



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *			
				2 0 2 6 0 3 1 2			
<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 * GARFIELD HEIGHTS 0 1 8 2 0			
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			
LOCATION	ROUTE TYPE		ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE
						TURNERY	R D
REFERENCE	ROUTE TYPE		ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
						ORME	R D
REFERENCE POINT		DIRECTION		ROUTE TYPE		ROAD TYPE	
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	
DISTANCE		DISTANCE		UNIT OF MEASURE			
1 - Miles 2 - Feet 3 - Yards		3 0		2			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			
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				7 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			
DIRECTION OF TRAVEL				MEDIAN TYPE			
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN 5 - OTHER / UNKNOWN			
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		CONTOUR	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1	
ACTIVE SCHOOL ZONE		OR MEDIAN				CONDITIONS	
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER				2	
1		2 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				2 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							
NARRATIVE							
UNIT 2 WAS TRAVELING S/B ON TURNERY RD, APPROACHING ORME RD, IN THE CURB LANE. UNIT 1 WAS ALSO TRAVELING S/B ON TURNERY RD IN THE LEFT LANE. UNIT 1 MADE AN IMPROPER LANE CHANGE, CAUSING THE COLLISION BY STRIKING UNIT 2 ON THE DRIVER'S DOOR AND LEFT PASSENGER DOOR WITH THE FRONT RIGHT OF UNIT 1.							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
0 2 0 7 2 0 2 6 1 1 1 1 0		0 2 0 7 2 0 2 6 1 1 1 1 0		0 2 0 7 2 0 2 6 1 1 1 1 3		0 2 0 7 2 0 2 6 1 1 2 2 1	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME *	
5 0		1 5		8 6		L. Ajienq	
						CHECKED BY OFFICER'S NAME *	
						N. Rossi	
						OFFICER'S BADGE NUMBER *	
						0 2 7	
						CHECKED BY OFFICER'S BADGE NUMBER *	
						S 1 3	
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>							



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ZARRELLI SARAH NICOLE	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)	DAMAGE			
	0 1	10404 S HIGHLAND AV	(<input type="checkbox"/> Same As Driver)	DAMAGE SCALE			
OWNER ADDRESS: STREET, CITY, STATE, ZIP		GARFIELD HTS OH 44125		3			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN			
LP STATE O H		LICENSE PLATE # KSE1532		VEHICLE IDENTIFICATION # 4S4GUHD68T3730320	VEHICLE YEAR 2026	VEHICLE MAKE Subaru	
■ INSURANCE VERIFIED ALL STATE		INSURANCE COMPANY ALL STATE		INSURANCE POLICY # 826785538	VEHICLE COLOR GRY	VEHICLE MODEL Crosstrek	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME			
INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 3	VEHICLE WEIGHT GVWR/GCWR 1. <10K LBS. 2. 10-20K LBS. 3. >20K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD			
UNIT TYPE 0 3		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	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
SPECIAL FUNCTION 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN	
CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER/UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT		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		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 - PRE-CRASH ACTION 0 4	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 0 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 - 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 0		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 MOBILE OBJECT	
3		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	
4		1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	1 5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		
5		1 - POSTED SPEED	0	1	1 - DAMAGE AREA(S) INDICATE ALL THAT APPLY		
6		1 - TRAILING UNITS	12	12	12		
7		1 - NO DAMAGE [0]	12	12	12		
8		1 - TOP [13]	12	12	12		
9		1 - UNDERCARRIAGE [14]	12	12	12		
10		1 - ALL AREAS [15]	12	12	12		
11		1 - UNIT NOT AT SCENE [16]	12	12	12		
INITIAL POINT OF CONTACT							
0 1		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN				
TRAFFIC							
1		TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL				
2		# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING				
UNIT / NON-MOTORIST DIRECTION							
3		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - NORTH 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
4		1 - FROM 2 - TO	1 - TO				
UNIT SPEED							
5		1 - 15	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED				
DETECTED SPEED							
6		1 - POSTED SPEED	0				





MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 1 2

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	ZARRELLI SARAH NICOLE						1 2 0 3 2 0 0 2	2 3	F		
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE	
10404 S HIGHLAND AV GARFIELD HTS OH 44125												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 2	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5									0 1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
				331.08			LANE OF TRAVEL			G20260166		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER			
0 2	SHURN TANIA LEE						1 0 1 7 1 9 6 8	5 7	F			
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE	
12904 CHRISTINE AV GARFIELD HTS OH 44105												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 2	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5									0 1	1	1	1
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			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	1	1	1	1	1	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			CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> 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 - 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE							
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS KNOWN							
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER								
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS								
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS								
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY								
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT								
SAFETY EQUIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER								
1 - NONE USED	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY								
3 - LAP BELT ONLY USED	15 - NON-MOTORIST FORWARD FACING			15 - MOTOR VEHICLES WITHOUT AIR BRAKES								
4 - SHOULDER & LAP BELT USED	16 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				17 - PROSTHETIC AID								
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER								
7 - BOOSTER SEAT				CONDITION								
8 - HELMET USED				1 - APPARENTLY NORMAL								
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				2 - PHYSICAL IMPAIRMENT								
10 - REFLECTIVE CLOTHING				3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				4 - ILLNESS								
99 - OTHER / UNKNOWN				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.								
				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
				7 - OTHER								
				8 - NEGATIVE RESULTS								
GENDER												
F - FEMALE												
M - MALE												
U - OTHER/UNKNOWN												



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 3 1 2

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE BASTIAN DYLAN ANTHONY				DATE OF BIRTH 0 7 0 6 2 0 0 3	AGE 2 2	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 3774 W 139TH ST CLEVELAND OH 44111				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 5		INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 4	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE ZARRELLI JOAN NANCY				DATE OF BIRTH 0 3 1 3 1 9 6 3	AGE 6 2	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 10404 S HIGHLAND AVE GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 5		INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET 0 3	SEATING POSITION 1	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 _____
OCCUPANT	UNIT # _____	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN					EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE					
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN					TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					

WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____		
WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____		
WITNESS	NAME: LAST, FIRST, MIDDLE _____				DATE OF BIRTH _____	AGE _____	GENDER _____
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