

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER
☐ Private Property			

LOCAL INFORMATION	
GARFIELD HEIGHTS	
REPORTING AGENCY NAME *	
GARFIELD HEIGHTS	

COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *	
1 8	1	GARFIELD HTS	

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE
			MCCRACKEN	R D
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			JOHNSTON	P K

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	INTERSECTION RELATED	
5 0	2	☐ WITHIN INTERSECTION OR ON APPROACH	
		☐ WITHIN INTERCHANGE AREA	
		NUMBER OF APPROACHES	

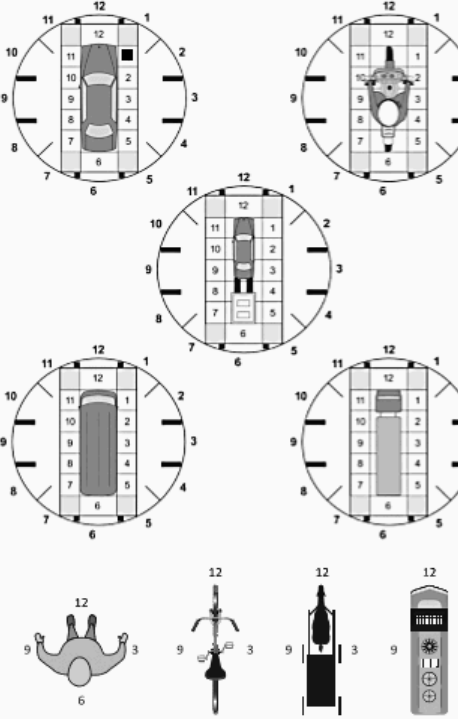
LOCATION - FIRST AND SECOND EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		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		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
☐ WORKERS PRESENT ☐ LAW ENFORCEMENT ☐ 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	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN

LIGHT CONDITION	WEATHER
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	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

CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
1 10 2 9 2 0 2 5 12 2 3 8		1 10 2 9 2 0 2 5 12 2 5 8		1 10 2 9 2 0 2 5 12 2 5 8		1 10 2 9 2 0 2 5 12 3 4 5	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME*		REPORT TAKEN BY POLICE AGENCY	
0		4 7	B. Paul	T. Baon		☐ MOTORIST	
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*		☐ SUPPLEMENT (CORRECTION = ADDITION TO EXISTING REPORT DATE TO DATE)	
			0 5 7	S 2 0			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) CAMPBELL CIERRA SHANTELL	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 16610 DEFOREST AVE CLEVELAND OH 44128					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # KOB1823	VEHICLE IDENTIFICATION # 1C4RJ1FAG8EC109797	VEHICLE YEAR 2014	VEHICLE MAKE Jeep	
	INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 864337858	VEHICLE COLOR BLK	VEHICLE MODEL Cherokee	
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 02	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		
	UNIT TYPE 03		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 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / 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 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 - NOT 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 9 9 2 3 4 5 6 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 20252835	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2	
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 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 35 POSTED SPEED 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH										AGE		GENDER						
01	CAMPBELL CIERRA SHANTELL										10311995										29		F						
ADDRESS: STREET, CITY, STATE, ZIP															CONTACT PHONE - INCLUDE AREA CODE														
16610 DEFOREST AVE CLEVELAND OH 44128																													
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					
5		1												04		☐		01		1		1		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		ALCOHOL / DRUG SUSPECTED					CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		RESULT SELECT UP TO 4			
4									1		☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG					1		1		1		1		1					
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					CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		RESULT SELECT UP TO 4			
											☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							1		1		1		1					
UNIT #		NAME: LAST, FIRST, MIDDLE															DATE OF BIRTH					AGE		GENDER					
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																☐													
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OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3					DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED					CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		RESULT SELECT UP TO 4			
											☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							1		1		1		1					
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					CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		RESULT SELECT UP TO 4			
											☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							1		1		1		1					
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					CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		RESULT SELECT UP TO 4			
											☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG							1		1		1		1					
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																									

[illegible]

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER									
						2 0 2 5 2 8 3 5									
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE MELHEM AMEER				DATE OF BIRTH 0 5 1 0 2 0 2 4				AGE		GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 16610 DEFOREST AVE CLEVELAND OH 44125					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 6	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	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	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			
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	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			
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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			
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