



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *						
				2 0 2 6 0 0 8 6						
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Private Property		LOCAL INFORMATION								
		REPORTING AGENCY NAME * GARFIELD HEIGHTS				NCIC * 0 1 8 2 0				
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				HIT/SKIP 1 - Solved 2 - Unsolved	MINIMUM AC LIMITS 0 2	UNIT IN CD/DO 98 - ANIMAL 99 - UNKNOWN 0 1
ROUTE TYPE I R		ROUTE NUMBER 4 8 0		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 4 1 . 4 1 0 5 1 3		
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Broadway		ROAD TYPE A V	LONGITUDE DECIMAL DEGREES 8 1 . 6 2 3 3 1 5		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		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 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				
DISTANCE 0		DISTANCE 1 - Miles 2 - Feet 3 - Yards 2				NUMBER OF APPROACHES				
LOCATION OF FIRST HARMFUL EVENT 0 1		MANNER OF CRASH COLLISION/IMPACT 2		1 - NOT COLLISION 2 - MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 4		MEDIAN TYPE 4		
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER OR MEDIAN		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		1	CONDITIONS 1	SURFACE 2		
ACTIVE SCHOOL ZONE		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	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				
LIGHT CONDITION 3										
NARRATIVE BOTH UNITS WERE TRAVELING WEST BOUND ON I-480. UNIT #1 REAR ENDED UNIT #2. UNIT #2 SUFFERED FUNCTIONAL DAMAGE TO ITS REAR END AND THE DRIVER COMPLAINED OF HIP PAIN.  UNIT #1 SUFFERED DISABLING DAMAGE TO ITS FRONT END. THE DRIVER OF UNIT #1 DID NOT CLAIM INJURY, THE PASSENGER'S LIP WAS BLEEDING.										
CRASH REPORTED DATE/TIME 01/10/2026 10:02:19		DISPATCH DATE/TIME 01/10/2026 10:03:10		ARRIVAL DATE/TIME 01/10/2026 10:03:19		SCENE CLEARED DATE/TIME 01/10/2026 10:11:15		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 5	OFFICER'S NAME * T. Vasko		CHECKED BY OFFICER'S NAME * D. Simia	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)		
					OFFICER'S BADGE NUMBER * 0 1 9		CHECKED BY OFFICER'S BADGE NUMBER * S 2 3			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE		( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)	LOCAL REPORT NUMBER	
	0   1	HUTCHINSON NOAH				2 0 2 6 0 0 8 6		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP			( <input type="checkbox"/> Same As Driver)		DAMAGE		
	20203 SUMPTER RD			WARRENSVILLE HT OH 44122		DAMAGE SCALE		
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		4		
	LP STATE O   H	LICENSE PLATE # KIY9708	VEHICLE IDENTIFICATION # W/B/A/4/C/9/C/5/0/G/G/1,3/8/4,7/7		VEHICLE YEAR 2 0 1 6	VEHICLE MAKE BMW	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
	INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR BLK	VEHICLE MODEL Other/Unknown		
	TYPE OF USE COMMERCIAL		IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME			
	INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0   2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD			
	UNIT TYPE 0   1		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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?		0   2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN			
SPECIAL FUNCTION 0   1		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 0   1		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 0   1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/RROADE 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		0   1 PRE-CRASH 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 OR LEAVING VEHICLE 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT 1 - ONE-WAY 2 - TWO-WAY					
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/ACDA 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 24 - OTHER IMPROPER ACTION 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING						
SEQUENCE OF EVENTS								
EVENTS								
