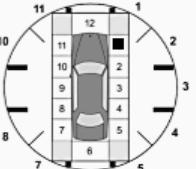
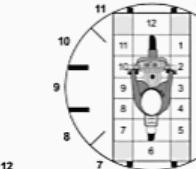
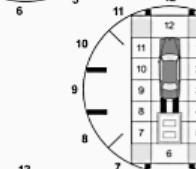
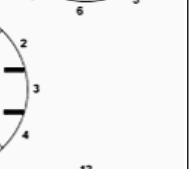
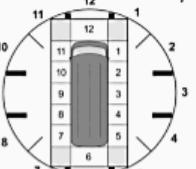
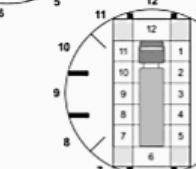
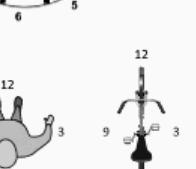
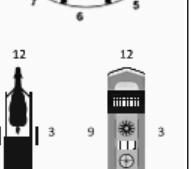
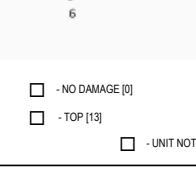
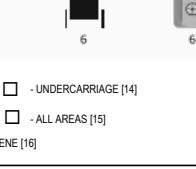
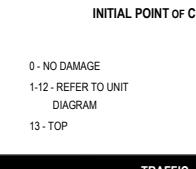
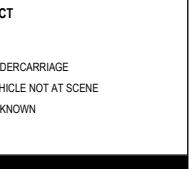




TRAFFIC CRASH REPORT

*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"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		GARFIELD HEIGHTS				2 0 2 6 0 3 8 1	
		REPORTING AGENCY NAME * GARFIELD HEIGHTS				HIT/SKIP 1 - Solved 2 - Unsolved	MIN/RED AC UNITS 0 4
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				CRASH DATE/TIME * 02 16 2026 18:51	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME BROADWAY	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 41.407496
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) I-480 RAMP	ROAD TYPE H W	LONGITUDE DECIMAL DEGREES -81.640777
REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE COM/DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards	4 0	3	ROUTE TYPE 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	NUMBER OF APPROACHES 4
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	WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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	CONDITIONS 1	SURFACE 2	
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	1	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		
NARRATIVE UNIT 2 WAS TRAVELING EAST ON BROADWAY AVE APPROACHING THE RED LIGHT AT THE INTERSECTION NEAR THE I-480 ON RAMP. UNIT 2 IS AN AUTO TRANSPORTATION VEHICLE AND WAS PULLING UNIT 3. AND UNIT 4. UNIT 1 WAS FOLLOWING BEHIND AND FAILED TO MAINTAIN STOPPING DISTANCE STRIKING UNIT 3 AND 4 IN THE REAR.				 Not To Scale			
CRASH REPORTED DATE/TIME 02 16 2026 18:51		DISPATCH DATE/TIME 02 16 2026 18:52		ARRIVAL DATE/TIME 02 16 2026 19:04		SCENE CLEARED DATE/TIME 02 16 2026 19:31	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 9		OFFICER'S NAME * B. Paul		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
				CHECKED BY OFFICER'S NAME * D. Simia		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	
				OFFICER'S BADGE NUMBER * 0 5 7			
				CHECKED BY OFFICER'S BADGE NUMBER * S 2 3			

