



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *							
				2 0 2 6 0 1 6 1							
<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 * NCIC *				HIT/SKIP					
		GARFIELD HEIGHTS 0 1 8 2 0				1 - Solved 2 - Unsolved					
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				MINIMUM AC LIMITS 0 2			
								LIMIT IN EDRC 0 1 88-ANIMAL 99-UNKNOWN			
								CRASH SEVERITY 5			
								1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
LOCATION	ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 4 1 . 4 1 0 9 0 9		
							IR 480 Exit Ramp	H W			
REFERENCE	ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 . 6 1 5 5 7 1		
							Transportation	B L			
REFERENCE POINT 1		DIRECTION 4		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED 4			
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		<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE 5		DISTANCE 3		UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards				ROADWAY			
								<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 7				DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN				1 - NOT COLLISION BETWEEN 2 - TWO 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				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN (<4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
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		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		CONDITIONS 3		SURFACE 2	
ACTIVE SCHOOL ZONE						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 3		WEATHER 1									
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									
NARRATIVE UNIT 2 WAS AT THE EXIT RAMP OF I480 EAST AND TRANSPORTATION BLVD. UNIT 1 PULLED UP AND FAILED TO STAY IN THE PROPER LANE, CAUSING A SMALL COLISION. UNIT 1 FLED THE SCENE. UNIT 2 FOLLOWED UNIT 1 AND CALLED POLICE WHEN THE SUSPECT VEHICLE WAS FOUND PARKED AT 4912 TURNEY RD. THE DRIVER WAS LOCATED.											
INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.											
CRASH REPORTED DATE/TIME 01/18/2026 10:03:16		DISPATCH DATE/TIME 01/18/2026 10:03:17		ARRIVAL DATE/TIME 01/18/2026 10:04:11		SCENE CLEARED DATE/TIME 01/18/2026 10:12:01		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)</small>			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 5		TOTAL MINUTES 48		OFFICER'S NAME * M. Matash					
						CHECKED BY OFFICER'S NAME * T. Baon					
				OFFICER'S BADGE NUMBER * 001		CHECKED BY OFFICER'S BADGE NUMBER * S20					

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE OWENS JAYSON RAMONE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP 11229 EMTYHL AVE	(<input type="checkbox"/> Same As Driver)	CLEVELAND OH 44120
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COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE O H	LICENSE PLATE # KVE3082	VEHICLE IDENTIFICATION # KMHLL4DG6TU101619	VEHICLE YEAR 2 0 2 6	VEHICLE MAKE Hyundai
■ INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 4469601-sfp-35	VEHICLE COLOR COM	VEHICLE MODEL Elantra (ADA)
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		# OCCUPANTS 0 4	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

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 BICYCLE 11-ALL TERRAIN VEHICLE (ATV / UTV)	12-GOLF CART 13-SNOWMOBILE 14-SINGLE UNIT TRUCK 15-SEMI-TRACTOR BICYCLE 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
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UNIT TYPE 0 1	# OF TRAILING UNITS
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION	3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	9-UNKNOWN
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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
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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
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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
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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
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ACTION 3	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN	0 1 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-OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES 0 1 9	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-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-LYING IN ROADWAY 22-NOT DISCERNABLE 23-OPENING DOOR INTO ROADWAY 99-OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	EVENTS
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1 2 0	1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-CRASH KNIFE 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-DOWNSHILL 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-STRIKED BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOBILE OBJECT
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3	COLLISION WITH FIXED OBJECT - STRUCK				
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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 35-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER 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
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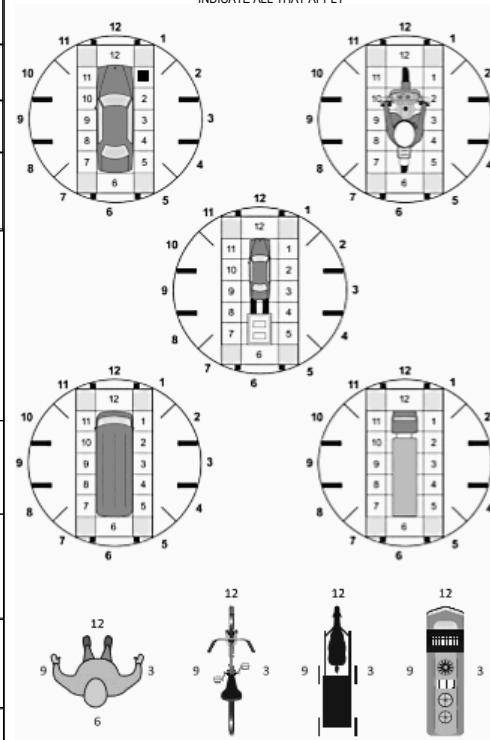
5	1	1	1	1	1
6	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	2	5	5