1   2   0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO/EQUIPMENT LOSS OR SHIFT 5 - IMPACT ATTENUATOR / CRASH CUSHION 6 - BRIDGE OVERHEAD STRUCTURE 7 - BRIDGE PIER OR ABUTMENT 8 - BRIDGE PARAPET 9 - BRIDGE RAIL 10 - GUARDRAIL FACE 11 - SEPARATION OF UNITS 12 - RAN OFF ROAD RIGHT 13 - RAN OFF ROAD LEFT 14 - CROSS MEDIAN 15 - PEDESTRIAN 16 - EQUIPMENT FAILURE 17 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 18 - DOWNHILL RUNAWAY 19 - OTHER NON-COLLISION 20 - OTHER POST, POLE OR SUPPORT 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 25 - GUARDRAIL END 31 - PORTABLE BARRIER 32 - MEDIAN CABLE BARRIER 33 - MEDIAN GUARDRAIL 34 - MEDIAN CONCRETE 35 - MEDIAN OTHER BARRIER 36 - OVERHEAD SIGN POST 37 - LIGHT/ILLUMINARIES SUPPORT 38 - OTHER POST, POLE OR SUPPORT 39 - DITCH 40 - FENCE 41 - MAILBOX 42 - CULVERT 43 - TREE 44 - FIRE HYDRANT 45 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
4	1 - GUARDRAIL 2 - BRIDGE 3 - BRIDGE 4 - GUARDRAIL 5 - GUARDRAIL 6 - GUARDRAIL 7 - GUARDRAIL 8 - GUARDRAIL 9 - GUARDRAIL 10 - GUARDRAIL 11 - GUARDRAIL 12 - GUARDRAIL 13 - GUARDRAIL 14 - GUARDRAIL 15 - GUARDRAIL 16 - GUARDRAIL 17 - GUARDRAIL 18 - GUARDRAIL 19 - GUARDRAIL 20 - GUARDRAIL 21 - GUARDRAIL 22 - GUARDRAIL 23 - GUARDRAIL 24 - GUARDRAIL 25 - GUARDRAIL 26 - GUARDRAIL 27 - GUARDRAIL 28 - GUARDRAIL 29 - GUARDRAIL 30 - GUARDRAIL 31 - GUARDRAIL 32 - GUARDRAIL 33 - GUARDRAIL 34 - GUARDRAIL 35 - GUARDRAIL 36 - GUARDRAIL 37 - GUARDRAIL 38 - GUARDRAIL 39 - GUARDRAIL 40 - GUARDRAIL 41 - GUARDRAIL 42 - GUARDRAIL 43 - GUARDRAIL 44 - GUARDRAIL 45 - GUARDRAIL 46 - GUARDRAIL 47 - GUARDRAIL 48 - GUARDRAIL 49 - GUARDRAIL 50 - GUARDRAIL 51 - GUARDRAIL 52 - GUARDRAIL 53 - GUARDRAIL 54 - GUARDRAIL 55 - GUARDRAIL 56 - GUARDRAIL 57 - GUARDRAIL 58 - GUARDRAIL 59 - GUARDRAIL 60 - GUARDRAIL 61 - GUARDRAIL 62 - GUARDRAIL 63 - GUARDRAIL 64 - GUARDRAIL 65 - GUARDRAIL 66 - GUARDRAIL 67 - GUARDRAIL 68 - GUARDRAIL 69 - GUARDRAIL 70 - GUARDRAIL 71 - GUARDRAIL 72 - GUARDRAIL 73 - GUARDRAIL 74 - GUARDRAIL 75 - GUARDRAIL 76 - GUARDRAIL 77 - GUARDRAIL 78 - GUARDRAIL 79 - GUARDRAIL 80 - GUARDRAIL 81 - GUARDRAIL 82 - GUARDRAIL 83 - GUARDRAIL 84 - GUARDRAIL 85 - GUARDRAIL 86 - GUARDRAIL 87 - GUARDRAIL 88 - GUARDRAIL 89 - GUARDRAIL 90 - GUARDRAIL 91 - GUARDRAIL 92 - GUARDRAIL 93 - GUARDRAIL 94 - GUARDRAIL 95 - GUARDRAIL 96 - GUARDRAIL 97 - GUARDRAIL 98 - GUARDRAIL 99 - GUARDRAIL							
3	COLLISION WITH FIXED OBJECT - STRUCK							
4	1 - GUARDRAIL END 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE 6 - MEDIAN OTHER BARRIER 7 - OVERHEAD SIGN POST 8 - LIGHT/ILLUMINARIES SUPPORT 9 - OTHER POST, POLE OR SUPPORT 10 - DITCH 11 - FENCE 12 - MAILBOX 13 - CULVERT 14 - TREE 15 - FIRE HYDRANT 16 - WORKZONE MAINTENANCE EQUIPMENT 17 - WALL 18 - BUILDING 19 - TUNNEL 20 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
5	1 - GUARDRAIL 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE 6 - MEDIAN OTHER BARRIER 7 - OVERHEAD SIGN POST 8 - LIGHT/ILLUMINARIES SUPPORT 9 - OTHER POST, POLE OR SUPPORT 10 - DITCH 11 - FENCE 12 - MAILBOX 13 - CULVERT 14 - TREE 15 - FIRE HYDRANT 16 - WORKZONE MAINTENANCE EQUIPMENT 17 - WALL 18 - BUILDING 19 - TUNNEL 20 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
6	1 - GUARDRAIL 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE 6 - MEDIAN OTHER BARRIER 7 - OVERHEAD SIGN POST 8 - LIGHT/ILLUMINARIES SUPPORT 9 - OTHER POST, POLE OR SUPPORT 10 - DITCH 11 - FENCE 12 - MAILBOX 13 - CULVERT 14 - TREE 15 - FIRE HYDRANT 16 - WORKZONE MAINTENANCE EQUIPMENT 17 - WALL 18 - BUILDING 19 - TUNNEL 20 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
1	1 - GUARDRAIL 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE 6 - MEDIAN OTHER BARRIER 7 - OVERHEAD SIGN POST 8 - LIGHT/ILLUMINARIES SUPPORT 9 - OTHER POST, POLE OR SUPPORT 10 - DITCH 11 - FENCE 12 - MAILBOX 13 - CULVERT 14 - TREE 15 - FIRE HYDRANT 16 - WORKZONE MAINTENANCE EQUIPMENT 17 - WALL 18 - BUILDING 19 - TUNNEL 20 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
DAMAGED AREA(S) INDICATE ALL THAT APPLY								
<img alt="Diagram of a vehicle showing numbered points 1 through 12 around the perimeter. Points 1-12 are arranged in a circle around								

