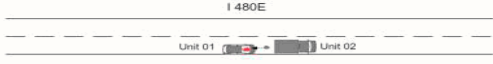


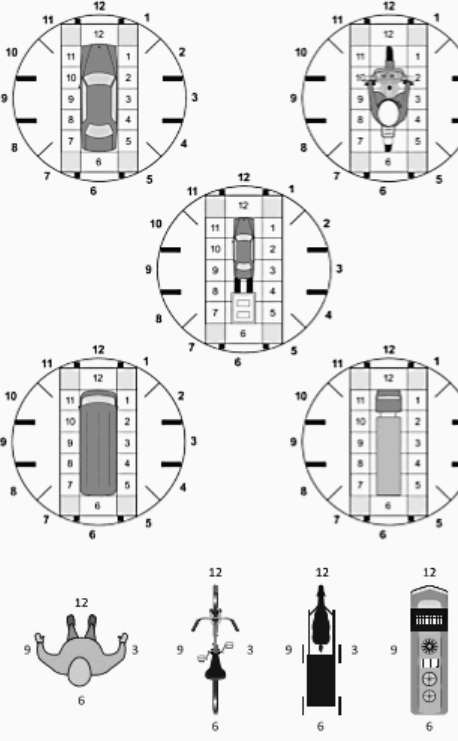
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property                                                                                                                                                                          | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS |                                                                                                                                                                                | 2   0   2   6   1   4   8   7 |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |
| COUNTY *<br>1   8                                                                                                                                                                                                                                                                                                                                                     |  | LOCALITY *<br>1                                                                                                                                                                                                                                                                       |                                                                  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS                                                                                                                            |                               | CRASH DATE/TIME *<br>0   6   1   7   2   0   2   6   1   6   1   6                                                                                                                                                                                                                                             |  | CRASH SEVERITY<br>5   1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                        |  |                                                                                                                                                              |  |
| ROUTE TYPE<br>1   R                                                                                                                                                                                                                                                                                                                                                   |  | ROUTE NUMBER<br>4   8   0                                                                                                                                                                                                                                                             |                                                                  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                       |                               | LOCATION ROAD NAME<br>TRANSPORTATION                                                                                                                                                                                                                                                                           |  | ROAD TYPE<br>B   L                                                                                                                                                      |  | LATITUDE DECIMAL DEGREES<br>4   1   . 4   1   0   9   0   9                                                                                                  |  |
| ROUTE TYPE<br>                                                                                                                                                                                                                                                                                                                                                        |  | ROUTE NUMBER<br>                                                                                                                                                                                                                                                                      |                                                                  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                       |                               | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                                                                                                                                  |  | ROAD TYPE<br>                                                                                                                                                           |  | LONGITUDE DECIMAL DEGREES<br>8   1   . 6   1   5   5   7   1                                                                                                 |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                              |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                                                                                                                                                      |                                                                  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                            |                               | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                 |  | NUMBER OF APPROACHES<br>                                                                                                                                     |  |
| DISTANCE<br>EDPM DECIMAL MILE<br>2   0                                                                                                                                                                                                                                                                                                                                |  | DISTANCE<br>1 UNIT PER MILE<br>1 - Miles<br>2 - Feet<br>3 - Yards<br>2                                                                                                                                                                                                                |                                                                  |                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                |  | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED                                                                                                          |  |                                                                                                                                                              |  |
| LOCATION - FIRST UADMEII EVENT<br>0   1   1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY<br>ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS<br>OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |                                                                  | DIRECTION OF TRAVEL<br>3   1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                      |                               | MEDIAN TYPE<br>4   1 - DIVIDED FLUSH MEDIAN<br>(<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(4 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN<br>(ANY TYPE)<br>9 - OTHER / UNKNOWN                                                                                                          |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br>PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                          |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>or MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                                   |                                                                  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                               | CONTOUR<br>1   1 - STRAIGHT LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER<br>UNKNOWN                                                                                                                                                                                       |  | CONDITIONS<br>1   1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  | SURFACE<br>2   1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER<br>/UNKNOWN |  |
| LIGHT CONDITION<br>1   1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                                                                                                                                                    |  | WEATHER<br>1   1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN or FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                             |                                                                  |                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |
| NARRATIVE<br>UNIT 01 AND UNIT 02 WERE BOTH TRAVELING EAST-BOUND ON INTERSTATE 480. UNIT 01 WAS TRAVELING BEHIND UNIT 02. DRIVER OF UNIT 01 STATED A ROCK FELL OUT OF THE BED OF UNIT 02. THE ROCK THEN STRUCK THE WINDSHIELD OF UNIT 01. CAUSING MINOR DAMAGE. UNIT 02 CONTINUED DRIVING EAST-BOUND ON INTERSTATE 480.                                                |  |                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  | <br>Indicate the north direction with an "N" on the compass diagram.    |  |
| <br>I 480E<br>Unit 01 Unit 02<br>Not To Scale                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |
| CRASH REPORTED DATE/TIME<br>0   6   1   7   2   0   2   6   1   6   1   6                                                                                                                                                                                                                                                                                             |  | DISPATCH DATE/TIME<br>0   6   1   7   2   0   2   6   1   6   1   8                                                                                                                                                                                                                   |                                                                  | ARRIVAL DATE/TIME<br>0   6   1   7   2   0   2   6   1   6   2   1                                                                                                             |                               | SCENE CLEARED DATE/TIME<br>0   6   1   7   2   0   2   6   1   6   2   8                                                                                                                                                                                                                                       |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                               |  |                                                                                                                                                              |  |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                                                                                                                                        |  | OTHER INVESTIGATION TIME<br>5                                                                                                                                                                                                                                                         |                                                                  | TOTAL MINUTES<br>1   5                                                                                                                                                         |                               | OFFICER'S NAME *<br>M. Chmielewski                                                                                                                                                                                                                                                                             |  | CHECKED BY OFFICER'S NAME *<br>M. Berdysz                                                                                                                               |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION = ADDITION<br>DO NOT WRITE IN THESE SPACES)                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                       |                                                                  | OFFICER'S BADGE NUMBER *<br>0   6   0                                                                                                                                          |                               | CHECKED BY OFFICER'S BADGE NUMBER *<br>L   1   4                                                                                                                                                                                                                                                               |  |                                                                                                                                                                         |  |                                                                                                                                                              |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UNIT #<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER NAME: LAST, FIRST, MIDDLE<br>MEROS THOMAS LYNN | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>7912 MARYLAND AVE CLEVELAND OH 44105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE          |                                                                                     |                                                                                                                        |  |
| VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>MAR1ST                            | VEHICLE IDENTIFICATION #<br>WBAVB33556PS05920        | VEHICLE YEAR<br>2006                                                                | VEHICLE MAKE<br>BMW                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                    |                                                      | INSURANCE POLICY #                                                                  | VEHICLE COLOR<br>WHI                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      | US DOT #                                             | TOWED BY: COMPANY NAME                                                              |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> HIT/SKIP UNIT               | # OCCUPANTS<br>01                                    | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNIT TYPE<br>01<br># of TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPECIAL FUNCTION<br>01<br>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<br>01<br>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<br>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<br>2<br>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<br>2<br>1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
| CONTRIBUTING CIRCUMSTANCES<br>01<br>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/JACDA 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 - NOT DISCERNABLE 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                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
| EVENT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 2 3<br>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |
| FIRST HARMFUL EVENT<br>1 MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                      |                                                                                     |                                                                                                                        |  |

|                                                                                                                                                                                                                                   |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20261487                                                                                                                                                                                                   |                                                                                                  |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE<br>2 9 - UNKNOWN                                                                                                                   |                                                                                                  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>                                                                                                |                                                                                                  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input checked="" type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                  |
| INITIAL POINT OF CONTACT<br>1 3<br>0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN                                                                                  |                                                                                                  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>1 ONE-WAY 2 TWO-WAY<br>TRAFFIC CONTROL<br>1 ROUNDABOUT 2 SIGNAL 3 FLASHER 4 STOP SIGN 5 YIELD SIGN 6 NO CONTROL                                                                                     |                                                                                                  |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                                   | RAIL GRADE CROSSING<br>1 NOT INVOLVED 2 INVOLVED - ACTIVE CROSSING 3 INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3<br>1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 OTHER / UNKNOWN                                                                                   |                                                                                                  |
| UNIT SPEED<br>0                                                                                                                                                                                                                   | DETECTED SPEED<br>3<br>1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED          |
| POSTED SPEED<br>0                                                                                                                                                                                                                 |                                                                                                  |

HSY8304 OH1U 1/19 [760-0820]

PAGE OF

MOTORIST / NON-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 6 | 1 | 4 | 8 | 7 |  |  |

|                                                                           |                                                |                            |                                                 |                           |                                                                                                                                        |                                                  |                        |                                         |               |                                                       |
|---------------------------------------------------------------------------|------------------------------------------------|----------------------------|-------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|-----------------------------------------|---------------|-------------------------------------------------------|
| UNIT #<br>01                                                              | NAME: LAST, FIRST, MIDDLE<br>MEROS THOMAS LYNN |                            |                                                 |                           | DATE OF BIRTH<br>03011949                                                                                                              |                                                  | AGE<br>77              | GENDER<br>M                             |               |                                                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>7912 MARYLAND AVE CLEVELAND OH 44105 |                                                |                            |                                                 |                           | CONTACT PHONE - INCLUDE AREA CODE                                                                                                      |                                                  |                        |                                         |               |                                                       |
| INJURIES<br>5                                                             | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                           | SAFETY EQUIPMENT USED<br>04                                                                                                            | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01 | AIR BAG USAGE<br>1                      | EJECTION<br>1 | TRAPPED<br>1                                          |
| OL STATE                                                                  | OPERATOR LICENSE NUMBER                        |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>                                                                                                 | OFFENSE DESCRIPTION                              |                        | CITATION NUMBER                         |               |                                                       |
| OL CLASS                                                                  | ENDORSEMENT SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3 |                                                 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>1         | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 |               | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4 |

|                                                                    |                                                     |                            |                                                 |                           |                                                                                                                                        |                                                  |                        |                                         |               |                                                       |
|--------------------------------------------------------------------|-----------------------------------------------------|----------------------------|-------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|-----------------------------------------|---------------|-------------------------------------------------------|
| UNIT #<br>02                                                       | NAME: LAST, FIRST, MIDDLE<br>POPE NICHOLAS LAWRENCE |                            |                                                 |                           | DATE OF BIRTH<br>11261979                                                                                                              |                                                  | AGE<br>46              | GENDER<br>M                             |               |                                                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>17816 PARK ST BELOIT OH 44609 |                                                     |                            |                                                 |                           | CONTACT PHONE - INCLUDE AREA CODE                                                                                                      |                                                  |                        |                                         |               |                                                       |
| INJURIES<br>5                                                      | INJURED TAKEN BY                                    | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                           | SAFETY EQUIPMENT USED<br>04                                                                                                            | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01 | AIR BAG USAGE<br>1                      | EJECTION<br>1 | TRAPPED<br>1                                          |
| OL STATE                                                           | OPERATOR LICENSE NUMBER                             |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>                                                                                                 | OFFENSE DESCRIPTION                              |                        | CITATION NUMBER                         |               |                                                       |
| OL CLASS<br>2                                                      | ENDORSEMENT SELECT UP TO 2                          | RESTRICTION SELECT UP TO 3 |                                                 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>1         | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 |               | DRUG TEST(S)<br>STATUS 1 TYPE 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                                       | <input type="checkbox"/> 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<br>ALCOHOL MARIJUANA<br>OTHER DRUG |                                                  | CONDITION        | ALCOHOL TEST<br>STATUS TYPE VALUE |          | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |

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