


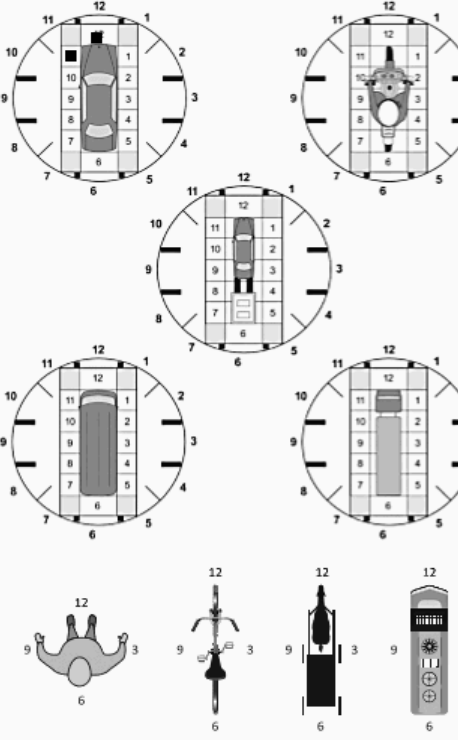
TRAFFIC CRASH REPORT

*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	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER
LOCAL INFORMATION			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
COUNTY * 1 8			
LOCALITY * 1			
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			
ROUTE TYPE 1 1		ROUTE NUMBER 1 1 1 1 1 1 1 1	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
ROUTE TYPE 1 1		ROUTE NUMBER 1 1 1 1 1 1 1 1	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) THORNHURST		ROAD TYPE A V	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	
DISTANCE 1 0 0		DISTANCE 1 - Miles 2 - Feet 3 - Yards 2	
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 0 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 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	
DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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 <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 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 1	
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		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 1	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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 1	
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	
NARRATIVE UNIT 1 WAS TRAVELING S/B ON MLK. UNIT 1 LOST CONTROL AND STRUCK A POLE			
			
CRASH REPORTED DATE/TIME 0 1 1 1 7 2 0 2 6 0 8 2 5		DISPATCH DATE/TIME 0 1 1 1 7 2 0 2 6 0 8 2 6	
ARRIVAL DATE/TIME 0 1 1 1 7 2 0 2 6 0 8 3 3		SCENE CLEARED DATE/TIME 0 1 1 1 7 2 0 2 6 0 9 0 2	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 1 1 1 1 1 1 1	
TOTAL MINUTES 3 6		OFFICER'S NAME * M. Taylor	
OFFICER'S BADGE NUMBER * 0 1 7		CHECKED BY OFFICER'S NAME * D. Bailey	
CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION)			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE GIBSON EDDIE J	(Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(Same As Driver)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 14405 BENWOOD AVE CLEVELAND OH 44128						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____	
VEHICLE	LP STATE OH	LICENSE PLATE # HWL5003	VEHICLE IDENTIFICATION # 3C4PDCG7GT146726		VEHICLE YEAR 2016	VEHICLE MAKE Dodge	
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY _____		INSURANCE POLICY # _____	VEHICLE COLOR WHI	VEHICLE MODEL Journey	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # _____	TOWED BY: COMPANY NAME _____		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # _____ <input type="checkbox"/> PLACARD PLACARD ID # _____		
	UNIT TYPE 01		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 BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP				
	# of TRAILING UNITS _____						
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - 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				
EVENT(S)	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 3		PRE-CRASH ACTION 01		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 01		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 - 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 2 3		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 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				
	4		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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES 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				
	5						
	6						
	1		FIRST HARMFUL EVENT				
	1		MOST HARMFUL EVENT				

LOCAL REPORT NUMBER 20260154	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 3 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 00 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 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 02	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 0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 0	



M O T O R I S T N O N - M O T O R I S T M O T O R I S T N O N - M O T O R I S T M O T O R I S T N O N - M O T O R I S T	UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>	NAME: LAST, FIRST, MIDDLE <div style="display: flex; justify-content: space-between; padding: 5px;"> GIBSON EDDIE J </div>										DATE OF BIRTH <div style="display: flex; justify-content: space-between; padding: 5px;"> 02131973 </div>										AGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		GENDER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">M</div>				
	ADDRESS: STREET, CITY, STATE, ZIP <div style="display: flex; justify-content: space-between; padding: 5px;"> 14405 BENWOOD AVE CLEVELAND OH 44128 </div>																		CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>									
	INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">5</div>	INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>	EMS AGENCY (NAME) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">2</div>		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>							
	OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		OPERATOR LICENSE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				OFFENSE CHARGED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		OFFENSE DESCRIPTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>										CITATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>					
	OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">4</div>		ENDORSEMENT SELECT UP TO 2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		RESTRICTION SELECT UP TO 3 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> OTHER DRUG </div>				CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>		DRUG TEST(S) RESULT SELECT UP TO 4 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>	
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	INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>	INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>	EMS AGENCY (NAME) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: center;"> </div>				SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>		EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div>									

[illegible]