



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *		
<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		REPORTING AGENCY NAME * GARFIELD HEIGHTS			2 0 2 6 0 3 3 8		
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			HIT/SKIP 1 - Solved 2 - Unsolved	MIN/MDP AC. LIMITS 0 2	
1 8	1				CRASH DATE/TIME * 02 10 2026 14:57		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Rockside	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 41.401555	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 13616	ROAD TYPE	LONGITUDE DECIMAL DEGREES 81.58757	
REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED		
DISTANCE COMM DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards				NUMBER OF APPROACHES		
0 1	2				ROADWAY		
LOCATION OF FIRST HARMFUL EVENT 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 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 2	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
ACTIVE SCHOOL ZONE	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 BACKING FROM A PRIVATE DRIVEWAY AT 13616 ROCKSIDE RD IN A NORTHERN DIRECTION. UNIT# 2 WAS TRAVELING EAST IN THE INSIDE LANE AT 13616. ROCKSIDE STOPPED FOR A TRAFFIC SIGNAL AS A RESULT, THE BACK OF U#1 COLLIDED WITH THE RIGHT SIDE OF U#2. BOTH UNITS WERE MOVED FROM FINAL AND PARKED IN THE PRIVATE DRIVEWAY AT 13616. ROCKSIDE UPON ARRIVAL: BWC					 Indicate the north direction with an "N" on the compass diagram.		
CRASH REPORTED DATE/TIME 02 10 2026 14:57		DISPATCH DATE/TIME 02 10 2026 14:58		ARRIVAL DATE/TIME 02 10 2026 15:07		SCENE CLEARED DATE/TIME 02 10 2026 15:18	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 5		TOTAL MINUTES 5 5		OFFICER'S NAME * R. Cramer	
						CHECKED BY OFFICER'S NAME * R. Dodge	
						OFFICER'S BADGE NUMBER * 0 3 7	
						CHECKED BY OFFICER'S BADGE NUMBER * S 2 2	
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>							

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE SAXON TARA J	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
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OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP 13616 ROCKSIDE RD	(<input type="checkbox"/> Same As Driver)	GARFIELD HTS OH 44125		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

LP STATE O H	LICENSE PLATE # JKF5243	VEHICLE IDENTIFICATION # K N M A T 2 M T 3 G P 6 1 8 7 0 3	VEHICLE YEAR 2 0 1 6	VEHICLE MAKE Nissan
■ INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 984458664	VEHICLE COLOR BLK	VEHICLE MODEL Rogue
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 1	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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# 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 2 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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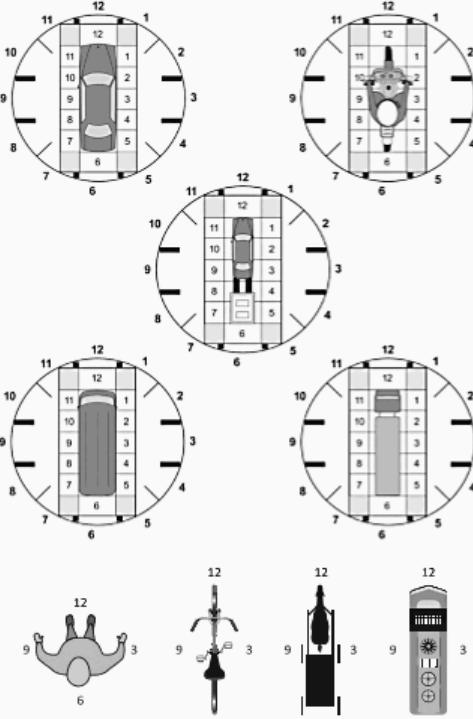
CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED 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
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SEQUENCE OF EVENTS	EVENTS
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1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - 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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3	COLLISION WITH FIXED OBJECT - STRUCK				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	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
5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
1	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
		
<input checked="" 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 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
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
4	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
2	FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED		
3	DETECTED SPEED	
1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED		
3 5		

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
0 2	WILKINS CONSTANCE			

OWNER ADDRESS: STREET, CITY, STATE, ZIP	(<input type="checkbox"/> Same As Driver)
14317 KINSMAN RD	CLEVELAND OH 44120