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <b>TSANG SILAS KIN</b>	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED]	( <input type="checkbox"/> Same As Driver)
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP <b>5666 KNIGHTSBRIDGE DR</b>	( <input type="checkbox"/> Same As Driver)	TOLEDO	OH 43614

OWNER	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP [REDACTED]	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]
-------	---	---

LP STATE <b>O H</b>	LICENSE PLATE # <b>HXC7573</b>	VEHICLE IDENTIFICATION # <b>2HGFE2F27NH553796</b>	VEHICLE YEAR <b>2022</b>	VEHICLE MAKE <b>Honda</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>State Farm</b>	INSURANCE POLICY # <b>168 1554-B03-35M</b>	VEHICLE COLOR <b>BLK</b>	VEHICLE MODEL <b>Civic</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # [REDACTED]	TOWED BY: COMPANY NAME <b>INTERSTATE</b>	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <b>1</b> PLACARD ID # <input type="checkbox"/> PLACARD	

UNIT TYPE <b>0 1</b>	1-PASSENGER CAR 2-PASSENGER VAN (MINIVAN) 3-SPORT UTILITY VEHICLE 4-PICK UP 5-CARGO VAN 6-VAN (9-16 SEATS)	7-MOTORCYCLE 2-WHEELED 8-MOTORCYCLE 3-WHEELED 9-AUTOCYCLE 10-MOPED OR MOTORIZED 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 99-UNKNOWN OR HIT/SKIP
-------------------------	---	---	---	--

# OF TRAILING UNITS [REDACTED]				
-----------------------------------	--	--	--	--

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	<b>0</b>	0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL	3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	9-UNKNOWN
--	----------	--	---	-----------

SPECIAL FUNCTION <b>0 1</b>	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 <b>0 1</b>	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/RROADSIDE 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 <b>4</b>	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN	<b>0 1</b> PRE-CRASH ACTION	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 22-ONE WAY 23-OPENING DOOR INTO ROADWAY 24-OTHER MOVABLE OBJECT
--------------------	--	-----------------------------------	--	--

CONTRIBUTING CIRCUMSTANCES <b>0 1</b>	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 9-IMPROPER LANE CHANGING 10-IMPROPER PASSING 11-DOVE OFF ROAD 12-IMPROPER BACKING	13-IMPROPER START FROM A PARKED POSITION CLOSE/ACDA 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-IMPROPER ACTION 22-LYING IN ROADWAY 23-NOT DISCERNABLE 24-OPENING DOOR INTO ROADWAY 25-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 26-WORK ZONE MAINTENANCE EQUIPMENT 27-ANIMAL - FARM 28-ANIMAL - DEER 29-ANIMAL - OTHER 30-ANIMAL - DEER 31-ANIMAL - OTHER 32-ANIMAL - OTHER 33-ANIMAL - OTHER 34-ANIMAL - OTHER 35-ANIMAL - OTHER 36-ANIMAL - OTHER
---	---	--	--	--

SEQUENCE OF EVENTS	EVENTS
--------------------	--------

<b>1 2 0</b>	1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-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
--------------	--	---	---	--	---

