

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

| | | | |
|---|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN | | <input 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 | |
| HONDA HALVORSEN | |
| REPORTING AGENCY NAME * | NCIC * |
| GARFIELD HEIGHTS | 01820 |

| | | | |
|----------|------------|-------------------------------------|--|
| COUNTY * | LOCALITY * | LOCATION: CITY, VILLAGE, TOWNSHIP * | |
| 18 | 1 | GARFIELD HTS | |

| | | | | |
|------------|--------------|--------|---|-----------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE |
| | | | GRAND DIVISION | AV |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE |
| | | | 7500 | |

| | | | |
|-----------------|-----------|---|---|
| REFERENCE POINT | DIRECTION | ROUTE TYPE | ROAD TYPE |
| 3 | 1 | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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 |

| | |
|----------|----------|
| DISTANCE | DISTANCE |
| 50 | 2 |

| | |
|---|--|
| INTERSECTION RELATED | |
| <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | |
| <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| NUMBER OF APPROACHES | |
| ROADWAY | |
| <input type="checkbox"/> ROADWAY DIVIDED | |

| | | | |
|--------------------------------|----------------------------------|---------------------|-------------|
| LOCATION - FIRST UADMEII EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 01 | 1 | | |

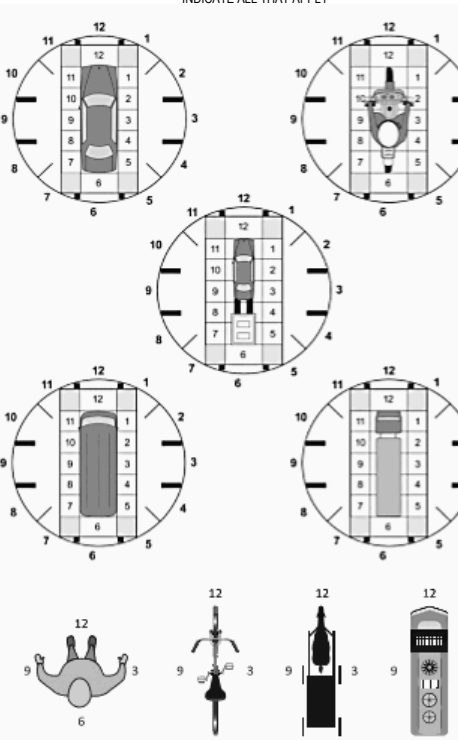
| | | | | | |
|--|---|--|---------|------------|---------|
| WORK ZONE RELATED | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 2 | 1 | 2 |

| | |
|-----------------|---------|
| LIGHT CONDITION | WEATHER |
| 1 | 1 |

| | |
|--|--|
| NARRATIVE | |
| ON THE LISTED TIME AND DATE UNIT #1 WAS TRAVELING WEST ON GRAND DIVISION AVE. NEAR 7500 WHEN IT RAN OFF THE ROAD LEFT AND STRUCK A FENCE. OCCUPANTS OF THE VEHICLE AS WELL AS WITNESSES HAD ADVISED OFFICERS OF A BRAKE FAILURE AS WELL AS THE VEHICLE'S ENGINE ACCELERATING DESPITE THE DRIVER'S EFFORTS TO STOP. | |

| | | | | | |
|---------------------------|--------------------------|-------------------------|------------------------------------|----------------------------|---|
| CRASH REPORTED DATE/TIME | | DISPATCH DATE/TIME | ARRIVAL DATE/TIME | SCENE CLEARED DATE/TIME | REPORT TAKEN BY |
| 06272025 2040 | | 06272025 2042 | 06272025 2113 | 06272025 2211 | POLICE AGENCY MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME * | CHECKED BY OFFICER'S NAME* | SUPPLEMENT |
| 0 | 30 | 119 | M. Malak | D. Simia | (CORRECTION = ADDITION) 10-66366 (MOTORIST) 10-66366 |
| | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* | | |
| | | 033 | S23 | | |