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE O H	LICENSE PLATE # JAK3766	VEHICLE IDENTIFICATION # M A J 6 S 3 G L 5 L C 3 2 9 3 5 5	VEHICLE YEAR 2 0 2 0	VEHICLE MAKE Ford																														
■ INSURANCE VERIFIED	INSURANCE COMPANY Travelers	INSURANCE POLICY # 9806449991011	VEHICLE COLOR GLD	VEHICLE MODEL Ecosport																														
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 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD																															
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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/RROADE 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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4	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 ACTION	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - MAKING LEFT TURN	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 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOBILE OBJECT
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0 1	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 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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1	SEQUENCE OF EVENTS	EVENTS
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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	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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5	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE BARRIER	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
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6	1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - MEDIAN CONCRETE BARRIER	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
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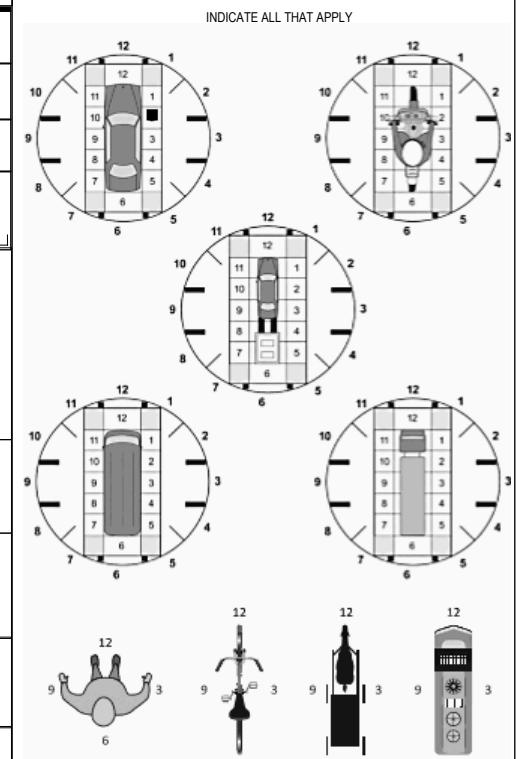
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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DAMAGE	
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DAMAGE SCALE	
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2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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DAMAGED AREA(S)	
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INITIAL POINT OF CONTACT	
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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	
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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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# OF THROUGH LANES ON ROAD	
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4	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION	
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4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
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UNIT SPEED	
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0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
---	--

POSTED SPEED	
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3 5	
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MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 3 8

