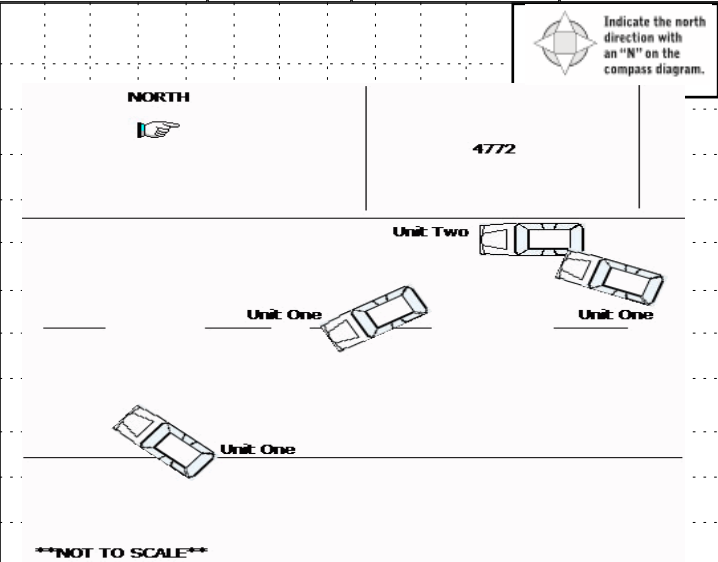


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 2 2 0 8						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 8 2 7 2 0 2 5 2 0 5 8		CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME 93rd		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 . 4 2 9 5 7 0	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4772		ROAD TYPE 		LONGITUDE DECIMAL DEGREES - 8 1 . 6 2 1 1 6 8	
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
DISTANCE 1 - Miles 2 - Feet 3 - Yards		DISTANCE 1 - Miles 2 - Feet 3 - Yards		ROADWAY ☐ ROADWAY DIVIDED							
LOCATION - FIRST QUADRANT 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		LOCATION - SECOND QUADRANT EVENT 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		MANNER OF CRASH COLLISION/IMPACT 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	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 UNIT TWO WAS PARKED IN FRONT OF 4772 E.93RD STREET. UNIT ONE WAS TRAVELING SOUTHBOUND ON E.93RD WHEN THE DRIVER LOST CONTROL AND STRUCK THE LEFT REAR CORNER OF UNIT TWO. AFTER STRIKING UNIT TWO, UNIT ONE ROLLED OVER AND CAME TO A REST ON IT'S PASSENGER SIDE.											
CRASH REPORTED DATE/TIME 0 8 2 7 2 0 2 5 2 0 5 8		DISPATCH DATE/TIME 0 8 2 7 2 0 2 5 2 0 5 9		ARRIVAL DATE/TIME 0 8 2 7 2 0 2 5 2 1 0 3		SCENE CLEARED DATE/TIME 0 8 2 7 2 0 2 5 2 1 3 0		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 5 1		OFFICER'S NAME * D. Simia		CHECKED BY OFFICER'S NAME* V. Walker		SUPPLEMENT (CORRECTION = ADDITION) 	
OFFICER'S BADGE NUMBER* S 2 3		OFFICER'S BADGE NUMBER* L 1 5									

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20252208	
OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) GULLATTA ERIN MARIE		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 4708 E 93RD ST DOWN GARFIELD HTS OH 44125			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # KNK3860	
VEHICLE IDENTIFICATION # KNDP6CAC0N7997720		VEHICLE YEAR 2022	
VEHICLE MAKE Kia			
INSURANCE VERIFIED ☐		INSURANCE COMPANY ROOT	
INSURANCE POLICY #		VEHICLE COLOR BLK	
VEHICLE MODEL Sportage			
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	
TOWED BY: COMPANY NAME Interstate (216) 475			
HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		CLASS # PLACARD ID #	
INTERLOCK DEVICE EQUIPPED ☐		HIT/SKIP UNIT ☐	
# OCCUPANTS 02		VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 01		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-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 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		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 - GARBAGEREFUSE 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 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 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 05		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 2 1		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	
3		COLLISION WITH FIXED OBJECT - STRUCK	
4		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	
5			
6			
1		FIRST HARMFUL EVENT	
2		MOST HARMFUL EVENT	
DAMAGE		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
4		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
		1 - NO DAMAGE [0] 2 - TOP [13] 3 - UNDERCARRIAGE [14] 4 - ALL AREAS [15] 5 - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC		TRAFFICWAY FLOW 2	
# OF THROUGH LANES ON ROAD 2		TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
RAIL GRADE CROSSING		1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED		DETECTED SPEED	
2 5		3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED			

