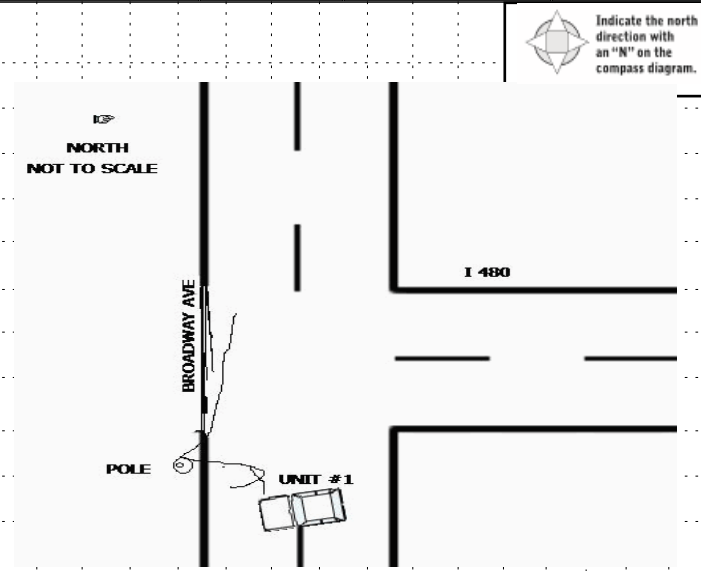


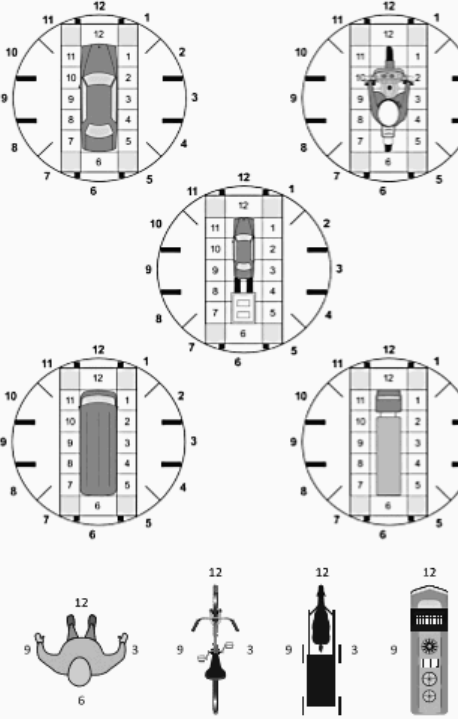
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION B WAY POLE		2   0   2   5   1   6   4   6		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * GARFIELD HEIGHTS		HITS/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS 0   1	UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN 0   1
COUNTY * 1   8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0   6   2   9   2   0   2   5   0   3   4   0		CRASH SEVERITY 2   1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE S   R	ROUTE NUMBER 1   4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME BROADWAY	ROAD TYPE A   V	LATITUDE DECIMAL DEGREES 4   1   . 4   2   7   4   5   9		NUMBER OF APPROACHES	
ROUTE TYPE I   R	ROUTE NUMBER 4   8   0	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8   1   . 5   8   5   9   6   8			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE EDDP DECEASED/INJURED 5   0	DISTANCE 1 UNIT PER MILE/1000 FT 1 - Miles 2 - Feet 3 - Yards 2			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
LOCATION - FIRST UADMED EVENT 0   1   1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		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 TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		
<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 1   1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	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 2   1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
LIGHT CONDITION 3   1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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/ ON THE LISTED TIME AND DATE UNIT #1 WAS TRAVELING EAST ON BROADWAY AVE. NEAR I-480 ENTRANCE IN THE CURB LANE WHEN IT RAN OFF THE ROAD RIGHT AND STRUCK A UTILITY POLE.								
CRASH REPORTED DATE/TIME 0   6   2   9   2   0   2   5   0   3   4   0		DISPATCH DATE/TIME 0   6   2   9   2   0   2   5   0   3   4   1		ARRIVAL DATE/TIME 0   6   2   9   2   0   2   5   0   3   4   4		SCENE CLEARED DATE/TIME 0   6   2   9   2   0   2   5   0   4   0   7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 3   0	OTHER INVESTIGATION TIME 3   0	TOTAL MINUTES 5   6	OFFICER'S NAME * M. Malak		CHECKED BY OFFICER'S NAME* D. Simia		<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED NUMBER 9999 TO CORRECT)	
			OFFICER'S BADGE NUMBER* 0   3   3		CHECKED BY OFFICER'S BADGE NUMBER* S   2   3			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver ) TONIQUE WHITE STALY LASHAY	OWNER PHONE: INCLUDE AREA CODE ( Same As Driver )		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver ) 16003 HUNTMERE AVE CLEVELAND OH 44110				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # KAF1989	VEHICLE IDENTIFICATION # 3MZBM1L70FM233861	VEHICLE YEAR 2015	VEHICLE MAKE Mazda
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR RED	VEHICLE MODEL CX-3
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 02	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD PLACARD ID #
	UNIT TYPE 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 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 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
	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 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 01 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 11 - DISC BRAKE				
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 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 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN 3 - UNMARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 15 - OTHER / UNKNOWN				
	ACTION 3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 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 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 99 - OTHER / UNKNOWN 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS				
	CONTRIBUTING CIRCUMSTANCES 11 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/JACDA 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 11 - DROVE OFF ROAD 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 12 - IMPROPER BACKING 16 - WRONG WAY				
	SEQUENCE OF EVENTS EVENTS 1 08 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 40 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 40 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 40 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19 - ANIMAL - OTHER 25 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN 5 40 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 20 - MOTOR VEHICLE IN TRANSPORT 6 40 6 - IMPROPER TURN 11 - DROVE OFF ROAD 21 - PARKED MOTOR VEHICLE				
	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 99 - OTHER / UNKNOWN 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT				
	FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 20251646	
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 4 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input checked="" type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 01 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 45 POSTED SPEED 25	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