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	SAXON TARA J						0 2 2 2 1 9 6 9	5 6	F												
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE											
13616 ROCKSIDE RD 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 [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		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 #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER											
0 2		WILKINS CONSTANCE						0 6 1 8 1 9 5 2	5 6	F												
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE											
14317 KINSMAN RD 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		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 [] ALCOHOL [] MARIJUANA [] OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		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 #	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 - 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		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)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT SIDE		7 - EXCEPT TRACTOR-TRAILER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE												
1 - NOT TRANSPORTED / TREATED AT SCENE		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		8 - INTERMEDIATE LICENSE RESTRICTIONS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE												
2 - EMS		13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR		15 - NON-MOTORIST		9 - LEARNER'S PERMIT RESTRICTIONS		6 - PASSENGER		ALCOHOL TEST TYPE										
3 - POLICE		15 - NON-MOTORIST		16 - PROSTHETIC AIDS		17 - OUTSIDE MIRROR		10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE												
9 - OTHER / UNKNOWN		17 - PROSTHETIC AIDS		18 - OTHER		19 - OTHER / UNKNOWN		11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE												
SAFETY EQUIPMENT		19 - OTHER / UNKNOWN		20 - OTHER		21 - OTHER		12 - LIMITED - OTHER		9 - OTHER / UNKNOWN												
1 - NONE USED		22 - OTHER		23 - OTHER		24 - OTHER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		10 - OTHER												
2 - SHOULDER BELT ONLY USED		25 - OTHER		26 - OTHER		27 - OTHER		14 - MILITARY VEHICLES ONLY		11 - NONE												
3 - LAP BELT ONLY USED		28 - OTHER		29 - OTHER		30 - OTHER		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		2 - BLOOD												
4 - SHOULDER & LAP BELT USED		31 - OTHER		32 - OTHER		33 - OTHER		16 - OUTSIDE MIRROR		3 - BLOOD												
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		34 - OTHER		35 - OTHER		36 - OTHER		17 - PROSTHETIC AIDS		4 - URINE												
6 - CHILD RESTRAINT SYSTEM - REAR FACING		37 - OTHER		38 - OTHER		39 - OTHER		18 - OTHER		4 - OTHER												
7 - BOOSTER SEAT		40 - OTHER		41 - OTHER		42 - OTHER		19 - OTHER		5 - OTHER												
8 - HELMET USED		43 - OTHER		44 - OTHER		45 - OTHER		20 - OTHER		6 - DRUG TEST TYPE												
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		46 - OTHER		47 - OTHER		48 - OTHER		21 - OTHER		1 - NONE												
10 - REFLECTIVE CLOTHING		49 - OTHER		50 - OTHER		51 - OTHER		22 - OTHER		2 - BLOOD												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		52 - OTHER		53 - OTHER		54 - OTHER		23 - OTHER		3 - URINE												
99 - OTHER / UNKNOWN		55 - OTHER		56 - OTHER		57 - OTHER		24 - OTHER		4 - OTHER												
GENDER		F - FEMALE		M - MALE		U - OTHER/UNKNOWN		25 - OTHER		5 - DRUG TEST RESULT(S)												
CONDITION		1 - APPARENTLY NORMAL		2 - PHYSICAL IMPAIRMENT		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		4 - ILLNESS		1 - AMPHETAMINES												
TEST STATUS		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		7 - OTHER		2 - BARBITURATES														
DRUG TEST TYPE		8 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		10 - NEGATIVE RESULTS		3 - BENZODIAZEPINES														
ALCOHOL TEST TYPE		11 - CANNABINOIDS		12 - COCAINE		13 - OPIATES / OPIOIDS		4 - CANNABINOIDS														
TEST STATUS		14 - AMPHETAMINES		15 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		16 - OTHER		5 - BARBITURATES														
DRUG TEST RESULT(S)		17 - COCAINE		18 - OPIATES / OPIOIDS		19 - OTHER		6 - BENZODIAZEPINES														
DRUG TEST TYPE		20 - COCAINE		21 - OPIATES / OPIOIDS		22 - OTHER		7 - CANNABINOIDS														
TEST STATUS		23 - COCAINE		24 - OPIATES / OPIOIDS		25 - OTHER		8 - AMPHETAMINES														
DRUG TEST RESULT(S)		26 - COCAINE		27 - OPIATES / OPIOIDS		28 - OTHER		9 - BARBITURATES														
