OHIO DEPA OF PUBLIC SAPETY - SERVICE	SAFETY TRAFFIC	CRASH	REPORT DEN	OTES MANDATORY FIELD FOR SUPPLEMENT REPORT			LOCAL REPORT NUMBE	R*		
☐ PHOTOS TAKEN	OH-2		CAL INFORMATION ONDA HALVOR	SEN		2 0 2 5	1   6   3   5			
SECONDARY CRASH	OH-1P Private Property		ORTING AGENCY NAME	CUTS   0   1	HIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF LINITS	0 1 98 - ANIMAL 99 - UNKNOWN			
COUNTY* LOC		LOCATION: CITY, VILLAGE	ARFIELD HEI	UNIS		CRASH DA		CRASH SEVERITY		
1 8 1	2 VILLACE *	GARFIELD	HTS			10161217121012	2 1 - FATAL 2 - SERIOUS INJURY			
ROUTE TYPE	ROUTE NUMBER	1	1 - NORTH LOCATIO	ON ROAD NAME	ROAD TYPE	I ATITITIE DECIMA	SUSPECTED  3 - MINOR INJURY SUSPECTED			
Госол			4-WEST GRAN	ND DIVISION	DIVISION $A V$		4 1 1 4 3 4 3 4 3			
ROUTE TYPE	ROUTE NUMBER		3 - FAST	ERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE		LONGITUDE DECIMAL		ONLY		
REFER		_	4-WEST 7500	,		8 1 1 6 3				
1 - INTERSECTI 2 - MILE POST	ION 1 - NORTH		TE ROUTE (TP)	AL - ALLEY HW - HIGHWAY	RD - ROAD SQ - SQUARE	☐ WITHIN INTERSE	INTERSECTION RELATED CTION OR ON APPROACH			
3 - HOUSE #	1 2 - SOUTH 3 - EAST 4 - WEST	US - FEDERAL SR - STATE RO CR - NUMBER		AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	ST - STREET TE - TERRACE TL - TRAIL	☐ WITHIN INTERCH	ANGE AREA	NUMBER OF APPROACHES		
DISTANCE	DISTANCE	TR - NUMBERI ROUTE		DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY		ROADWAY			
5   0	2 - Feet 3 - Yards					☐ ROADWAY DIVID	ED			
0 1 1-0NI	I OCATION OF EIRST HARMELII ROADWAY 9 - CROSSOVI	ER	1 - NOT COLLISI	MANNER OF CRASH COLLISION/IMPACT ON 4 - REAR-TO-REAR		DIRECTION OF TRAVEL		MEDIAN TYPE		
3 - IN M 4 - ON I	ROADSIDE 11 - RAILWAY	GRADE	1 NOT COLLISI BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE		1 - NORTH 2 - SOUTH	D FLUSH MEDIAN ET) D FLUSH MEDIAN			
5 - ON ( 6 - OUT TRA 7 - ON (	TSIDE 12 - SHARED I FFICWAY OR TRAIL	JSE PATHS .S	TRANSPORT 2 - REAR-END 3 - HEAD-ON	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTIO 9 - OTHER / UNKNOWN	3 - EAST 4 - WEST	ED FLOOR MEDIAN ET) ED, DEPRESSED MEDIAN ED, RAISED MEDIAN TYPE) R / UNKNOWN				
8 - OFF		TH	o-⊓EAD-UN	o onen dimenti						
☐ WORK ZONE RELA	VT 1-	WORK ZONE TO LANE CLOSURE LANE SHIFT/CROSSOVE		LOCATION OF CRASH IN WORK Z 1 - BEFORE THE 1ST WORK Z WARNING SIGN	ONE ONE	CONTOUR	CONDITIONS	SURFACE		
LAW ENFORCEMENT PRESENT	NT 3-	WORK ON SHOULDER OR MEDIAN		2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA	A	1 - STRAIGHT LEVEL	1- DRY	1- CONCRETE		
ACTIVE SCHOOL Z	5 -	INTERMITTENT OR MOVI OTHER	NG WORK	5 - TERMINATION AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT		
	IGHT CONDITION			WEATHER		4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE		
	JSK IGHTED ROADWAY	1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW	15		MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN		
	OADWAY NOT LIGHTED NKNOWN ROADWAY LIGHTING UNKNOWN	1	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZING DRIZZ 99 - OTHER / UNKNOWN	LE					
NARRATIVE								Indicate the north		
ON THE LIS	TED TIME AND	DATE UN	T#1 WAS					direction with an "N" on the compass diagram.		