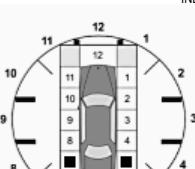
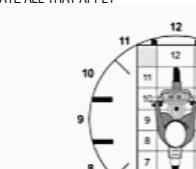
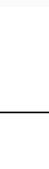
3	COLLISION WITH FIXED OBJECT - STRUCK				
---	--------------------------------------	--	--	--	--

<b>4</b>	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 35-MEDIAN CONCRETE BARRIER	37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/ILLUMINARIES 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
----------	--	--	--	--	--

<b>5</b>	1-FIRST HARMFUL EVENT	<b>1</b>	MOST HARMFUL EVENT
----------	-----------------------	----------	--------------------

LOCAL REPORT NUMBER  
**20260086**

DAMAGE	
DAMAGE SCALE	
<b>3</b>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY	
      	
<input type="checkbox"/> - NO DAMAGE [0]	<input type="checkbox"/> - UNDERCARRIAGE [14]
<input type="checkbox"/> - TOP [13]	<input type="checkbox"/> - ALL AREAS [15]
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	

INITIAL POINT OF CONTACT	
<b>0 6</b>	0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

TRAFFICWAY FLOW <b>1</b>	TRAFFIC CONTROL 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM <b>3</b>	TO <b>4</b>
1-NORTH	5-NORTHEAST
2-SOUTH	6-NORTHWEST
3-EAST	7-SOUTHEAST
4-WEST	8-SOUTHWEST
9-OTHER / UNKNOWN	

UNIT SPEED <b>6 0</b>	DETECTED SPEED 1-STADED/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
POSTED SPEED <b>6 0</b>	



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 8 6

M O T O R I S T / N O N - M O T O R I S T	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER						
	0 1	HUTCHINSON NOAH						1 0 1 3 1 9 7 3	5 2	M						
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
20203 SUMPTER RD WARRENSVILLE H' OH 44122																
INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME) GHFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 1	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1					
OL STATE 		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03		LOCAL CODE ■	OFFENSE DESCRIPTION ACDA		CITATION NUMBER G20260068							
OL CLASS 4		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 2	STATUS 2	ALCOHOL TEST 1	DRUG TEST(S) RESULT SELECT UP TO 4							
M O T O R I S T / N O N - M O T O R I S T		UNIT # 0 2	NAME: LAST, FIRST, MIDDLE TSANG SILAS KIN						DATE OF BIRTH 0 1 2 0 1 9 8 1	AGE 4 4	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
5666 KNIGHTSBRIDGE DR TOLEDO OH 43614																
INJURIES 3		INJURED TAKEN BY 1	EMS AGENCY (NAME) GHPD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST 1	DRUG TEST(S) RESULT SELECT UP TO 4							
M O T O R I S T / N O N - M O T O R I S T		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 	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 - 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 - 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 - TEST GIVEN, RESULTS UNKNOWN										
		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS											
		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER											
		8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS											
2 - EMS		9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS											
3 - POLICE		10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	1 - NONE										
9 - OTHER / UNKNOWN		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	2 - BLOOD										
		12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	3 - URINE										
SAFETY EQUIPMENT		13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - BREATH										
1 - NONE USED		14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	5 - OTHER										
2 - SHOULDER BELT ONLY USED		15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
3 - LAP BELT ONLY USED		16 - FORWARD FACING			16 - OUTSIDE MIRROR											
4 - SHOULDER & LAP BELT USED		17 - REAR FACING			17 - PROSTHETIC AID											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		18 - BOOSTER SEAT			18 - OTHER											
6 - CHILD RESTRAINT SYSTEM - REAR FACING		19 - HELMET USED														
7 - BOOSTER SEAT		20 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)														
8 - HELMET USED		21 - REFLECTIVE CLOTHING														
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		22 - LIGHTING - PEDESTRIAN /BICYCLE ONLY														
10 - REFLECTIVE CLOTHING		23 - OTHER / UNKNOWN														
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY																
99 - OTHER / UNKNOWN																
INJURED TAKEN BY 											GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST TYPE 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 0 8 6

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE GRAY JOHN PAUL				DATE OF BIRTH 0 5 0 2 1 9 7 6	AGE 4 9	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 5159 CATO ST MAPLE HEIGHTS OH 44137				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 3		INJURED TAKEN BY 1	EMS AGENCY (NAME) GHPD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 0 3	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 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		SAFETY EQUIPMENT USED 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			SEATING POSITION 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		AIR BAG USAGE 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							EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN							TRAPPED 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 _____				