TEST STATUS		29 - COCAINE		30 - OPIATES / OPIOIDS		31 - OTHER		10 - BENZODIAZEPINES														
DRUG TEST TYPE		32 - COCAINE		33 - OPIATES / OPIOIDS		34 - OTHER		11 - CANNABINOIDS														
TEST STATUS		35 - COCAINE		36 - OPIATES / OPIOIDS		37 - OTHER		12 - AMPHETAMINES														
DRUG TEST RESULT(S)		38 - COCAINE		39 - OPIATES / OPIOIDS		40 - OTHER		13 - BARBITURATES														
TEST STATUS		41 - COCAINE		42 - OPIATES / OPIOIDS		43 - OTHER		14 - BENZODIAZEPINES														
DRUG TEST TYPE		44 - COCAINE		45 - OPIATES / OPIOIDS		46 - OTHER		15 - CANNABINOIDS														
TEST STATUS		47 - COCAINE		48 - OPIATES / OPIOIDS		49 - OTHER		16 - AMPHETAMINES														
DRUG TEST RESULT(S)		50 - COCAINE		51 - OPIATES / OPIOIDS		52 - OTHER		17 - BARBITURATES														
TEST STATUS		53 - COCAINE		54 - OPIATES / OPIOIDS		55 - OTHER		18 - BENZODIAZEPINES														
DRUG TEST TYPE		56 - COCAINE		57 - OPIATES / OPIOIDS		58 - OTHER		19 - CANNABINOIDS														
TEST STATUS		59 - COCAINE		60 - OPIATES / OPIOIDS		61 - OTHER		20 - AMPHETAMINES														
DRUG TEST RESULT(S)		62 - COCAINE		63 - OPIATES / OPIOIDS		64 - OTHER		21 - BARBITURATES														
TEST STATUS		65 - COCAINE		66 - OPIATES / OPIOIDS		67 - OTHER		22 - BENZODIAZEPINES														
DRUG TEST TYPE		68 - COCAINE		69 - OPIATES / OPIOIDS		70 - OTHER		23 - CANNABINOIDS														
TEST STATUS		71 - COCAINE		72 - OPIATES / OPIOIDS		73 - OTHER		24 - AMPHETAMINES														
DRUG TEST RESULT(S)		74 - COCAINE		75 - OPIATES / OPIOIDS		76 - OTHER		25 - BARBITURATES														
TEST STATUS		77 - COCAINE		78 - OPIATES / OPIOIDS		79 - OTHER		26 - BENZODIAZEPINES														
DRUG TEST TYPE		80 - COCAINE		81 - OPIATES / OPIOIDS		82 - OTHER		27 - CANNABINOIDS														
TEST STATUS		83 - COCAINE		84 - OPIATES / OPIOIDS		85 - OTHER		28 - AMPHETAMINES														
DRUG TEST RESULT(S)		86 - COCAINE		87 - OPIATES / OPIOIDS		88 - OTHER		29 - BARBITURATES														
TEST STATUS		89 - COCAINE		90 - OPIATES / OPIOIDS		91 - OTHER		30 - BENZODIAZEPINES														
DRUG TEST TYPE		92 - COCAINE		93 - OPIATES / OPIOIDS		94 - OTHER		31 - CANNABINOIDS														
TEST STATUS		95 - COCAINE		96 - OPIATES / OPIOIDS		97 - OTHER		32 - AMPHETAMINES														
DRUG TEST RESULT(S)		98 - COCAINE		99 - OPIATES / OPIOIDS		100 - OTHER		33 - BARBITURATES														
TEST STATUS		101 - COCAINE		102 - OPIATES / OPIOIDS		103 - OTHER		34 - BENZODIAZEPINES														
DRUG TEST TYPE		104 - COCAINE		105 - OPIATES / OPIOIDS		106 - OTHER		35 - CANNABINOIDS														
TEST STATUS		107 - COCAINE		108 - OPIATES / OPIOIDS		109 - OTHER		36 - AMPHETAMINES														
DRUG TEST RESULT(S)		110 - COCAINE		111 - OPIATES / OPIOIDS		112 - OTHER		37 - BARBITURATES														
TEST STATUS		113 - COCAINE		114 - OPIATES / OPIOIDS		115 - OTHER		38 - BENZODIAZEPINES														
DRUG TEST TYPE		116 - COCAINE		117 - OPIATES / OPIOIDS		118 - OTHER		39 - CANNABINOIDS														
TEST STATUS		120 - COCAINE		121 - OPIATES / OPIOIDS		122 - OTHER		40 - AMPHETAMINES														
DRUG TEST RESULT(S)		123 - COCAINE		124 - OPIATES / OPIOIDS		125 - OTHER		41 - BARBITURATES														
TEST STATUS		126 - COCAINE		127 - OPIATES / OPIOIDS		128 - OTHER		42 - BENZODIAZEPINES														
DRUG TEST TYPE		129 - COCAINE		130 - OPIATES / OPIOIDS		131 - OTHER		43 - CANNABINOIDS														
TEST STATUS		132 - COCAINE		133 - OPIATES / OPIOIDS		134 - OTHER		44 - AMPHETAMINES														
DRUG TEST RESULT(S)		135 - COCAINE		136 - OPIATES / OPIOIDS		137 - OTHER		45 - BARBITURATES														
TEST STATUS		138 - COCAINE		139 - OPIATES / OPIOIDS		140 - OTHER		46 - BENZODIAZEPINES														
DRUG TEST TYPE		142 - COCAINE		143 - OPIATES / OPIOIDS		144 - OTHER		47 - CANNABINOIDS														
TEST STATUS		146 - COCAINE		147 - OPIATES / OPIOIDS		148 - OTHER		48 - AMPHETAMINES														
DRUG TEST RESULT(S)		150 - COCAINE		151 - OPIATES / OPIOIDS		152 - OTHER		49 - BARBITURATES														
TEST STATUS		154 - COCAINE		155 - OPIATES / OPIOIDS		156 - OTHER		50 - BENZODIAZEPINES														
DRUG TEST TYPE		158 - COCAINE		159 - OPIATES / OPIOIDS		160 - OTHER		51 - CANNABINOIDS														
TEST STATUS		162 - COCAINE		163 - OPIATES / OPIOIDS		164 - OTHER		52 - AMPHETAMINES														
DRUG TEST RESULT(S)		166 - COCAINE		167 - OPIATES / OPIOIDS		168 - OTHER		53 - BARBITURATES														