TRAVELING	WEST ON GRA	AND DIVIS	ION AVE. NEA	AR .				IG9- · · ·		
7500 WHEN	IT RAN OFF TI	HE ROAD	LEFT AND STI	RUCK 750	0		1	NORTH		
A FENCE. C	CCUPANTS OF	THE VEH	ICLE AS WEL	LAS	<b>PNIT #1</b>			NOT TO SCALE		
WITNESSES	S.HAD.ADVISE	OFFICER	RS. OF.A.BRAK	Œ		N AVE				
FAILURE AS	S WELL AS THE	VEHICLE'	S ENGINE							
ACCELERA	TING DESPITE	THE DRIV	ER'S EFFORT	S-TO		GRAND DIVISION AVE				
STOP.						1 5				
	RTED DATE/TIME	.0.0.0.7	DISPATCH DATE/TIME	ARRIVAL DATE/TII		SCENE CLEARED DATE/TIME REPORT TAKEN BY POLICE AGENCY				
TOTAL TIME ROADWAY		TOTAL	7 2 0 2 5   2 0 4 2     0 6 2 7 2 0 2 5   2 1 3 2			J    0 6 2 7 2 0 2 5   2 2 1 1				
CLOSED	TIME	MINUTES	M. Malak	FICER'S BADGE NUMBER*	D. Simia	CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT (CORRECTION = ADDITION		
0 1 1	3,0,	  1 1 <sub> </sub> 1 9		3   3		S   2   3		to we business represt select to copes		

OHIO DEPARTMENT UNIT	LOCAL REPORT NUMBER								
UNIT# OWNER NAME: LAST, FIRST, MIDDLE ( Sai	DAMAGE DAMAGE SCALE								
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver)  4775 E 86TH STAPT GARFIELD HTS OH 44125  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE									
COMMERCIAL CARRIER: NAME, ADDRESS, UIT, STATE, ZIP	, code	DAMAGED AREA(S)							
	PEHICLE IDENTIFICATION # 2, 6, 3, 2, 8, A, 0, 1, 1, 1, 4, 8, 2	VEHICLE YEAR	VEHICLE MAKE Honda		INDICATE ALL THAT APPLY				
INSURANCE COMPANY	INSURANCE POLICY#	VEHICLE COLOR	VEHICLE MODEL	11 12 1	11 12 1				
VERIFIED TYPE OF USE	US DOT # TOWE	BLU D BY: COMPANY NAME	Accord	10 1 2	10 1 2				
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE ☐	Inte	erstate		3 4 7	3 9 9 3 3				
INTERLOCK DEVICE EQUIPPED  # OCCUPANTS  # OCCUPANTS    0 4	VEHICLE WEIGHT GWWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	DIACADD	ERIAL CLASS# PLACARD ID#	8 7 6 5	11 12 7 6 5				
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)  1 - MOTORCYCLE 2-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	13 - SNOWMOBILE 19 - BUS (*) 14 - SINGLE UNIT TRUCK 20 - OTHEI 15 - SEMI-TRACTOR 21 - HEAV* 16 - FARM FOLUMENT 22 - ANIMA*	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16 - PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP							
# of Trailing Units									
2 I - YES 2-NO 9-OTHER/UNKNOWN MODE  WHEN CRASH OCCURED?  1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE AU 2 - PARTIAL AUTOMATION 4 - HIG 5 - FUL	SSISTANCE AUTOMATION			3 9 9 3 3 3 4 4 7 5 4				
1 - NONE   6 - BUS - CHARTERTOUR   2 - TAX   7 - BUS - MITEROTY   3 - ELECTRONIC RIDE SHARING   8 - BUS - SHUTTLE   4 - SOHDOL TRANSPORT   9 - BUS - OTHER   5 - BUS - STANSIT/COMMUTER   10 - AMBULANCE	13 - POLICE 18 - SN 14 - PUBLIC UTILITY 19 - TO		MAIL CARRIER OTHER /UNKNOWN	7 6 5	7 6 5				
O 1 1 NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING		ARGO TANK 13 - AI LAT BED 14 - G.	ONCRETE MIXER UTO TRANSPORTER ARBAGE/REFUSE THER / UNKNOWN	9 3 9	3 9 3 3				
1 - TURN SIGNALS	8 - TRAILER EQUIPMENT 10 - DI	OTOR TROUBLE 99 - 0' ISABLED FROM PRIOR ICIDENT	THER / UNKNOWN	6	6 6 6				
1-INTERSECTION-	7 - SHOULDER/ROADSIDE 10 - DF 8 - SIDEWALK 11 - SH	RIVEWAY ACCESS A	FIRST RESPONDER NT INCIDENT SCENE DTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13] - UNIT	- UNDERCARRIAGE [14]  - ALL AREAS [15]  NOT AT SCENE [16]				
1 - NON-CONTACT 1 - STRAIGHT AHEAD		ITEDINO OD ODOGONIO	APPROACHING OR LEAVING VEHICLE STANDING	INI	TIAL POINT OF CONTACT				
3 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK ACTION 5 - BOTH STRIKING 8 STRUCK 9 - OTHER / UNKKNOWN 2 - ANALYSING RIGHT TURN 6 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	10 - PARKED         15 - W.           11 - SLOWING OR STOPPED         JO           IN TRAFFIC         16 - W.	ECIFIED LOCATION 20 - ALKING, RUNNING, 21 - OGGING, PLAYING	OTHER NON-MOTORIST STANDING OUTSIDE DISABLED VEHICLE OTHER / UNKNOWN	1 1 1 0-NO DAMAGE 1-12-REFER TO I DIAGRAM 13-TOP	14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN				
1 - NONE 7 - LEFT OF CENTER			YING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL				
2 - FAILURE TO YIELD 8 - FOLLOWING TOO 3 - RAIN RED LIGHT CLOSE/ACDA 4 - RAIN STOP SIGN 9 - IMPROPER LAINE 1 0   1   5 - UINSAFE SPEED 10 - IMPROPER PASSING	14 - STOPPED OR PARKED         EG           ILLEGALLY         19 - LO           15 - SWERVING TO AVOID         FA	QUIPMENT 23 - C DAD SHIFTING/ F ALLING/SPILLING 99 - C	NOT DISCERNABLE OPENING DOOR INTO ROADWAY OTHER IMPROPER	1- ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN				
6 - IMPROPER TURN 11 - DROVE OFF ROAD  CONTRIBUTING 12 - IMPROPER BACKING	16 - WRONG WAY 20 - IM	20 - IMPROPER CROSSING ACTION		# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING				
CIRCUMSTANCES				ON ROAD	1 - NOT INVOLVED				
SEQUENCE OF EVENTS	EVENTS			_ 2 _	2 - INVOLVED - ACTIVE CROSSING  1 3 - INVOLVED - PASSIVE CROSSING				
1 - O - 9 1 - OVERTURNIROLLOVER 6 - EQUIPMENT FAILURE 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - 16 - RA OPPOSITE DIRECTION OF 17 - AN TRAVEL 18 - AN	IIMAL - FARM M IIMAL - DEER 23	NORK ZONE MAINTENANCE EQUIPMENT STRUCK BY FALLING,		T / NON-MOTORIST DIRECTION				
4 - JACKONIFE 8 - RAN OFF ROAD RIGHT 5 - CARGO / EQUIPMENT 9 - RAN OFF ROAD LEFT LOSS OR SHIFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 20 - MC 14 - PEDESTRIAN TR	OTOR VEHICLE IN A NANSPORT M RKED MOTOR VEHICLE V	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR /EHICLE DTHER MOVABLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3	COLLISION WITH FIXED OBJECT - STRUCK	C	DBJECT	FROM 3 TO	4 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 4 / CRASH CUSHION 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST         43 - CL           38 - OVERHEAD SIGN POST         44 - DIT	TCH E1	/ORKZONE MAINTENANCE QUIPMENT VALL	UNIT SPEED	DETECTED SPEED				