DAMAGE	
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DAMAGE SCALE	
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1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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DAMAGED AREA(S)	
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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	
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0 1	0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP	14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN
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TRAFFIC		
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2	TRAFFICWAY FLOW 1-ONE WAY 2-TWO WAY	TRAFFIC CONTROL 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL
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2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING
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4	UNIT / NON-MOTORIST DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST	7-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN
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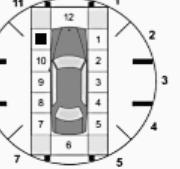
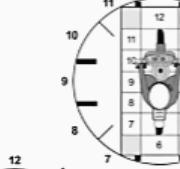
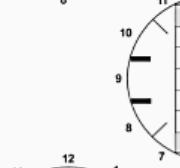
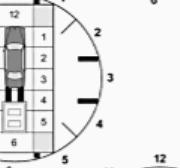
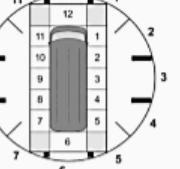
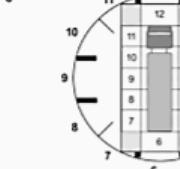
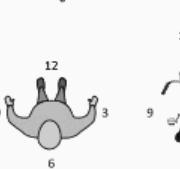
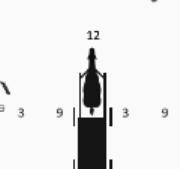
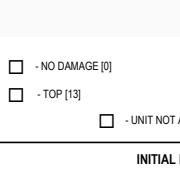
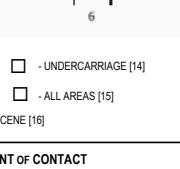
3	FROM 4 TO 3	UNIT SPEED DETECTED SPEED
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0	0	3-1-STATED/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED
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2	2	POSTED SPEED 2
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5	5	PAGE OF
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UNIT #	OWNER NAME: LAST, FIRST, MIDDLE BLACKMON SADE NICOLE		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP 11205 DANBURY AV		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE GARFIELD HTS OH 44125	
LP STATE O H	LICENSE PLATE # HLR8395	VEHICLE IDENTIFICATION # WDC0G4KB6JV080906	VEHICLE YEAR 2 0 1 8
■ INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 942258022	VEHICLE MAKE Mercedes-Benz
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	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 0 3	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # 23 PLACARD ID # <input type="checkbox"/> PLACARD		
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 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			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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/RROADESIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVING ON MEDIAN 14 - STANDING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE 22 - APPROACHING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT		
