

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN  <input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3  <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER  <input type="checkbox"/> Private Property	LOCAL INFORMATION <b>ROCKSIDE / TURNEY</b> REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b>	NCIC * <b>01820</b>	HIT/SKIP 1 - Solved 2 - Unsolved <input type="checkbox"/>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>99</b>
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COUNTY * <b>18</b>	LOCALITY * <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>	CRASH DATE/TIME * <b>011212023 21144</b>	CRASH SEVERITY <b>5</b>
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ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>TURNEY</b>	ROAD TYPE <b>R D</b>	LATITUDE DECIMAL DEGREES <b>41.400997</b>
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>ROCKSIDE</b>	ROAD TYPE <b>R D</b>	LONGITUDE DECIMAL DEGREES <b>81.594561</b>

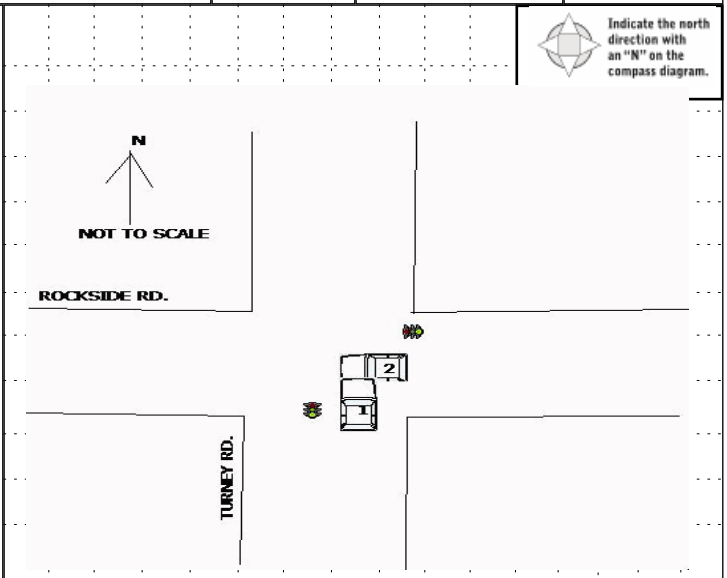
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>4</b> NUMBER OF APPROACHES
DISTANCE FROM REFERENCE <b>5</b>	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards <b>2</b>	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		

LOCATION OF FIRST HARMFUL EVE <b>01</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP	MANNER OF CRASH COLLISION/IMPACT <b>3</b> 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 TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST	MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER / UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT  <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
LIGHT CONDITION <b>3</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER <b>1</b> 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

SIGNIFICANT LANGUAGE BARRIER WITH DRIVER OF UNIT 1. DRIVER OF UNIT 1 STATED THAT THEY WERE TRAVELING N/B AT TURNEY RD. AND ROCKSIDE RD. DRIVER OF UNIT 1 STATED THAT THEY HAD A GREEN LIGHT. DRIVER OF UNIT 2 STATED THAT THEY WERE TRAVELING W/B ON ROCKSIDE RD. TOWARD TURNEY RD. DRIVER OF UNIT 2 STATED THAT THEY HAD A GREEN LIGHT. THE FRONT END OF UNIT 1 STRUCK THE FRONT END OF UNIT 2.



CRASH REPORTED DATE/TIME <b>011212023 21144</b>	DISPATCH DATE/TIME <b>011212023 21144</b>	ARRIVAL DATE/TIME <b>011212023 21147</b>	SCENE CLEARED DATE/TIME <b>011212023 2225</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED <b>0</b>	OTHER INVESTIGATION TIME <b>30</b>	TOTAL MINUTES <b>68</b>	OFFICER'S NAME * <b>P. Stockhausen</b>	CHECKED BY OFFICER'S NAME * <b>R. Dodge</b>
			OFFICER'S BADGE NUMBER * <b>025</b>	CHECKED BY OFFICER'S BADGE NUMBER * <b>S22</b>

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**GALVEZ YESSICA**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**5602 BIDDULPH AVE CLEVELAND OH 44144**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

4

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

**VEHICLE**

LP STATE OH LICENSE PLATE # GEU5012 VEHICLE IDENTIFICATION # J T 3 H N 8 1 6 R 5 1 Y 0 3 0 6 9 9 2 VEHICLE YEAR 2 0 0 0 VEHICLE MAKE Toyota

INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 901420513 VEHICLE COLOR GRY VEHICLE MODEL 4-Runner

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

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

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

UNIT TYPE 0 1

1 - PASSENGER CAR  
2 - PASSENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - PICK UP  
5 - CARGO VAN  
6 - VAN (9-15 SEATS)  
7 - MOTORCYCLE 2-WHEEL  
8 - MOTORCYCLE 3-WHEEL  
9 - AUTOCYCLE  
10 - MOPED OR MOTORIZED BICYCLE  
11 - ALL TERRAIN VEHICLE  
12 - GOLF CART  
13 - SNOWMOBILE  
14 - SINGLE UNIT TRUCK  
15 - SEMI-TRACTOR  
16 - FARM EQUIPMENT  
17 - MOTORHOME  
18 - LIMO (LIVERY VEHICLE)  
19 - BUS (16+ PASSENGERS)  
20 - OTHER VEHICLE  
21 - HEAVY EQUIPMENT  
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
23 - PEDESTRIAN/SKATER  
24 - WHEELCHAIR (ANY TYPE)  
25 - OTHER NON- MOTORIST  
26 - BICYCLE  
27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL \_\_\_\_\_