25 - BRIDGE OVERHEAD   33 - MEDIAN CABLE BARRIER   STRUCTURE   34 - MEDIAN GUARDRAIL   BARRIER   25 - BRIDGE PRAPPET   26 - BRIDGE PRAPPET   25 - MEDIAN CONCRETE   BARRIER   BARRIER   26 - BRIDGE RAIL   BARRIER   27 - BRIDGE RAIL   BARRIER   28 - BRIDGE RAIL   BARRIER   29 - BRIDGE RAIL   BARRIER   29 - BRIDGE RAIL   BARRIER   29 - BRIDGE RAIL   29 -	40 - UTILITY POLE 46 - FEI 41 - OTHER POST, POLE OR 47 - MA SUPPORT 48 - TRI	10 S2 - B NCE 52 - B ILBOX 53 - T EE 54 - C	WILLDING TUNNEL DTHER FIXED OBJECT DTHER / UNKNOWN	6   5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER				POSTED SPEED	3 - UNDETERMINED				
1 FIRST HARMFUL EVENT 2 N	IOST HARMFUL EVENT			2   5	PAGE OF				

OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NON	MOTODI	ет						LOCAL	. REPORT NUM	IBER		
SAPETY - SERVICE - PROTECTION	VIOTORIST / NON	-INIO I OKI	31				_2	0 2 5	11	6   3	_ 5 _		
M UNIT # NAME: LAST, FIRST,					DATE OF BIRTH AGE GENDER					GENDER			
R ADDRESS: STREET, CITY, STATE ZIP	SHAR	METTE					F						
\$ 4775 E 86TH	STAPT	G/	ARFIELD HTS	ОН	44125		L	THORE - INCLUDE AREA COL		ı	I	1 1	
INJURIES INJURED EMS	S AGENCY (NAME)		CAL FACILITY (NAME, CITY)	SAFETY E USED			DOT-COMPLIAN	SEATING PO	SITION	AIR BAG L	USAGE	EJECTION	TRAPPED
N L	HFD SQUAD 1	METRO		1	[0   1		DOT-COMPLIAN MC HELMET		1	2		1	3
OL STATE OPERATOR LICEN	ISE NUMBER	OFFENSE	CHARGED	LOCAL CODE	OFFENSE DESCRIPT	TION				CITATION	NUMBER		
O OL CLASS ENDORSEMENT SELECTUP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE		CONDITION		ALCOH			L,	DRUG T		
R 1 s   2		BY 1 1	ALCOHOL MAI	RIJUANA	. 1 .	STATUS	TYPE	VALUE	STAT	10s   1	TYPE	RESULT	SELECT UP TO 4
M UNIT# NAME: LAST, FIRST,	MIDDLE		OTHER DRUG					DATE OF B	IRTH		AG	E I	GENDER
0 T 0							l	1 1 1	1 1		11. 1		l I
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
S T		044 F4011TV	SAFETYE	OLIIPMENT	_		SEATING PO	NOITION	I AIR RAGII	R BAG USAGE EJECTION TRAPPED			
/ INJURIES INJURED EM	S AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	USED	I I	1	DOT-COMPLIAN		SITION	AIR BAG U	JSAGE	EJECTION	IRAPPED
OL STATE OPERATOR LICEN	ISE NUMBER	OFFENSE O	CHARGED	LOCAL	OFFENSE DESCRIPT	TION				CITATION	NUMBER		
M 0 T				CODE									
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTE		CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATI	US T	DRUG TI YPE		SELECT UP TO 4
s			ALCOHOL MAR OTHER DRUG	RIJUANA				<b>-</b>					
M UNIT # NAME: LAST, FIRST,	MIDDLE			-				DATE OF B	IRTH		AG	SE	GENDER
Ţ O												Ш	
R ADDRESS: STREET, CITY, STATE, ZIP I S							CONTACT	PHONE - INCLUDE AREA COD	E				
τ	S AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY E	QUIPMENT			SEATING PO	SITION	AIR BAG U	JSAGE	EJECTION	TRAPPED
N BY D							MC HELMET	т					
OL STATE OPERATOR LICEN	SE NUMBER	OFFENSE (	CHARGED	LOCAL	OFFENSE DESCRIPT	TION		•		CITATION I	NUMBER		
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTE	D	CONDITION		ALCOHO	OL TEST			DRUG TI	EST(S)	
