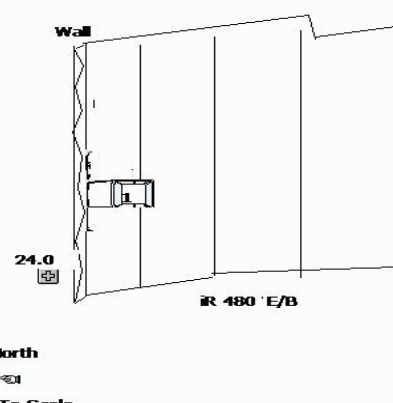


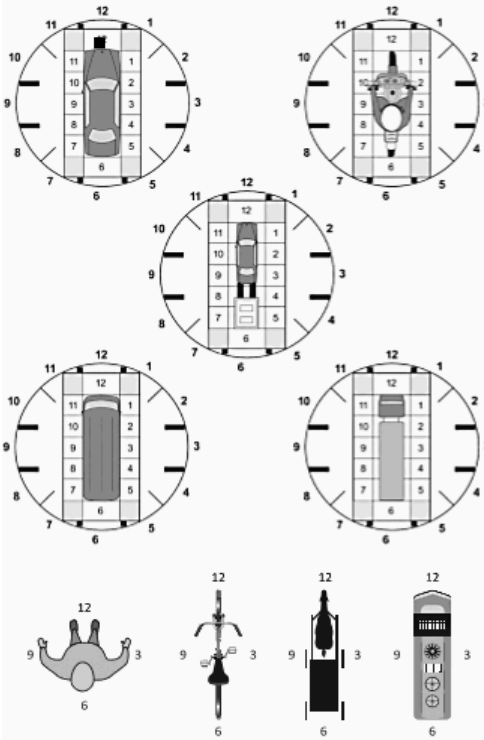
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER
<input type="checkbox"/> Private Property			
LOCAL INFORMATION			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
COUNTY * 1 8			
LOCALITY * 1			
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 24.0		ROAD TYPE H W	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 24.0		ROAD TYPE M P	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	
DISTANCE 1 - MILE 2 - FEET 3 - YARDS 2 0		DISTANCE 1 - MILE 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	
ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF CRASH 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 0 2		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	
DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		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 <input type="checkbox"/> PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	
LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	
CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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	
NARRATIVE UNIT#1 WAS TRAVELING EAST NEAR MILE POST 24.0 ON IR 480 IN THE MIDDLE INSIDE LANE.U#1 FAILED TO MAINTAIN CONTROL AS A RESULT,U#1 ROTATED COUNTER CLOCKWISE THROUGH THE INSIDE LANE AND SHOULDER.THE FRONT COLLIDED WITH.THE CONCRETE WALL.U#1 WAS AT.FINAL UPON ARRIVAL.B WC			
Indicate the north direction with an "N" on the compass diagram.			
			
CRASH REPORTED DATE/TIME 0 1 2 1 2 0 2 6 1 1 3 4		DISPATCH DATE/TIME 0 1 2 1 2 0 2 6 1 1 3 5	
ARRIVAL DATE/TIME 0 1 2 1 2 0 2 6 1 1 4 2		SCENE CLEARED DATE/TIME 0 1 2 1 2 0 2 6 1 2 1 5	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 5	
TOTAL MINUTES 5 5		OFFICER'S NAME * R. Cramer	
OFFICER'S BADGE NUMBER* 0 3 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	
SUPPLEMENT (CORRECTION=ADDITION TO EXISTING REPORT ONLY)			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) MCCLAIN CAM'RON JORDAN	OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver) 8815 GETTYSBURG DR TWINSBURG OH 44087				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # KSF5241	VEHICLE IDENTIFICATION # 1G11E5SA7DF156170	VEHICLE YEAR 2013	VEHICLE MAKE Chevrolet
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR SIL	VEHICLE MODEL Malibu
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME Interstate		
	<input type="checkbox"/> HAZARDOUS MATERIAL		CLASS #		
	<input type="checkbox"/> PLACARD		PLACARD ID #		
	UNIT TYPE		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 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		AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION		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		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/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		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		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 99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS		EVENTS 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			
COLLISION WITH FIXED OBJECT - STRUCK		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			
FIRST HARMFUL EVENT		2 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 20260185	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 ONE-WAY 2 TWO-WAY 6 TRAFFIC CONTROL 1 ROUNDABOUT 2 SIGNAL 3 FLASHER 4 STOP SIGN 5 YIELD SIGN 6 NO CONTROL	
# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 NOT INVOLVED 2 INVOLVED - ACTIVE CROSSING 3 INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 OTHER / UNKNOWN	
UNIT SPEED 60 POSTED SPEED 60	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / NON-MOTORIST	UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">01</div>		NAME: LAST, FIRST, MIDDLE <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>MCCLAIN</span> <span>CAM'RON</span> <span>JORDAN</span> </div>		DATE OF BIRTH <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>06202000</span> <span></span> <span></span> </div>				AGE <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span></span> <span></span> </div>		GENDER <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span>M</span> </div>								
	ADDRESS: STREET, CITY, STATE, ZIP <div style="display: flex; justify-content: space-between; padding: 5px;"> <span>8815</span> <span>GETTYSBURG DR</span> <span>TWINSBURG</span> <span>OH</span> <span>44087</span> </div>					CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
	INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">3</div>		INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">2</div>	EMS AGENCY (NAME) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">GHFD</div>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">Marymount</div>		SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">04</div>		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">01</div>		AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">2</div>		EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>	
	OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		OPERATOR LICENSE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			OFFENSE CHARGED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"><input type="checkbox"/></div>	OFFENSE DESCRIPTION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					CITATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
	OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">4</div>		ENDORSEMENT SELECT UP TO 2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	RESTRICTION SELECT UP TO 3 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"></div>		DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; 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         <input type="checkbox"/> OTHER DRUG       </div>		CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>	STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>	ALCOHOL TEST <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div></div> <div>VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">.</div></div> </div>		STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>	TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>	DRUG TEST(S) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">RESULT SELECT UP TO 4</div>				
UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		NAME: LAST, FIRST, MIDDLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							DATE OF BIRTH <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span></span> <span></span> </div>				AGE <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span></span> </div>		GENDER <div style="border: 1px solid black; height: 20px; width: 30px;"></div>				
ADDRESS: STREET, CITY, STATE, ZIP <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		INJURED TAKEN BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	EMS AGENCY (NAME) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"></div>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"></div>		SAFETY EQUIPMENT USED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; 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: 30px; text-align: center;"></div>		AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		
OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		OPERATOR LICENSE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			OFFENSE CHARGED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	OFFENSE DESCRIPTION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					CITATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		ENDORSEMENT SELECT UP TO 2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	RESTRICTION SELECT UP TO 3 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"></div>		DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> ALCOHOL         <input type="checkbox"/> MARIJUANA         <input type="checkbox"/> OTHER DRUG       </div>		CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	ALCOHOL TEST <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div></div> <div>VALUE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">.</div></div> </div>		STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>	DRUG TEST(S) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">RESULT SELECT UP TO 4</div>					
UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"></div>		NAME: LAST, FIRST, MIDDLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							DATE OF BIRTH <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span></span> <span></span> </div>				AGE <div style="display: flex; justify-content: space-between; padding: 5px;"> <span></span> <span></span> </div>		GENDER <div style="border: 1px solid black; height: 20px; width: 30px;"></div>				
ADDRESS: STREET, CITY, STATE, ZIP <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														

[illegible]