OWNER		LOCAL REPORT NUMBER	
UNIT # 0 2		2 0 2 5 2 2 0 8	
OWNER NAME: LAST, FIRST, MIDDLE SURRELL RONELL EUGENE		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 4765 E 93RD ST GARFIELD HTS OH 44125		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE P A		LICENSE PLATE # LLV9355	
VEHICLE IDENTIFICATION # 4 M 2 Y U 5 7 1 0 5 D J 3 3 6 2 8		VEHICLE YEAR 2 0 0 5	
VEHICLE MAKE Mercury		VEHICLE COLOR GRY	
VEHICLE MODEL Other/Unknow		HAZARDOUS MATERIAL	
INSURANCE VERIFIED ☐		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR GRY	
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED ☐		HIT/SKIP UNIT ☐	
# OCCUPANTS 0 0		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 0 1		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
# of TRAILING UNITS		CLASS # PLACARD ID #	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 0 1		VEHICLE WEIGHT GVWR/GCWR	
CARGO BODY TYPE 0 1		VEHICLE WEIGHT GVWR/GCWR	
VEHICLE DEFECTS		VEHICLE WEIGHT GVWR/GCWR	
NON-MOTORIST LOCATION AT IMPACT		VEHICLE WEIGHT GVWR/GCWR	
ACTION 4		VEHICLE WEIGHT GVWR/GCWR	
CONTRIBUTING CIRCUMSTANCES		VEHICLE WEIGHT GVWR/GCWR	
SEQUENCE OF EVENTS		VEHICLE WEIGHT GVWR/GCWR	
EVENTS		VEHICLE WEIGHT GVWR/GCWR	
COLLISION WITH FIXED OBJECT - STRUCK		VEHICLE WEIGHT GVWR/GCWR	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	
DAMAGE		DAMAGE	
DAMAGED AREA(S)		DAMAGED AREA(S)	
INITIAL POINT OF CONTACT		INITIAL POINT OF CONTACT	
TRAFFIC		TRAFFIC	
TRAFFICWAY FLOW		TRAFFICWAY FLOW	
RAIL GRADE CROSSING		RAIL GRADE CROSSING	
UNIT / NON-MOTORIST DIRECTION		UNIT / NON-MOTORIST DIRECTION	
UNIT SPEED		UNIT SPEED	
POSTED SPEED		POSTED SPEED	
DETECTED SPEED		DETECTED SPEED	



LOCAL REPORT NUMBER

2 0 2 5 2 2 0 8

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE GULLATTA ERIN MARIE										DATE OF BIRTH 09012000						AGE 24		GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 4708 E 93RD ST DOWN GARFIELD HTS OH 44125																CONTACT PHONE - INCLUDE AREA CODE 								
	INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) GARFIELD HEIGHTS				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT				SAFETY EQUIPMENT USED 04		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		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 9		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
MOTORIST / NON-MOTORIST	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 		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		DRUG TEST(S) RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	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 		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		DRUG TEST(S) RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	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 		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		DRUG TEST(S) RESULT SELECT UP TO 4

[illegible]

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 2 2 0 8

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE WILLIAMS			BROOKLYN		G	DATE OF BIRTH 0 5 2 7 2 0 2 1			AGE 4	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 4708 E 93 ST GARFIELD HTS OH 44125							CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHTS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT	SAFETY EQUIPMENT USED 0 5		☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 4	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		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				
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				
WITNESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
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