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|---|---|--|--|---|-------------------------|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) LYNN TONYA SHARMETTE | OWNER PHONE: INCLUDE AREA CODE (Same As Driver) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 4775 E 86TH ST APT GARFIELD HTS OH 44125 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # KQY6280 | VEHICLE IDENTIFICATION # 1HGCP26328A011482 | VEHICLE YEAR 2008 | VEHICLE MAKE Honda |
| | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE COLOR BLU | VEHICLE MODEL Accord |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 04 | VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| | TYPE OF USE | | TOWED BY: COMPANY NAME Interstate | | |
| | <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS) | | <input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | | |
| | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | |
| | # of TRAILING UNITS | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | |
| | SPECIAL FUNCTION 01 | | 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 01 | | 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 - MIDBLOCK - 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 | | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 01 PRE-CRASH ACTION 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 | | | |
| 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/JACDA 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 09 2 46 3 4 5 6 1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT | | | |
| 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 | | | |

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| LOCAL REPORT NUMBER 20251635 | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 1 1 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING | |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 65 POSTED SPEED 25 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |



LOCAL REPORT NUMBER

2 0 2 5 1 6 3 5

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|---|---|--|---|---|--|---|--|--|---|---|--|--|---|---|--|---|---|--|--|--|
| MOTORIST / NON-MOTORIST | UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 1</div> | | NAME: LAST, FIRST, MIDDLE <div style="display: flex; justify-content: space-between; width: 100%;"> LYNN TONYA SHARMETTE </div> | | DATE OF BIRTH <div style="display: flex; justify-content: space-between; width: 100%;"> 1 2 2 1 1 9 8 5 3 9 F </div> | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP <div style="display: flex; justify-content: space-between; width: 100%;"> 4775 E 86TH ST APT GARFIELD HTS OH 44125 </div> | | | | CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> | | INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> | | EMS AGENCY (NAME) GHFD SQUAD 1 | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO | | SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 1</div> | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 1</div> | | AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> | | EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> | | | | | | | |
| | OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OFFENSE DESCRIPTION | | | | | CITATION NUMBER | | | | | | | | | | |
| | OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG </div> | | | CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> | | TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | RESULT SELECT UP TO 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| | UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | AGE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | GENDER <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | | | |
| | OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OFFENSE DESCRIPTION | | | | | CITATION NUMBER | | | | | | | | | | |
| | OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG </div> | | | CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | RESULT SELECT UP TO 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | AGE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | GENDER <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | | | | |
| OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | OFFENSE DESCRIPTION | | | | | CITATION NUMBER | | | | | | | | | | | |
| OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | | DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG </div> | | | CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | RESULT SELECT UP TO 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | AGE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | GENDER <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

OCCUPANT / WITNESS ADDENDUM

| | | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|--|--|--|--|
| LOCAL REPORT NUMBER | | | | | | | | | | | |
| 2 | 0 | 2 | 5 | 1 | 6 | 3 | 5 | | | | |

| | | | | | | | | | | | |
|--|--|--|-----------------------------------|--|---|--|-------------------------|---|---------------|--------------|-------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE LANE IYONNA LIZZY | | | | DATE OF BIRTH 0 2 1 6 2 0 0 7 | | | | AGE 1 8 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 15409 EUCLID AVE 302 E CLEVELAND OH 44112 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | 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 3 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 | |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE LYNN AZZARIAH | | | | DATE OF BIRTH 0 9 2 6 2 0 2 3 | | | | AGE 1 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 728 E 131ST ST EAST CLEVELAND OH 44112 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY (NAME) CHFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE LYNN ANIYAH | | | | DATE OF BIRTH 0 8 0 8 2 0 1 2 | | | | AGE 1 2 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 4775 E 86TH ST GARFIELD HTS OH 44125 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 2 | INJURED TAKEN BY 2 | EMS AGENCY (NAME) GHFD SQUAD 2 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 4 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OCCUPANT | 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 | |
| INJURIES | | SAFETY EQUIPMENT USED | | | SEATING POSITION | | | AIR BAG USAGE | | | |
| 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 | | | |
| INJURED TAKEN BY | | | | | | | | EJECTION | | | |
| 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 | | | |
| GENDER | | | | | | | | TRAPPED | | | |
| F - FEMALE M - MALE U - OTHER/UNKNOWN | | | | | | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | |

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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
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| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | AGE | GENDER |
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