R SELECT UP TO 2	neo non accest a 100	DISTRACTED BY		RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATI	US T	YPE		SELECT UP TO 4
S L L L L L L			OTHER DRUG								[		
1 - FATAL		AIR BAG OT DEPLOYED	1 - CLASS A	.ASS	1 - ALCOHOL	RESTRICTIO INTERLOCK	N(S)	1 - NOT DISTRACTED	STRACTION		1 - NONE GIVI	TEST STAT	rus
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	EPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRA			2 - MANUALLY OPERATI ELECTRONIC COMM			2 - TEST REF		
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE 4 - D	EPLOYED SIDE EPLOYED BOTH FRONT /	3 - CLASS C SIDE 4 - REGULAR CLASS (OF	HIO = D)	3 - CORRECTI 4 - FARM WAI			DEVICE (TEXTING, TY DIALING)	PING,	ľ	SAMPLE / U	EN, CONTAMIN UNUSABLE	ATED
5 - NO APPARENT INJURY	3 - OLOGNO - MIDDEL	OT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CI 6 - EXCEPT CI			3 - TALKING ON HANDS- COMMUNICATION DE				EN, RESULTS K EN, RESULTS U	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE	EPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B 7 - EXCEPT TF		ILER	4 - TALKING ON HAND-F	HELD			,	
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMED RESTRICTI		E	5 - OTHER ACTIVITY WI	TH AN				
2 - EMS 3 - POLICE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION OT EJECTED	OL ENDOR	RSEMENT	9 - LEARNER'S RESTRICT	TIONS		6 - PASSENGER			1 - NONE	ALCOHOL TES	ST TYPE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER 2 - P	ARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED T ONLY			7 - OTHER DISTRACTION THE VEHICLE			2 - BLOOD		
	(NON-TRAILING UNIT, BUS,	OTALLY EJECTED	P - PASSENGER N - TANKER		11 - LIMITED T 12 - LIMITED -	OTHER		8 - OTHER DISTRACTION THE VEHICLE	NS OUTSIDE		3 - URINE 4 - BREATH		
SAFETY EQUIPMENT  1 - NONE USED	12 - PASSENGER IN UNENCLOSED	OT APPLICABLE	Q - MOTOR SCOOTER			BRAKES, HAND		9 - OTHER / UNKNOWN			5 - OTHER		
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA	TRAPPED OT TRAPPED	R - THREE-WHEEL MOT	ORCYCLE	ADAPTIVE								
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHICLE 2 - E	XTRICATED BY	S - SCHOOL BUS  T - DOUBLE & TRIPLE TI	RAILERS	14 - MILITARY 15 - MOTOR V	/EHICLES					1 - NONE	DRUG TEST	TYPE
FORWARD FACING  6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT)	ECHANICAL MEANS REED BY	X - TANKER / HAZMAT		16 - OUTSIDE			CONE	DITION		2 - BLOOD		
REAR FACING  7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	ON-MECHANICAL MEANS			17 - PROSTHE 18 - OTHER	ETIC AID		1 - APPARENTLY NORM			3 - URINE 4 - OTHER		
8 - HELMET USED  9 - PROTECTIVE PADS USED								2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G. DE					
(ELBOWS, KNEES, ETC.)  10 - REFLECTIVE CLOTHING			GEND	DER				ANGRY, DISTURBED) 4 - ILLNESS			1 - AMPHETAI	DRUG TEST RE	SULT(S)
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			F - FEMALE M - MALE					5 - FELL ASLEEP, FAINT	ΓED,		2 - BARBITUR 3 - BENZODIA	RATES	
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					FATIGUED, ETC.  6 - UNDER THE INFLUE			4 - CANNABIN 5 - COCAINE	NOIDS	