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

SPECIAL FUNCTION 0 1

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

CARGO BODY TYPE 0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS  
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 - LOGGING  
5 - INTERMODAL CONTAINER CHASSIS  
6 - CARGO VAN/ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL  
8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP  
12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER / UNKNOWN

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 DEFECTIVE  
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 - MIDLBLOCK - MARKED CROSSWALK  
5 - TRAVEL LANE-OTHER LOCATION  
6 - BICYCLE LANE  
7 - SHOULDER/ROADSIDE  
8 - SIDEWALK  
9 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS  
12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER / UNKNOWN

ACTION 9

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

1 - STRAIGHT AHEAD  
2 - BACKING  
3 - CHANGING LANES  
4 - OVERTAKING/PASSING  
5 - MAKING RIGHT TURN  
6 - MAKING LEFT TURN  
7 - MAKING U-TURN  
8 - ENTERING TRAFFIC LANE  
9 - LEAVING TRAFFIC LANE  
10 - PARKED  
11 - SLOWING OR STOPPED IN TRAFFIC  
12 - DRIVERLESS  
13 - NEGOTIATING A CURVE  
14 - ENTERING OR CROSSING SPECIFIED LOCATION  
15 - WALKING, RUNNING, JOGGING, PLAYING  
16 - WORKING  
17 - PUSHING VEHICLE  
18 - APPROACHING OR LEAVING VEHICLE  
19 - STANDING  
20 - OTHER NON-MOTORIST  
21 - STANDING OUTSIDE DISABLED VEHICLE  
99 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

1 1

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

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  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

SEQUENCE OF EVENTS

EVENTS

1 2 0

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  
10 - CROSS MEDIAN  
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 VEHICLE  
24 - OTHER MOVABLE OBJECT

# OF THROUGH LANES ON ROAD 5

RAIL GRADE CROSSING 1

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

FIRST HARMFUL EVENT 1

MOST HARMFUL EVENT 1

UNIT SPEED 0

POSTED SPEED 3 5

DETECTED SPEED 3

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

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**FREEMAN CANDISS S**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**21111 KENYON DR MAPLE HEIGHTS OH 44137**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
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 # P883505 VEHICLE IDENTIFICATION # 1FMCU9GX1GUA0715810 VEHICLE YEAR 2016 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY TREXIS INSURANCE POLICY # 1134017835279 VEHICLE COLOR RED VEHICLE MODEL Escape

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

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

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

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

UNIT TYPE 0 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEEL 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
2 - PASSENGER VAN (MINIVAN) ED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEEL 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON- MOTORIST  
4 - PICK UP ED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 9 - AUTOCYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 10 - MOPED OR MOTORIZED BICYCLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL \_\_\_\_\_

SPECIAL FUNCTION 0 1

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT 0 1

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDLICK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE-OTHER LOCATION

ACTION 9

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR STANDING  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

**INITIAL POINT OF CONTACT**

1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP

CONTRIBUTING CIRCUMSTANCES

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

**TRAFFIC**

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

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

SEQUENCE OF EVENTS

EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD 5

RAIL GRADE CROSSING 1

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

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

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

UNIT SPEED 3 5

POSTED SPEED 3 5

DETECTED SPEED 1

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



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 0 1 9 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE FLORES BRANDON		DATE OF BIRTH 0 9   1 8   1 9   8 2		AGE 4 0	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 5602 BIDDULPH AVE CLEVELAND OH 44144			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE FREEMAN CANDISS S		DATE OF BIRTH 1 0   1 3   1 9   7 5		AGE 4 7	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 21111 KENYON DR MAPLE HEIGHTS OH 44137			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION	STATUS	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)

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 UNKNOWN
6 - SECOND - RIGHT SIDE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
8 - THIRD - MIDDLE	8 - THIRD - MIDDLE	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
9 - THIRD - RIGHT SIDE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER		<b>DRUG TEST TYPE</b>
13 - TRAILING UNIT	13 - TRAILING UNIT	<b>TRAPPED</b>	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	<b>CONDITION</b>	1 - NONE
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	2 - BLOOD
15 - NON-MOTORIST	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	3 - URINE
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	4 - OTHER
			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	4 - ILLNESS	<b>DRUG TEST RESULT(S)</b>
			X - TANKER / HAZMAT	18 - OTHER	5 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - AMPHETAMINES
			<b>GENDER</b>		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES
			F - FEMALE		9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES
			M - MALE			4 - CANNABINOIDS
			U - OTHER/UNKNOWN			5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	0	2	3	0	1	9	1		

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> CRUZ CARLOS JOSE				<b>DATE OF BIRTH</b> 03011974		<b>AGE</b> 48	<b>GENDER</b> M	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2509 W 7TH ST CLEVELAND OH 44113					<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 04	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> HOPSON ORLANDO F				<b>DATE OF BIRTH</b> 05091966		<b>AGE</b> 56	<b>GENDER</b> M	
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4248 E 71ST ST 4 CLEVELAND OH 44105					<b>CONTACT PHONE - INCLUDE AREA CODE</b>				
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 03	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<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>	<input type="checkbox"/> <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>	<input type="checkbox"/> <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) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	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>		<b>TRAPPED</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		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS
<b>GENDER</b>			
F - FEMALE M - MALE U - OTHER/UNKNOWN			

<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, ZIP</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, ZIP</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, ZIP</b>	<b>CONTACT PHONE - INCLUDE AREA CODE</b>		