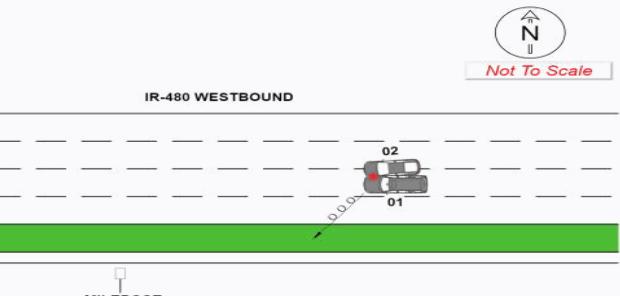




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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				LOCAL REPORT NUMBER *					
				GARFIELD HEIGHTS				2 0 2 6 0 2 4 9					
				REPORTING AGENCY NAME *				HIT/SKIP		MINIMUM AC LIMITS			
				GARFIELD HEIGHTS NCIC *				1 - Solved 2 - Unsolved		0 2			
COUNTY *		LOCALITY *		LOCATION: CITY, VILLAGE, TOWNSHIP *				CRASH DATE/TIME *		CRASH SEVERITY			
1 8		1		GARFIELD HTS				0 1 3 0 2 0 2 6 1 2 1 3 9		4			
LOCATION	ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		
	I R		4 8 0							M P	4 1 . 4 1 3 1 4 2		
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		
								22.6		M P	8 1 . 6 1 5 8 5 9		
REFERENCE POINT	DIRECTION		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED						
	2		3		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - BOULEVARD 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE	DISTANCE		DISTANCE		NUMBER OF APPROACHES								
	5 0		2		ROADWAY								
LOCATION OF FIRST HARMFUL EVENT 0 1 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				MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - SIDEWEEP 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN				DIRECTION OF TRAVEL		MEDIAN TYPE			
<input type="checkbox"/> 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 OR MEDIAN				4		3 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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				CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
NARRATIVE UNIT #01 WAS TRAVELING WESTBOUND ON IR-480 IN THE NUMBER TWO LANE WHEN HE WAS SIDE SWIPE BY UNIT #02 MERGING LANES FROM THE NUMBER THREE LANE CAUSING THE ACCIDENT.													
 Indicate the north direction with an "N" on the compass diagram.													
 IR-480 WESTBOUND MILEPOST 22.6													
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)</small>					
0 1 3 0 2 0 2 6 1 2 1 3 9		0 1 3 0 2 0 2 6 1 2 1 3 9		0 1 3 0 2 0 2 6 1 2 1 4 6		0 1 3 0 2 0 2 6 1 2 2 2 7							
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME *		CHECKED BY OFFICER'S NAME *						
0		1 0		5 8	A. Hlywa		T. Baon						
					OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S BADGE NUMBER *						
					0 2 1		S 2 0						

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE DAVIS GEORGE L	(<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 4681 COUNTRY LN APT 153	(<input type="checkbox"/> Same As Driver)
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WARRENSVILLE HE OH 44128

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE O H	LICENSE PLATE # KVC9323	VEHICLE IDENTIFICATION # 3C4PD CAB 3GT 1,6,6,2,3,8	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Dodge
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR GRN	VEHICLE MODEL Journey
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME INTERSTATE TOWING	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 2	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 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
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# OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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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
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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
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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 - MIDLIGHT - 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	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 - WORKING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT
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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 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
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SEQUENCE OF EVENTS

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO/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 - 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
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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	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/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
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

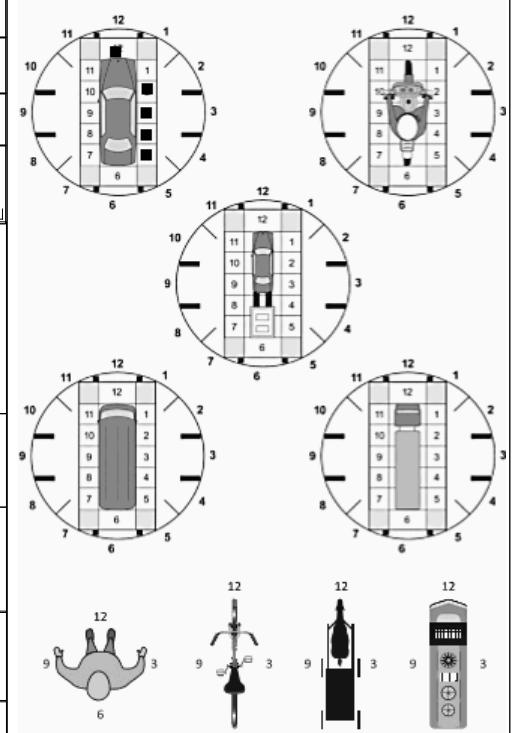
DAMAGE	
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DAMAGE SCALE	
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4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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DAMAGED AREA(S)