								MEDICATIONS / DRUG / ALCOHOL	SS		6 - OPIATES /		
								9 - OTHER / UNKNOWN			7 - OTHER 8 - NEGATIVE	RESULTS	

HSY8306 OH1M 1/19 [760-1500] PAGE OF

OCCUPANT / WITNESS ADDENDUM				LOCAL REPORT NUMBER							
				2 0 2 5 1 6 3 5							
UNIT#	NAME: LAST, FIRST, MIDDLE LANE IYONN			NNA LIZZY		DATE OF BIRT	2   0   0   7 <sub> </sub>	AGE 1 8	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 15409 EUCLID AVE 302 E CLEVELAND OH 44112				CONTACT PHONE - INCLUDE AREA CODE							
5	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING F	POSITION AIR BAG USAGE	1	TRAPPED 1		
UNIT#	NAME: LAST, FIF	RST, MIDDLE	۸ 7 7	ARIAH		DATE OF BIRT		AGE 1	GENDER		
				0   9   2   6   2   0   2   3   1							
728 E		EAST CLEVELAND	OH 44	112							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USAGE	EJECTION	TRAPPED		
3	_2_	CHFD		METRO	0 5	MC HELMET 0		_ _1	1 GENDER		
UNIT#	NAME: LAST, FIRST, MIDDLE LYNN ANIYAI			<b>Y</b> AH			DATE OF BIRTH				
ADDRESS: STREET, CITY, STATE, ZIP 4775 E 86TH ST GARFIELD HTS OH			11.44405			CONTACT PHONE - INCLUDE AREA CO	DE				
4775 E 86TH ST GARFIELD HTS OH 44			H 44125	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING F	POSITION AIR BAG USAGE	EJECTION	TRAPPED		
2	TAKEN BY	GHFD SQUAD 2		METRO	USED 0 4	DOT-COMPLIANT MC HELMET  O	4 1		1		
UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIRTH AGE GENDER					
ADDRESS: etpe	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STRE	E1, 0111, 31A1E, 2IF					CONTACT FROM LANGUAGE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USAGE	EJECTION	TRAPPED		
						MC HELMET					
3 - SUSPECTED MINOR INJURY 2 - SH 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SH 5 - CH FOR 6 - CH REA INJURED TAKEN BY 1 - NOT TRANSPORTED / 7 - BOO 7 - TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN / BI		VEHICLE OCC 2 - SHOULDER I 3 - LAP BELT OI 4 - SHOULDER I 5 - CHILD REST FORWARD F/	JUPANT SELT ONLY USED SELT ONLY USED SELT ONLY USED SELT ONLY USED RAINT SYSTEM - COING SELT ONLY USED SELT ONL	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  CK CAB LOSED CARGO AREA UP WITH CAP) 1D CARGO AREA OR  1 - NOT EJECTED 2 - PARTHALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE  1 - NOT TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							
							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS AL MEANS	AFURFA		
U - OTHER/UNKNI						DATE OF BIRT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	GENDER		
	r, MIDDLE					DATE OF BIRT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H	AL MEANS AL MEANS	GENDER		
NAME: LAST, FIRST,	T, MIDDLE T, CITY, STATE, ZIP						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H	AL MEANS AL MEANS	GENDER		
NAME: LAST, FIRST, ADDRESS: STREET	, MIDDLE T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H CODE	AL MEANS AL MEANS AGE			
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