M O T O R I S T  N O N - M O T O R I S T  M O T O R I S T  N O N - M O T O R I S T  M O T O R I S T  N O N - M O T O R I S T	UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>	NAME: LAST, FIRST, MIDDLE <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>TONIQUE WHITE</span> <span>STALY</span> <span>LASHAY</span> </div>										DATE OF BIRTH <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">3</div>
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 AGE  3  2 | GENDER  F || ADDRESS: STREET, CITY, STATE, ZIP  16003 HUNTMERE AVE CLEVELAND OH 44110 | | | | | | | | | | | | 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	☐ DOT-COMPLIANT MC HELMET		SEATING POSITION  0  1		AIR BAG USAGE  4	EJECTION  1	TRAPPED  1								
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER										
	OL CLASS  4	ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY  1	ALCOHOL / DRUG SUSPECTED  ☐ ALCOHOL  ☐ MARIJUANA  ☐ OTHER DRUG		CONDITION  1	STATUS  1	ALCOHOL TEST  TYPE  1  VALUE		STATUS  1	TYPE  1	DRUG TEST(S) 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	INJURED TAKEN BY	EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE	EJECTION	TRAPPED								
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE															

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNSAMPLEABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>			<b>ALCOHOL TEST TYPE</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	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>				<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRRAINT 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (IE G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

## OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER																
					2 0 2 5 1 6 4 6																
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE M DANIELS			ASHLEY			C			DATE OF BIRTH 0 7 2 1 1 9 9 0				AGE 3 4		GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 5510 DUNHAM RD MAPLE HTS OH 44137									CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES 2		INJURED TAKEN BY 2		EMS AGENCY (NAME) GHFD SQUAD 1			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO			SAFETY EQUIPMENT USED 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 3		AIR BAG USAGE 4		EJECTION 1		TRAPPED 2
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		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
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		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
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		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
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		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			TRAPPED																
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																
GENDER																					
F - FEMALE M - MALE U - OTHER/UNKNOWN																					
WITNESS	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE											
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