

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

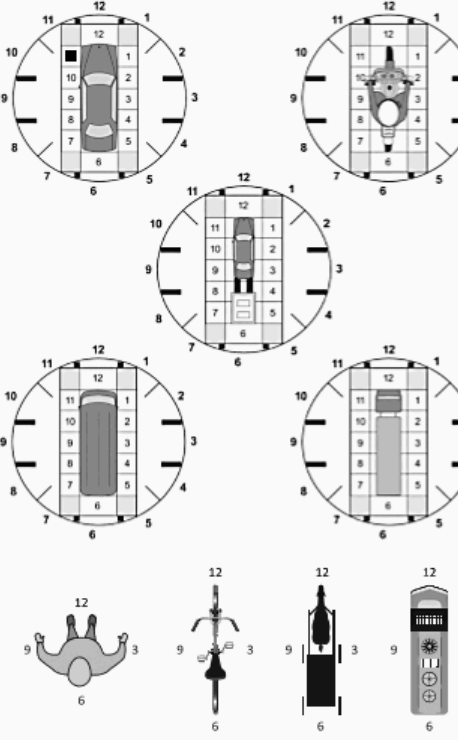
LOCAL REPORT NUMBER *

<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			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
NCIC * 01820			
COUNTY * 18		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 11/27/2025 16:54	
ROUTE TYPE 1		ROUTE NUMBER 1	
PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME TURNERY	
ROAD TYPE RD		CRASH SEVERITY 5	
ROUTE TYPE 1		ROUTE NUMBER 1	
PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4611	
ROAD TYPE RD		LONGITUDE DECIMAL DEGREES 81.618879	
REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 3		DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST	
DISTANCE 1-MILE 2- FEET 3- YARDS		DISTANCE 1-MILE 2- FEET 3- YARDS	
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	
INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 1	
ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST CRASH EVENT 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE 7- ON RAMP 8- OFF RAMP 01		MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN 2	
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 <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER 4- INTERMITTENT OR MOVING WORK 5- OTHER	
LOCATION OF CRASH IN WORK ZONE 1- BEFORE THE 1ST WORK ZONE 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA		CONTOUR 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER / UNKNOWN 1	
CONDITIONS 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN 3		SURFACE 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER / UNKNOWN 2	
LIGHT CONDITION 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN 2		WEATHER 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 6	
NARRATIVE UNIT #1 WAS TRAVELING N/B ON TURNERY RD. AND WAS STOPPED IN TRAFFIC IN FRONT OF 4611. UNIT #2 WAS TRAVELING BEHIND UNIT #1 AND WHILE APPLYING THE BRAKES, SLID ON THE SNOW COVERED ROADWAY, AND STRUCK THE REAR OF UNIT #1.			
Indicate the north direction with an "N" on the compass diagram.			
TURNERY RD			
4611			
NOT TO SCALE			
CRASH REPORTED DATE/TIME 11/27/2025 16:54		DISPATCH DATE/TIME 11/27/2025 16:55	
ARRIVAL DATE/TIME 11/27/2025 16:59		SCENE CLEARED DATE/TIME 11/27/2025 17:32	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 41	
TOTAL MINUTES 78		OFFICER'S NAME * T. Tatulinski	
OFFICER'S BADGE NUMBER * 006		CHECKED BY OFFICER'S NAME * R. Dodge	
CHECKED BY OFFICER'S BADGE NUMBER * S22		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
SUPPLEMENT (CORRECTION = ADDITION)			

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) LOGAN STEVEN DEONTAY	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 5 OLD ORCHARD CT CINCINNATI OH 45255		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # HHJ3441	VEHICLE IDENTIFICATION # K1L77L1KEP7SC324357
INSURANCE VERIFIED	INSURANCE COMPANY NATIONAL GENERAL	INSURANCE POLICY # 2022736359
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2025
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT <input type="checkbox"/>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
VEHICLE MAKE Chevrolet	VEHICLE COLOR BLK	VEHICLE MODEL Trax
UNIT TYPE 03	# OCCUPANTS 01	
# of TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 01		
CARGO BODY TYPE 01		
VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT		
ACTION 4		
CONTRIBUTING CIRCUMSTANCES		
SEQUENCE OF EVENTS		
EVENTS		
COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 20253069
DAMAGE DAMAGE SCALE 2
DAMAGED AREA(S) INDICATE ALL THAT APPLY
INITIAL POINT OF CONTACT 05
TRAFFIC TRAFFICWAY FLOW 2
TRAFFIC CONTROL 6
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1
UNIT SPEED 0
DETECTED SPEED 1
POSTED SPEED 25