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE		(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)	LOCAL REPORT NUMBER		
	0 1	PALMER MARIA LYNN						2 0 2 6 0 3 8 1	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP			(<input type="checkbox"/> Same As Driver)		DAMAGE			
	12301 HOLBORN AVE			CLEVELAND OH 44105		DAMAGE SCALE			
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		4			
	LP STATE O H	LICENSE PLATE # KEQ6105	VEHICLE IDENTIFICATION # 2 FM PK 4 K 8 8 H B B 1 5 3 9 0		VEHICLE YEAR 2 0 1 7	VEHICLE MAKE Ford	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
	■ INSURANCE VERIFIED	INSURANCE COMPANY GO AUTO	INSURANCE POLICY # 3012166-12		VEHICLE COLOR BLU	VEHICLE MODEL Edge	DAMAGED AREA(S) INDICATE ALL THAT APPLY		
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME		           		
	■ INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 3	VEHICLE WEIGHT OVR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K 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 (9-16 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
0	# OF TRAILING UNITS								
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN			
0 1	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER 6 - AMBULANCE								
0 1	CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS								
0 1	VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS								
0 1	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK								
3	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								
0 1	SEQUENCE OF EVENTS								
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT								
2 1	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN								
3	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE								
4	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE								
5	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT								
6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE								
1	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER								
1	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								
1	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN								
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OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE		(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)	DAMAGE				
	0 2	TRUSTY TRANSPORT LLC					DAMAGE SCALE				
OWNER ADDRESS: STREET, CITY, STATE, ZIP	(<input type="checkbox"/> Same As Driver)		2606 NORTH AVE		PARMA OH 44134		1 - NONE	3 - FUNCTIONAL DAMAGE			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				2 - MINOR DAMAGE	4 - DISABLING DAMAGE		
TRUSTY TRANSPORT LLC 2606 NORTH AVE PARMA OH 44134								9 - UNKNOWN			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	DAMAGED AREA(S)					
O H	PXC5661	1FVHG3DV1KHKE1706		2019	Freightliner	INDICATE ALL THAT APPLY					
■ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE COLOR	VEHICLE MODEL						
PROGRESSIVE		994689850		BLK	Other/Unknown						
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME							
■ COMMERCIAL	□ GOVERNMENT	□ IN EMERGENCY RESPONSE	2863012								
INTERLOCK EQUIPPED	□ HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL						
		0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		□ MATERIAL RELEASED	CLASS #	PLACARD ID #				
UNIT TYPE		# OCCUPANTS		2		□ PLACARD					
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					
2 0											
2 1 # OF TRAILING UNITS											
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN						
2 1											
SPECIAL FUNCTION		AUTONOMOUS MODE LEVEL									
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			
1 3 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	
1 3 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	
1 3 NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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 13 - AUTO TRANSPORTER 99 - OTHER / UNKNOWN	
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1 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 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 / UNKNOWN	
1 1 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	
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5 1		UNIT / NON-MOTORIST DIRECTION									
6 1		FROM 4 1 TO 3 1		# OF THROUGH LANES ON ROAD		1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
1 1 FIRST HARMFUL EVENT		1 1 MOST HARMFUL EVENT		UNIT SPEED		DETECTED SPEED		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED			
1 1		5 1		1 1		3 5		POSTED SPEED			

OWNER	UNIT # 0 3 OWNER NAME: LAST, FIRST, MIDDLE V AND Z TRANSPORT LLC			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)	DAMAGE						
OWNER ADDRESS: STREET, CITY, STATE, ZIP 3318 WOODLAWN DR PARMA OH 44134			(<input type="checkbox"/> Same As Driver)		DAMAGE SCALE						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP V AND Z TRANSPORT LLC 3318 WOODLAWN PARMA OH 44134			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 # TTW9567	VEHICLE IDENTIFICATION # 5E0AA1441KG200111	VEHICLE YEAR 2019	VEHICLE MAKE Other/Unknown							
■ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 994689850	VEHICLE COLOR BLK	VEHICLE MODEL Other/Unknown							
TYPE OF USE ■ COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 3 7 1 6 8 7 3	TOWED BY: COMPANY NAME								
■ INTERLOCK EQUIPPED	■ DEVICE EQUIPPED	# OCCUPANTS 0 0	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID #							
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OWNER ADDRESS: STREET, CITY, STATE, ZIP 500 BROADWAY AVE		(<input type="checkbox"/> Same As Driver) BEDFORD OH 44146		DAMAGE SCALE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE O H	LICENSE PLATE # NONE	VEHICLE IDENTIFICATION # 1G1YC3D42P5122941	VEHICLE YEAR 2 0 2 3	VEHICLE MAKE Chevrolet
INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR WHI
TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE MODEL Corvette	
INTERLOCK EQUIPPED	DEVICE EQUIPPED	# OCCUPANTS 0 0	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD	
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CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		CARGO BODY TYPE 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		VEHICLE DEFECTS 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		NON-MOTORIST LOCATION AT IMPACT 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 13 - APPROACHING OR LEAVING VEHICLE 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		
ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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 99 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		CONTRIBUTING CIRCUMSTANCES 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 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		
EVENTS	SEQUENCE OF EVENTS			
1 2 0	EVENTS			
1	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	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 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
5	POSTED SPEED			
6	1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT			



MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 8 1

M O T O R I S T / N O N - M O T O R I S T	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH	AGE	GENDER		
	0 1	WOODS LAPHEAL ROBERT							1 2 2 2 1 9 9 3	3 2	M		
	ADDRESS: STREET, CITY, STATE, ZIP												
	12301 HOLBORN AVE 2 CLEVELAND OH 44105												
	INJURIES 3	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 4	EJECTION 1	TRAPPED 1
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 335.07A		LOCAL CODE ■	OFFENSE DESCRIPTION DUS				CITATION NUMBER G20260227	
	OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1	VALUE	STATUS 1	DRUG TEST(S) RESULT SELECT UP TO 4
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE DIDUKH VALENTYN							DATE OF BIRTH 0 8 0 7 1 9 9 8	AGE 2 7	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP												
	131 HARVEST WAY ELYRIA OH 44035												
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 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1	VALUE	STATUS 1	DRUG TEST(S) RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP													
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	STATUS	ALCOHOL TEST TYPE	VALUE	STATUS	DRUG TEST(S) RESULT SELECT UP TO 4	
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS													
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN							
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED							
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN								
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY													
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT TRACTOR-TRAILER									
2 - EMS	8 - THIRD - MIDDLE	7 - THIRD - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER										
3 - POLICE	9 - THIRD - RIGHT SIDE	8 - THIRD - MIDDLE	8 - EXCEPT TRACTOR-TRAILER										
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN									
SAFETY EQUIPMENT													
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	1 - NONE								
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - PARTIALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	2 - BLOOD								
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR	3 - TOTALLY EJECTED	P - PASSENGER	12 - LIMITED - OTHER	3 - URINE								
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	4 - NOT APPLICABLE	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	4 - BREATH								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	5 - OTHER								
6 - CHILD RESTRAINT SYSTEM - REAR FACING		1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES									
7 - BOOSTER SEAT		2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR									
8 - HELMET USED		3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID									
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			X - TANKER / HAZMAT	18 - OTHER									
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													
GENDER													
F - FEMALE	M - MALE	U - OTHER/UNKNOWN											
DRUG TEST TYPE													
1 - NONE	2 - BLOOD	3 - URINE	4 - BREATH	5 - OTHER									
DRUG TEST													
1 - AMPHETAMINES	2 - BARBITURATES	3 - BENZODIAZEPINES	4 - CANNABINOID	5 - COCAINE	6 - OPIATES / OPIOIDS	7 - OTHER	8 - NEGATIVE RESULTS						



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 3 8 1

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE WOODS AMARIELLE				DATE OF BIRTH 0 9 2 0 2 0 2 4	AGE 1	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 12301 HOLBORN AVE CLEVELAND OH 44105				CONTACT PHONE - INCLUDE AREA CODE _____					
OCCUPANT	INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
	NAME: LAST, FIRST, MIDDLE WOODS PRINCE				DATE OF BIRTH 0 2 2 7 2 0 2 3	AGE 2	GENDER M			
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP 12301 HOLBORN AVE CLEVELAND OH 44105				CONTACT PHONE - INCLUDE AREA CODE _____					
	INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 5	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 4	AIR BAG USAGE 4	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 _____					
OCCUPANT	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 _____
	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	SEATING POSITION _____	AIR BAG USAGE _____	EJECTION _____	TRAPPED _____
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY			1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		EJECTION			
GENDER			F - FEMALE M - MALE U - OTHER/UNKNOWN		99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____				