

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input 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 REPORTING AGENCY NAME *    NCIC * <b>GARFIELD HEIGHTS</b> 01820				20223204			
COUNTY * 18		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>				CRASH DATE/TIME 10292022 2040		CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY	
ROUTE TYPE _____		ROUTE NUMBER _____		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME <b>I-480 W</b>		ROAD TYPE <b>H W</b>		LATITUDE DECIMAL DEGR 41.411079	
ROUTE TYPE _____		ROUTE NUMBER _____		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS <b>21.4</b>		ROAD TYPE <b>M P</b>		LONGITUDE DECIMAL DEGR -81.621501	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 2		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE		ROAD TYPE AL - ALLEY    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE DR - DRIVE    PI - PIKE    TL - TRAIL HE - HEIGHTS    PL - PLACE    WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE    NUMBER OF APPROACH _____ <b>ROADWAY</b> <input checked="" type="checkbox"/> ROADWAY DIVIDE			
DISTANCE FROM REFERENCE _____		DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet		LOCATION OF FIRST HARMFUL EVE 01 1 - ON ROADWAY    9 - CROSSOVER 2 - ON SHOULDER    10 - DRIVEWAY / ALLEY ACCESS 3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE    12 - SHARED USE PATHS 5 - ON GORE    13 - BIKE LANE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP		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 - OTHER / UNKNOWN		DIRECTION OF TRAV 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 4 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)	
<input checked="" type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 3		LOCATION OF CRASH IN WORK ZONE 4 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN	
LIGHT CONDITIO 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING				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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN				NARRATIVE UNIT 1 WAS TRAVELING WESTBOUND ON I-480W IN THE FAR RIGHT LANE. UNIT 1 LOST CONTROL AND HIT THE BARRIER ON THE RIGHT SIDE OF THE ROADWAY. UNIT 1 THEN DROVE ACROSS THE ROADWAY AND HIT THE PORTABLE BARRIER ON THE LEFT SIDE. WALSH CONSTRUCTION CO. THE OWNER OF THE PORTABLE BARRIER HAS BEEN ATTACHED TO THIS REPORT.			
OHIO DEPARTMENT OF PUBLIC SAFETY OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION 				LOCAL REPORT NUMBER: 20223204 REPORTING AGENCY: GARFIELD HEIGHTS PD DATE OF CRASH: 10/29/2022 OFFICER'S SIGNATURE: [Signature] BADGE NUMBER: 251							
CRASH REPORTED DATE/TIME 10292022 2040		DISPATCH DATE/TIME 10292022 2046		ARRIVAL DATE/TIME 10292022 2050		SCENE CLEARED DATE/TIME 10292022 2207		REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO ODPB)			
TOTAL TIME ROADWAY 0		OTHER INVESTIGATION 15		TOTAL MINUTES 92		OFFICER'S NAME * <b>C. Cramer</b>		CHECKED BY OFFICER'S NAME * <b>R. Jarzembak</b>		CHECKED BY OFFICER'S BADGE NUMBER * 051	
OFFICER'S BADGE NUMBER * 051		CHECKED BY OFFICER'S BADGE NUMBER * 116									



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 2 3 2 0 4

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE GALLAGHER PAUL BRIAN		DATE OF BIRTH 1 0 0 6 1 9 8 0	AGE 4 2	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1540 ROBIN LN STOW OH 44224			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 4	INJURE D TAKEN 3	EMS AGENCY (NA ME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Marymount Hospital	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT MC HELMET <input type="checkbox"/>
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 335.12A	LOCAL CODE ■	OFFENSE DESCRIPTION Hit/Skip	CITATION NUMBER G20222539
OL CLASS 4	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1 1
		ALCOHOL TEST		DRUG TEST(S)	
		STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4			

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURE D TAKEN	EMS AGENCY (NA ME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG	CONDITION
		ALCOHOL TEST		DRUG TEST(S)	
		STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4			

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURE D TAKEN	EMS AGENCY (NA ME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG	CONDITION
		ALCOHOL TEST		DRUG TEST(S)	
		STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4			

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

2 0 2 2 3 2 0 4

<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> NOLAN KYLIE MARIE	<b>DATE OF BIRTH</b> 0 1 1 1 2 0 0 5			<b>AGE</b> 1 7	<b>GENDER</b> F
	<b>ADDRESS: STREET, CITY, STATE</b> 1547 QUEENS CT WESTLAKE OH 44145		<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> ____ ____ ____ ____ ____ ____ ____ ____ ____ ____			

