

TRAFFIC CRASH REPORT

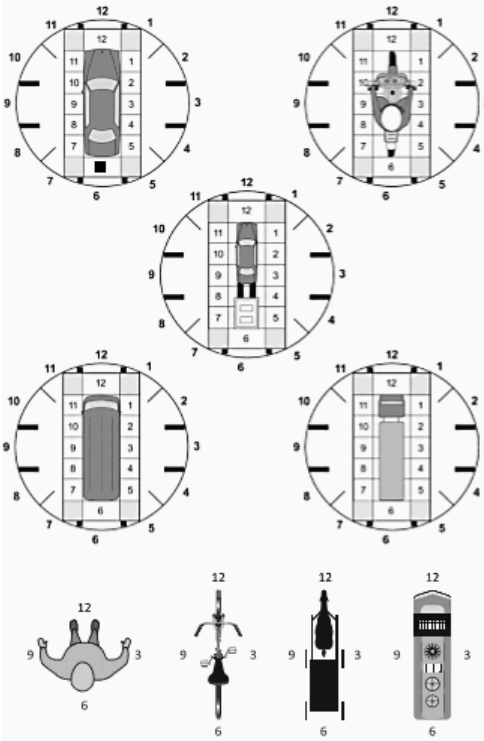
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ OTHER ☒ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS PD		2 0 2 5 2 3 2 7								
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 9 0 8 2 0 2 5 1 7 0 7		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME TURNEY		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 4 2 3 5 0 1			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5050		ROAD TYPE 		LONGITUDE DECIMAL DEGREES 8 1 6 1 1 1 1 1			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		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 EDPM DECIMAL MILE 		DISTANCE 1 - MILE 2 - FEET 3 - YARDS 		ROADWAY ☐ ROADWAY DIVIDED									
LOCATION - FIRST ROAD/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		DIRECTION 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 5 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, DEPRESSION 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 2 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 1 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 #1 WAS PARKED UNOCCUPIED IN THE PARKING LOT OF 5050 TURNEY ROAD FACING S/B. UNIT #2 WAS FACING N/B AND BACKED UP IN THE PARKING LOT, STRUCK UNIT #1, THEN FLED THE CRASH SCENE. THE OWNER OF UNIT #1 HEARD A CRASH, EXITED THE BUILDING, AND TOOK A PHOTO OF THE SUSPECT VEHICLE JUST PRIOR TO IT LEAVING THE PARKING LOT.										 Indicate the north direction with an "N" on the compass diagram.			
CRASH REPORTED DATE/TIME 0 9 0 8 2 0 2 5 1 7 0 7		DISPATCH DATE/TIME 0 9 0 8 2 0 2 5 1 7 0 9		ARRIVAL DATE/TIME 0 9 0 8 2 0 2 5 1 7 1 9		SCENE CLEARED DATE/TIME 0 9 0 8 2 0 2 5 1 7 3 7		REPORT TAKEN BY POLICE AGENCY ☒ MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION TO ORIGINAL REPORT ONLY)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 5		TOTAL MINUTES 6 3		OFFICER'S NAME * Z. Kovessi		CHECKED BY OFFICER'S NAME*		OFFICER'S BADGE NUMBER* 0 5 5		CHECKED BY OFFICER'S BADGE NUMBER*	

EVENT(S)PAGE OF

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE SHEPHERD BRANDON LEE	(☐ Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(☐ Same As Driver)				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 620 LINDFORD DR BAY VILLAGE OH 44140						(☐ Same As Driver)			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____				
VEHICLE	LP STATE OH	LICENSE PLATE # KEA8574	VEHICLE IDENTIFICATION # 3GNAXHEV1MS126084		VEHICLE YEAR 2021	VEHICLE MAKE Chevrolet				
	☐ INSURANCE VERIFIED	INSURANCE COMPANY _____		INSURANCE POLICY # _____	VEHICLE COLOR SIL	VEHICLE MODEL Equinox				
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____					
	☐ INTERLOCK DEVICE EQUIPPED		☐ HIT/SKIP UNIT		# OCCUPANTS 0 1					
			VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD CLASS # _____ PLACARD ID # _____					
	UNIT TYPE 0 3		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 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 23 - UNKNOWN OR HIT/SKIP							
	# of TRAILING UNITS _____									
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION							
	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 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING MOTOR VEHICLE CHASSIS 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 99 - OTHER / UNKNOWN							
VEHICLE DEFECTS _____		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 6 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 100 - DISABLED FROM PRIOR 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT								
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT _____		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - 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 22 - NOT DISCERNABLE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 21 - STANDING OUTSIDE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN							
	CONTRIBUTING CIRCUMSTANCES 1 2		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/JACODA 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 2 1		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 25 - OTHER MOVABLE OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 26 - OTHER MOVABLE OBJECT							
	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 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT									
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1							

LOCAL REPORT NUMBER 2 0 2 5 2 3 2 7	
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 3 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 6 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 2 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 1 5	



LOCAL REPORT NUMBER

2 0 2 5 2 3 2 7

MOTORIST / NON-MOTORIST	UNIT # 02		NAME: LAST, FIRST, MIDDLE UNKNOWN		UNKNOWN		DATE OF BIRTH		AGE		GENDER U													
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																	
	OH																							
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 04		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
	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 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		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		
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ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																		
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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		
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH				AGE		GENDER										
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE																		

[illegible]