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

0 2	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

1	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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4	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
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3	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
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6 5	UNIT SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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6 0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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OWNER UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE BELCHER DESHARA J		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)																																																			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 4619 E 131ST 101		GARFIELD HTS OH 44105																																																			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																			
LP STATE O H	LICENSE PLATE # U827585	VEHICLE IDENTIFICATION # 3FAHP0HA4BR126141	VEHICLE YEAR 2 0 1 1	VEHICLE MAKE Ford																																																		
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR MAR	VEHICLE MODEL Fusion																																																		
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4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB																																																		
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH																																																		
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT																																																		
5	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE																																																		
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX																																																		
6	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE																																																		
			49 - FIRE HYDRANT	50 - WORKZONE MAINTENANCE EQUIPMENT																																																		
1				51 - WALL																																																		
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MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 2 4 9

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	DAVIS GEORGE L						1 0 1 2 1 9 7 6		M				
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
4681 COUNTRY LN APT 153 WARRENSVILLE HI OH 44128														
INJURIES 5		INJURED TAKEN BY 1	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		CONDITION 1	STATUS 1	TYPE 1	ALCOHOL TEST 1	STATUS 1	TYPE 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						DATE OF BIRTH 0 6 2 4 1 9 9 1	AGE 3 4	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
4619 E 131ST 101 GARFIELD HTS OH 44105														
INJURIES 4		INJURED TAKEN BY 2	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	
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OL CLASS 4		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED		CONDITION 1	STATUS 1	TYPE 1	ALCOHOL TEST 1	STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4
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ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE			
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OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	TYPE	ALCOHOL TEST	STATUS	TYPE	DRUG TEST(S) RESULT SELECT UP TO 4
ALCOHOL MARIJUANA OTHER DRUG				ALCOHOL MARIJUANA OTHER DRUG										
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 - NOT DISTRACTED DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN				
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED				
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN				
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS		6 - PASSENGER		ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE				
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		2 - BLOOD				
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		3 - URINE				
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH				
SAFETY EQUIPMENT		12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - TRAPPED		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT		5 - OTHER			
1 - NONE USED	13 - TRAILING UNIT		13 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		12 - LIMITED - OTHER		DRUG TEST TYPE				
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE		14 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE				
3 - LAP BELT ONLY USED	15 - NON-MOTORIST		15 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		2 - BLOOD				
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	17 - PROSTHETIC AID		17 - OTHER		Y - OTHER	16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR		4 - OTHER				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	18 - OTHER		18 - OTHER		Z - OTHER	17 - PROSTHETIC AID		17 - PROSTHETIC AID		DRUG TEST RESULT(S)				
7 - BOOSTER SEAT	GENDER		F - FEMALE		A - OTHER	18 - OTHER		18 - OTHER		1 - AMPHETAMINES				
8 - HELMET USED	M - MALE		M - MALE		B - OTHER/UNKNOWN	1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		2 - BARBITURATES				
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	U - OTHER/UNKNOWN		U - OTHER/UNKNOWN		C - OTHER	2 - PHYSICAL IMPAIRMENT		2 - PHYSICAL IMPAIRMENT		3 - BENZODIAZEPINES				
10 - REFLECTIVE CLOTHING	D - OTHER		D - OTHER		E - OTHER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		4 - CANNABINOID				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	F - OTHER		F - OTHER		G - OTHER	4 - ILLNESS		4 - ILLNESS		5 - COCAINE				
99 - OTHER / UNKNOWN	H - OTHER		H - OTHER		I - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		6 - OPIATES / OPIOIDS				
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											7 - OTHER			
9 - OTHER / UNKNOWN											8 - NEGATIVE RESULTS			



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 2 4 9

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DASILVA KHAMONI MARQUETTE				DATE OF BIRTH 0 8 0 6 2 0 0 4	AGE 2 1	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 4961 E 84TH ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE _____			
INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3		
UNIT # 2		NAME: LAST, FIRST, MIDDLE PRICE ASHTON				DATE OF BIRTH 0 6 0 2 2 0 2 4	AGE 1	GENDER M
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 4619 E 131 ST 101 GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE _____			
	INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHTS EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT HOSPITAL	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 6		
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____
OCCUPANT	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 _____		
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____
OCCUPANT	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 _____		
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		1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	
GENDER		F - FEMALE M - MALE U - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	
TRAPPED		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	

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