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN 7 - STRAIGHT AHEAD 8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/PASSING 11 - PARKED 12 - SLOWING OR STOPPED 13 - SWERVING TO AVOID 14 - DRIVING ON MEDIAN 15 - DRIVING ON MEDIAN 16 - DRIVING ON MEDIAN 17 - DRIVING ON MEDIAN 18 - DRIVING ON MEDIAN 19 - DRIVING ON MEDIAN 20 - DRIVING ON MEDIAN 21 - DRIVING ON MEDIAN 22 - DRIVING ON MEDIAN 23 - DRIVING ON MEDIAN 24 - DRIVING ON MEDIAN 25 - DRIVING ON MEDIAN 26 - DRIVING ON MEDIAN 27 - DRIVING ON MEDIAN 28 - DRIVING ON MEDIAN 29 - DRIVING ON MEDIAN 30 - DRIVING ON MEDIAN 31 - DRIVING ON MEDIAN 32 - DRIVING ON MEDIAN 33 - DRIVING ON MEDIAN 34 - DRIVING ON MEDIAN 35 - DRIVING ON MEDIAN 36 - DRIVING ON MEDIAN 37 - DRIVING ON MEDIAN 38 - DRIVING ON MEDIAN 39 - DRIVING ON MEDIAN 40 - DRIVING ON MEDIAN 41 - DRIVING ON MEDIAN 42 - DRIVING ON MEDIAN 43 - DRIVING ON MEDIAN 44 - DRIVING ON MEDIAN 45 - DRIVING ON MEDIAN 46 - DRIVING ON MEDIAN 47 - DRIVING ON MEDIAN 48 - DRIVING ON MEDIAN 49 - DRIVING ON MEDIAN 50 - DRIVING ON MEDIAN 51 - DRIVING ON MEDIAN 52 - DRIVING ON MEDIAN 53 - DRIVING ON MEDIAN 54 - DRIVING ON MEDIAN 55 - DRIVING ON MEDIAN 56 - DRIVING ON MEDIAN 57 - DRIVING ON MEDIAN 58 - DRIVING ON MEDIAN 59 - DRIVING ON MEDIAN 60 - DRIVING ON MEDIAN 61 - DRIVING ON MEDIAN 62 - DRIVING ON MEDIAN 63 - DRIVING ON MEDIAN 64 - DRIVING ON MEDIAN 65 - DRIVING ON MEDIAN 66 - DRIVING ON MEDIAN 67 - DRIVING ON MEDIAN 68 - DRIVING ON MEDIAN 69 - DRIVING ON MEDIAN 70 - DRIVING ON MEDIAN 71 - DRIVING ON MEDIAN 72 - DRIVING ON MEDIAN 73 - DRIVING ON MEDIAN 74 - DRIVING ON MEDIAN 75 - DRIVING ON MEDIAN 76 - DRIVING ON MEDIAN 77 - DRIVING ON MEDIAN 78 - DRIVING ON MEDIAN 79 - DRIVING ON MEDIAN 80 - DRIVING ON MEDIAN 81 - DRIVING ON MEDIAN 82 - DRIVING ON MEDIAN 83 - DRIVING ON MEDIAN 84 - DRIVING ON MEDIAN 85 - DRIVING ON MEDIAN 86 - DRIVING ON MEDIAN 87 - DRIVING ON MEDIAN 88 - DRIVING ON MEDIAN 89 - DRIVING ON MEDIAN 90 - DRIVING ON MEDIAN 91 - DRIVING ON MEDIAN 92 - DRIVING ON MEDIAN 93 - DRIVING ON MEDIAN 94 - DRIVING ON MEDIAN 95 - DRIVING ON MEDIAN 96 - DRIVING ON MEDIAN 97 - DRIVING ON MEDIAN 98 - DRIVING ON MEDIAN 99 - DRIVING ON MEDIAN		
CONTRIBUTING CIRCUMSTANCES	1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE/ACDA 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - IMPROPER BACKING 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LEAVING TRAFFIC LANE 20 - LOAD SHIFTING/FALLING/SPILLING 21 - IMPROPER CROSSING 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 - OTHER IMPROPER ACTION 27 - WORK ZONE MAINTENANCE EQUIPMENT 28 - ANIMAL - FARM 29 - ANIMAL - DEER 30 - ANIMAL - OTHER 31 - OTHER MOVABLE OBJECT		
SEQUENCE OF EVENTS	EVENTS		
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO/EQUIPMENT LOSS OR SHIFT 5 - IMPROPER 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 - PEDALCYCLE 16 - EQUIPMENT FAILURE 17 - EQUIPMENT FAILURE 18 - RAN OFF ROAD RIGHT 19 - RAN OFF ROAD LEFT 20 - CROSS MEDIAN 21 - GUARDRAIL END 22 - PORTABLE BARRIER 23 - MEDIAN CABLE BARRIER 24 - MEDIAN GUARDRAIL 25 - MEDIAN CONCRETE BARRIER 26 - MEDIAN OTHER BARRIER 27 - IMPACT ATTENUATOR / CRASH CUSHION 28 - BRIDGE OVERHEAD STRUCTURE 29 - BRIDGE PIER OR ABUTMENT 30 - BRIDGE PARAPET 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 38 - DOWNHILL RUNAWAY 39 - OTHER NON-COLLISION 40 - OTHER POST, POLE OR SUPPORT 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN		
3	COLLISION WITH FIXED OBJECT - STRUCK		
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
5	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		
6	37 - OVERHEAD SIGN POST 38 - LIGHT/LUMINARIES SUPPORT 39 - OTHER POST, POLE OR SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
1	1 - FIRST HARMFUL EVENT		
1	1 - MOST HARMFUL EVENT		