TEST STATUS		170 - COCAINE		171 - OPIATES / OPIOIDS		172 - OTHER		54 - BENZODIAZEPINES														
DRUG TEST TYPE		174 - COCAINE		175 - OPIATES / OPIOIDS		176 - OTHER		55 - CANNABINOIDS														
TEST STATUS		178 - COCAINE		179 - OPIATES / OPIOIDS		180 - OTHER		56 - AMPHETAMINES														
DRUG TEST RESULT(S)		182 - COCAINE		183 - OPIATES / OPIOIDS		184 - OTHER		57 - BARBITURATES														
TEST STATUS		186 - COCAINE		187 - OPIATES / OPIOIDS		188 - OTHER		58 - BENZODIAZEPINES														
DRUG TEST TYPE		190 - COCAINE		191 - OPIATES / OPIOIDS		192 - OTHER		59 - CANNABINOIDS														
TEST STATUS		194 - COCAINE		195 - OPIATES / OPIOIDS		196 - OTHER		60 - AMPHETAMINES														
DRUG TEST RESULT(S)		198 - COCAINE		199 - OPIATES / OPIOIDS		200 - OTHER		61 - BARBITURATES														
TEST STATUS		202 - COCAINE		203 - OPIATES / OPIOIDS		204 - OTHER		62 - BENZODIAZEPINES														
DRUG TEST TYPE		206 - COCAINE		207 - OPIATES / OPIOIDS		208 - OTHER		63 - CANNABINOIDS														
TEST STATUS		210 - COCAINE		211 - OPIATES / OPIOIDS		212 - OTHER		64 - AMPHETAMINES														
DRUG TEST RESULT(S)		214 - COCAINE		215 - OPIATES / OPIOIDS		216 - OTHER		65 - BARBITURATES														
TEST STATUS		218 - COCAINE		219 - OPIATES / OPIOIDS		220 - OTHER		66 - BENZODIAZEPINES														
DRUG TEST TYPE		222 - COCAINE		223 - OPIATES / OPIOIDS		224 - OTHER		67 - CANNABINOIDS														
TEST STATUS		226 - COCAINE		227 - OPIATES / OPIOIDS		228 - OTHER		68 - AMPHETAMINES														
DRUG TEST RESULT(S)		230 - COCAINE		231 - OPIATES / OPIOIDS		232 - OTHER		69 - BARBITURATES														
TEST STATUS		234 - COCAINE		235 - OPIATES / OPIOIDS		236 - OTHER		70 - BENZODIAZEPINES														
DRUG TEST TYPE		238 - COCAINE		239 - OPIATES / OPIOIDS		240 - OTHER		71 - CANNABINOIDS														
TEST STATUS		242 - COCAINE		243 - OPIATES / OPIOIDS		244 - OTHER		72 - AMPHETAMINES														
DRUG TEST RESULT(S)		246 - COCAINE		247 - OPIATES / OPIOIDS		248 - OTHER		73 - BARBITURATES														
TEST STATUS		250 - COCAINE		251 - OPIATES / OPIOIDS		252 - OTHER		74 - BENZODIAZEPINES														
DRUG TEST TYPE		254 - COCAINE		255 - OPIATES / OPIOIDS		256 - OTHER		75 - CANNABINOIDS														
TEST STATUS		258 - COCAINE		259 - OPIATES / OPIOIDS		260 - OTHER		76 - AMPHETAMINES														
DRUG TEST RESULT(S)		262 - COCAINE		263 - OPIATES / OPIOIDS		264 - OTHER		77 - BARBITURATES														
TEST STATUS		266 - COCAINE		267 - OPIATES / OPIOIDS		268 - OTHER		78 - BENZODIAZEPINES														
DRUG TEST TYPE		270 - COCAINE		271 - OPIATES / OPIOIDS		272 - OTHER		79 - CANNABINOIDS														
TEST STATUS		274 - COCAINE		275 - OPIATES / OPIOIDS		276 - OTHER		80 - AMPHETAMINES														
DRUG TEST RESULT(S)		278 - COCAINE		279 - OPIATES / OPIOIDS		280 - OTHER		81 - BARBITURATES														
TEST STATUS		282 - COCAINE		283 - OPIATES / OPIOIDS		284 - OTHER		82 - BENZODIAZEPINES														
DRUG TEST TYPE		286 - COCAINE		287 - OPIATES / OPIOIDS		288 - OTHER		83 - CANNABINOIDS														
TEST STATUS		290 - COCAINE		291 - OPIATES / OPIOIDS		292 - OTHER		84 - AMPHETAMINES														
DRUG TEST RESULT(S)		294 - COCAINE		295 - OPIATES / OPIOIDS		296 - OTHER		85 - BARBITURATES														
TEST STATUS		298 - COCAINE		299 - OPIATES / OPIOIDS		300 - OTHER		86 - BENZODIAZEPINES														
DRUG TEST TYPE		302 - COCAINE		303 - OPIATES / OPIOIDS		304 - OTHER		8														



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 3 3 8

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE WILLIAMS-HARRIEL TAREN D				DATE OF BIRTH 0 1 1 5 1 9 7 2	AGE 5 4	GENDER F																																																																															
	ADDRESS: STREET, CITY, STATE, ZIP 12450 SHAKER BLVD APT 607 CLEVELAND OH 44120				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	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																																																													
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																																																																															
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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																																																																													
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