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> Same As Driver) CONNERS CIERRA SEQUIOA	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> Same As Driver) 4772 E 94TH ST GARFIELD HTS OH 44125				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # KOB7427	VEHICLE IDENTIFICATION # 1C4RJ1FAG1FC877607	VEHICLE YEAR 2015	VEHICLE MAKE Jeep
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALL STATE	INSURANCE POLICY #	VEHICLE COLOR WHI	VEHICLE MODEL Grand Cherokee
	<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 0 4	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<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		
	UNIT TYPE		# of TRAILING UNITS		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
	SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		
CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT 3 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION			
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			
CONTRIBUTING CIRCUMSTANCES 0 8 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			
SEQUENCE OF EVENTS		EVENTS			
1 2 0 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			
2		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE			
3		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE			
4		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
5		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
6		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
1		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
1		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT			
1		50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN			
1		FIRST HARMFUL EVENT			
1		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 0 2 5 3 0 6 9	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
2	
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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE LOGAN STEVEN DEONTAY		DATE OF BIRTH 03201980		AGE 45		GENDER M															
	ADDRESS: STREET, CITY, STATE, ZIP 5 OLD ORCHARD CT CINCINNATI OH 45255					CONTACT PHONE - INCLUDE AREA CODE																		
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION					CITATION NUMBER								
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA			CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1 VALUE		STATUS 1		TYPE 1		DRUG TEST(S) RESULT SELECT UP TO 4	
	UNIT # 02		NAME: LAST, FIRST, MIDDLE CONNERS CIERRA SEQUIOA					DATE OF BIRTH 02271988					AGE 37		GENDER F									
	ADDRESS: STREET, CITY, STATE, ZIP 4772 E 94TH ST GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE																		
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION					CITATION NUMBER								
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA			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		<input type="checkbox"/> 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 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																			
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						
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 TYPE VALUE		STATUS		TYPE		DRUG TEST(S) RESULT SELECT UP TO 4		
INJURIES		SEATING POSITION			AIR BAG			OL CLASS			OL RESTRICTION(S)			DRIVER DISTRACTION			TEST STATUS							
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)			1 - NOT DEPLOYED			1 - CLASS A			1 - ALCOHOL INTERLOCK DEVICE			1 - NOT DISTRACTED			1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE			2 - DEPLOYED FRONT			2 - CLASS B			2 - CDL INTRASTATE ONLY			2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)			2 - TEST REFUSED							
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE			3 - DEPLOYED SIDE			3 - CLASS C			3 - CORRECTIVE LENSES			3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE & CLASS B BUS			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)			4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS (OHIO = D)			4 - FARM WAIVER			4 - TALKING ON HAND-HELD COMMUNICATION DEVICE			4 - TEST GIVEN, RESULTS KNOWN							
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE			5 - NOT APPLICABLE			5 - M / C MOPED ONLY			5 - EXCEPT CLASS A BUS			5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN			6 - NO VALID OL			7 - EXCEPT TRACTOR-TRAILER			6 - PASSENGER			ALCOHOL TEST TYPE							
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION			H - HAZMAT			8 - INTERMEDIATE LICENSE RESTRICTIONS			7 - OTHER DISTRACTION INSIDE THE VEHICLE			1 - NONE							
2 - EMS		8 - THIRD - MIDDLE			1 - NOT EJECTED			M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS			8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE			2 - BLOOD							
3 - POLICE		9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED			P - PASSENGER			10 - LIMITED TO DAYLIGHT ONLY			9 - OTHER / UNKNOWN			3 - URINE							
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED			N - TANKER			11 - LIMITED TO EMPLOYMENT						4 - BREATH							
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE			Q - MOTOR SCOOTER			12 - LIMITED - OTHER						5 - OTHER							
1 - NONE USED		12 - PASSENGER IN UNCLOSED CARGO AREA			TRAPPED			R - THREE-WHEEL MOTORCYCLE			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						DRUG TEST TYPE							
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT			1 - NOT TRAPPED			S - SCHOOL BUS			14 - MILITARY VEHICLES ONLY			CONDITION			1 - NONE							
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES			1 - APPARENTLY NORMAL			2 - BLOOD							
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT			16 - OUTSIDE MIRROR			2 - PHYSICAL IMPAIRMENT			3 - URINE							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						GENDER			17 - PROSTHETIC AID			3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			4 - OTHER							
6 - CHILD RESTRAINT SYSTEM - REAR FACING								F - FEMALE			18 - OTHER													

OCCUPANT / WITNESS ADDENDUM

					LOCAL REPORT NUMBER									
					2 0 2 5 3 0 6 9									
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE CONNERS ALAURA			DATE OF BIRTH 0 4 2 2 2 0 1 5					AGE 1 0		GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 4772 E 94TH ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 	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 1		EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BRIDGES KHADAHFI			DATE OF BIRTH 0 3 3 0 2 0 2 3					AGE 2		GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4772 E 94TH ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 6		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 4		AIR BAG USAGE 1		EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE CONNERS VERONICA			DATE OF BIRTH 1 0 0 5 2 0 1 9					AGE 6		GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 4772 E 94TH ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 7		<input type="checkbox"/> 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
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														
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN														
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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