DAMAGE	
DAMAGE SCALE	
2	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	
1 1	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
2	TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY
2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
RAIL GRADE CROSSING	
1	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
FROM 4 TO 3	
UNIT SPEED	
0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
2 5	PAGE OF



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 6 1

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	OWENS JAYSON RAMONE						1 1 1 5 2 0 0 4		M					
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
11229 EMTHYL AVE CLEVELAND OH 44120															
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY (NAME)		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 331.08		LOCAL CODE ■		OFFENSE DESCRIPTION Lanes of Travel			CITATION NUMBER G20260098			
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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH 0 1 2 4 1 9 8 6						AGE 3 9	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
11205 DANBURY AV GARFIELD HTS OH 44125															
INJURIES 5		INJURED TAKEN BY []		EMS AGENCY (NAME)		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		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		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 []		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 []		ALCOHOL TEST STATUS [] TYPE [] VALUE []		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 - EXCEPT CLASS A & CLASS B BUS										
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - EXCEPT CLASS A & CLASS B BUS										
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER										
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										
1 - NOT TRANSPORTED /TREATED AT SCENE	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER										
2 - EMS	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE										
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE										
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER										
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										
	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY										
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR										
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	17 - PROSTHETIC AID										
7 - BOOSTER SEAT				18 - OTHER	18 - OTHER										
8 - HELMET USED															
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)															
10 - REFLECTIVE CLOTHING															
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY															
99 - OTHER / UNKNOWN															
SAFETY EQUIPMENT											DRUG TEST TYPE				
1 - NONE USED	TRAPPED	R - THREE-WHEEL MOTORCYCLE													
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															
GENDER											DRUG TEST RESULT(S)				
F - FEMALE											1 - AMPHETAMINES				
M - MALE											2 - BARBITURATES				
U - OTHER/UNKNOWN											3 - BENZODIAZEPINES				
											4 - CANNABINOIDS				
											5 - COCAINE				
											6 - OPIATES / OPIOIDS				
											7 - OTHER				
											8 - NEGATIVE RESULTS				



OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER									
	UNIT # 1	NAME: LAST, FIRST, MIDDLE SCOTT	KARIBIANN	LA'ROBB	DATE OF BIRTH 0 1 0 9 2 0 0 7	AGE 1 9	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 19320 S LAKE SHORE BLVD EUCLID OH 44119						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 # 1	NAME: LAST, FIRST, MIDDLE SCOTT	JANIYA	DESHANAE	DATE OF BIRTH 0 1 1 7 2 0 0 5	AGE 2 1	GENDER F	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET, CITY, STATE, ZIP 2230 GLENRIDGE RD EUCLID OH 44117						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 4	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE SCOTT	JANAE	ALI	DATE OF BIRTH 0 1 1 7 2 0 0 5	AGE 2 1	GENDER F	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET, CITY, STATE, ZIP 2230 GLENRIDGE RD EUCLID OH 44117						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 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 []	<input type="checkbox"/> 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				