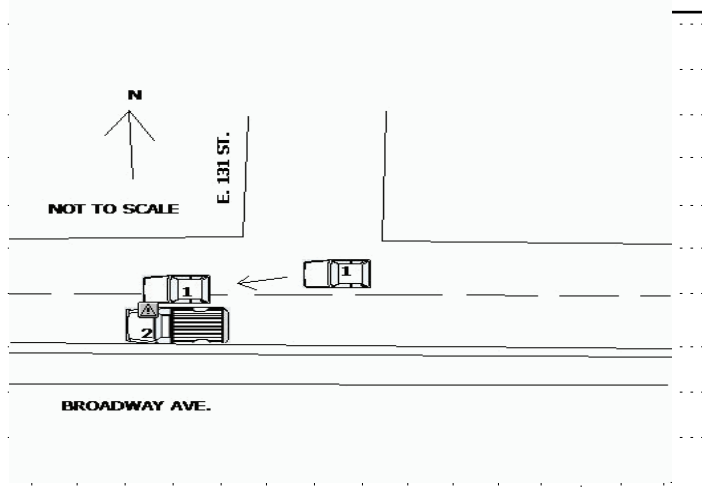


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

| | | | | | | | | | | | |
|---|--|--|--|--|-------------------------------|---|--------------------------|---|--|--|---|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property | LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS | | 2 0 2 5 3 1 7 8 | | | | | | |
| COUNTY * 1 8 | | LOCALITY * 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | HITS/SKIP 1 - Solved 2 - Unsolved <input type="checkbox"/> | NUMBER OF LINES 0 2 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 1 | | | |
| ROUTE TYPE 1 | | ROUTE NUMBER 1 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | | LOCATION ROAD NAME BROADWAY | | ROAD TYPE A V | CRASH DATE/TIME * 1 2 1 1 2 0 2 5 1 4 1 6 | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE 1 | | ROUTE NUMBER 1 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 131 | | ROAD TYPE S T | LONGITUDE DECIMAL DEGREES 8 1 . 5 9 2 9 1 3 | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | | DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4 | | 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| DISTANCE EDPM DECIMAL MILE 2 0 | | DISTANCE 1 UNIT PER MILE/1000 1 - Miles 2 - Feet 3 - Yards 2 | | MANNER OF CRASH COLLISION/IMPACT 6 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 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 2 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 | | <div>INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.</div>  | | | | | | | |
| NARRATIVE/ UNIT 1 WAS TRAVELING W/B ON BROADWAY AVE. AT E. 131 ST. IN THE RIGHT HAND LANE. UNIT 2 HAD A GREEN LIGHT. UNIT 2 WAS TRAVELING W/B ON BROADWAY AVE. AT E. 131 ST. IN THE LEFT HAND LANE. UNIT 2 HAD A GREEN LIGHT. UNIT 1 MADE AN IMPROPER LANE CHANGE AND STRUCK UNIT 2. DRIVER OF UNIT 1 STATED THAT SHE WAS CUT OFF | | | | | | | | | | | |
| CRASH REPORTED DATE/TIME 1 2 1 1 2 0 2 5 1 4 1 6 | | DISPATCH DATE/TIME 1 2 1 1 2 0 2 5 1 4 1 8 | | ARRIVAL DATE/TIME 1 2 1 1 2 0 2 5 1 4 2 1 | | SCENE CLEARED DATE/TIME 1 2 1 1 2 0 2 5 1 5 0 0 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 3 0 | | TOTAL MINUTES 7 2 | | OFFICER'S NAME * P. Stockhausen | | CHECKED BY OFFICER'S NAME * R. Dodge | | <input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES) | |
| OFFICER'S BADGE NUMBER * 0 2 5 | | CHECKED BY OFFICER'S BADGE NUMBER * S 2 2 | | | | | | | | | |

| | | |
|---|---|---|
| UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE SANTIAGO GLORIA MARIA (Same As Driver) | OWNER PHONE: INCLUDE AREA CODE (Same As Driver) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP 4789 E 177TH ST CLEVELAND OH 44128 (Same As Driver) | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | |
| LP STATE OH | LICENSE PLATE # KQE8010 | VEHICLE IDENTIFICATION # 5YFEPMAE0MP219863 |
| INSURANCE VERIFIED | INSURANCE COMPANY GO AUTO INSURANCE | INSURANCE POLICY # 3012598-12 |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME |
| INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT <input type="checkbox"/> | # OCCUPANTS 03 |
| VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | |
| HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| VEHICLE MAKE Toyota | | |
| VEHICLE YEAR 2021 | | |
| VEHICLE COLOR SIL | | |
| VEHICLE MODEL Corolla | | |
| UNIT TYPE 01 | | |
| # of TRAILING UNITS 0 | | |
| 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 3 | | |
| CONTRIBUTING CIRCUMSTANCES | | |
| SEQUENCE OF EVENTS | | |
| EVENTS | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | |
| FIRST HARMFUL EVENT 1 | | |
| MOST HARMFUL EVENT 1 | | |

| | |
|--|--------------------------|
| LOCAL REPORT NUMBER 20253178 | |
| DAMAGE | |
| DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| INITIAL POINT OF CONTACT | |
| TRAFFIC | |
| TRAFFICWAY FLOW 2 | TRAFFIC CONTROL 2 |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 | |
| UNIT SPEED 15 | DETECTED SPEED 1 |
| POSTED SPEED 25 | |

HSY8304 OH1U 1/19 [760-0820]PAGE OF



| | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--------------------------------|---|---|--|--|--|--|---------------------|--|---|---|
| MOTORIST / NON-MOTORIST | UNIT # 01 | | NAME: LAST, FIRST, MIDDLE SANTIAGO GLORIA MARIA | | DATE OF BIRTH 02021953 | | AGE | | GENDER F | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 4789 E 177TH ST CLEVELAND OH 44128 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| | INJURIES 5 | | INJURED TAKEN BY 1 | 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 CLEMENTS RAYSHAWN D | | | | | DATE OF BIRTH 02261993 | | AGE 32 | | GENDER M | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 19307 SHAKERWOOD RD WARRENSVILLE H OH 44122 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| | INJURIES 5 | | INJURED TAKEN BY 1 | 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 | 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 <input type="checkbox"/> | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA | | 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 <input type="checkbox"/> | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA | | 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) | | CONDITION | | DRUG TEST TYPE | | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 1 - APPARENTLY NORMAL | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 3 1 7 8

| | | | | | | | | | | |
|--|--|--|-------------------|---|---|--|-------------------------|---|---------------|--------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE ROSARIO JESSICA L | | | DATE OF BIRTH 1 1 2 7 1 9 8 4 | | | AGE 4 1 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 222 E 33RD ST LORAIN OH 44052 | | | | 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 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE OTERO CRUZ GILBERTI | | | DATE OF BIRTH 0 4 2 6 1 9 8 4 | | | AGE 4 1 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 941 WINDMILL GROVE CIR ORLANDO FL 32828 | | | | 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 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # 2 | NAME: LAST, FIRST, MIDDLE LUKEHART KEITH ALLEN | | | DATE OF BIRTH 1 2 0 8 1 9 8 4 | | | AGE 4 1 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 3055 E 67 ST CLEVELAND OH 44127 | | | | 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 4 | <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 | | | | | | | | 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 | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | AGE | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |