KIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / \_\_\_\_\_

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER

2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - MAIL CARRIER

3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 23 - OTHER/JUNK

4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 24 - OTHER

5 - BUS-TRANSIT/COMMU 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DIFF/TWIF 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN

7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING

18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING DISABLED 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP

1 - NO DAMAGE [0] 1 - UNDERCARRIAGE [1]  
 1 - TOP [13] 1 - ALL AREAS [15]  
 1 - UNIT NOT AT SCENE [16]

CONTRIBUTING CIRCUMSTANCES

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**TRAFFIC**

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES 4

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

**EVENT(S)**

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

16 - RAILWAY VEHICLE 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

COLLISION WITH FIXED OBJECT - STRUCK

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 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 20

POSTED SPEED 25

DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE EVANS LAVINIA R (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
9609 TALBOT AVE MAPLE HTS OH 44137  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP (  )  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE (  )

**VEHICLE**

LP STATE OH LICENSE PLATE # GZJ4143 VEHICLE IDENTIFICATION # 51X1YR1KD1L1F81NG0914347 VEHICLE YEAR 2022 VEHICLE MAKE Kia  
 INSURANCE VERIFIED  INSURANCE COMPANY Travelers INSURANCE POLICY # 9938094142032 VEHICLE COLOR DGR VEHICLE MODEL Sorento  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY  US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC 1 HAZARDOUS MATERIAL:  MATERIAL CLASS # \_\_\_\_\_ PLACARD  RELEASED

UNIT TYPE 03 # OF TRAILING UNITS \_\_\_\_\_

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHE ELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATE R  
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 5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HITS KIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL \_\_\_\_\_

1 - YES 2 - NO 9 - OTHER / \_\_\_\_\_

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - NOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 19 - TOWING  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE  
 5 - BUS-TRANSIT/COMMU 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

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1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DIFF/TWIF 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 01

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 04 PRE-CRASH ACTION 11

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTO RIST 21 - STANDING DISABLED 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

CONTRIBUTING CIRCUMSTANCES 01

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 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

COLLISION WITH FIXED OBJECT - STRUCK

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 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT

20222256

DAMAGE

DAMAGE SCALE

2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [1]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES 4

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0

POSTED SPEED 25

DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	2	2	2	5	6		

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> EWING TOMEKA ROSHA				<b>DATE OF BIRTH</b> 02051970		<b>AGE</b> 52	<b>GENDER</b> F	
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 14102 KREMS AVE MAPLE HEIGHTS OH 44137					<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
<b>INJURIES</b> 5	<b>INJURE D TAKEN</b>	<b>EMS AGENCY (NA ME)</b> GHFD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Marymount	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 333.03		<b>LOCAL CODE</b> ■	<b>OFFENSE DESCRIPTION</b> ACDA		<b>CITATION NUMBER</b> G20222256		
<b>OL CLASS</b> 4	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b> D DISTRACTE 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</b>

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> EVANS LAVINIA R				<b>DATE OF BIRTH</b> 11271965		<b>AGE</b> 56	<b>GENDER</b> F	
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 9609 TALBOT AVE MAPLE HTS OH 44137					<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
<b>INJURIES</b> 3	<b>INJURE D TAKEN</b> 2	<b>EMS AGENCY (NA ME)</b> GHFD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> Marymount	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b> D DISTRACTE 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		<b>DRUG TEST(S)</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>	
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
<b>INJURIES</b>	<b>INJURE D TAKEN</b>	<b>EMS AGENCY (NA ME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS KNOWN
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			U - OTHER/UNKNOWN			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

**LOCAL REPORT**  
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2 | 0 | 2 | 2 | 2 | 2 | 5 | 6

<b>OCCUPANT</b>	<b>UNIT #</b> _____	<b>NAME: LAST, FIRST, MIDDLE</b> _____				<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____		<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> _____					<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____				
	<b>INJURIES</b> ____ ____	<b>INJURED TAKEN BY</b> ____ ____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> ____ ____	<b>DOT-COMPLIANT MC HELMET</b> ____ ____	<b>SEATING POSITION</b> ____ ____	<b>AIR BAG USAGE</b> ____ ____	<b>EJECTION</b> ____ ____	<b>TRAPPED</b> ____ ____
<b>OCCUPANT</b>	<b>UNIT #</b> _____	<b>NAME: LAST, FIRST, MIDDLE</b> _____				<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____		<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> _____					<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____				
	<b>INJURIES</b> ____ ____	<b>INJURED TAKEN BY</b> ____ ____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> ____ ____	<b>DOT-COMPLIANT MC HELMET</b> ____ ____	<b>SEATING POSITION</b> ____ ____	<b>AIR BAG USAGE</b> ____ ____	<b>EJECTION</b> ____ ____	<b>TRAPPED</b> ____ ____
<b>OCCUPANT</b>	<b>UNIT #</b> _____	<b>NAME: LAST, FIRST, MIDDLE</b> _____				<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____		<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> _____					<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____				
	<b>INJURIES</b> ____ ____	<b>INJURED TAKEN BY</b> ____ ____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> ____ ____	<b>DOT-COMPLIANT MC HELMET</b> ____ ____	<b>SEATING POSITION</b> ____ ____	<b>AIR BAG USAGE</b> ____ ____	<b>EJECTION</b> ____ ____	<b>TRAPPED</b> ____ ____
<b>OCCUPANT</b>	<b>UNIT #</b> _____	<b>NAME: LAST, FIRST, MIDDLE</b> _____				<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____		<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> _____					<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____				
	<b>INJURIES</b> ____ ____	<b>INJURED TAKEN BY</b> ____ ____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> ____ ____	<b>DOT-COMPLIANT MC HELMET</b> ____ ____	<b>SEATING POSITION</b> ____ ____	<b>AIR BAG USAGE</b> ____ ____	<b>EJECTION</b> ____ ____	<b>TRAPPED</b> ____ ____

<b>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
<b>GENDER</b>			<b>TRAPPED</b>
F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> FOGLE RICHARD E	<b>DATE OF BIRTH</b> 06 18 19 77	<b>AGE</b> 45	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE</b> 5555 TURNEY GARFIELD HTS OH 44125		<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> _____	<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____	<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____
	<b>ADDRESS: STREET, CITY, STATE</b> _____		<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	
<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> _____	<b>DATE OF BIRTH</b> ____ ____ ____ ____ ____ ____	<b>AGE</b> ____ ____	<b>GENDER</b> ____ ____
	<b>ADDRESS: STREET, CITY, STATE</b> _____		<b>CONTACT PHONE - INCLUDE AREA CODE</b> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	