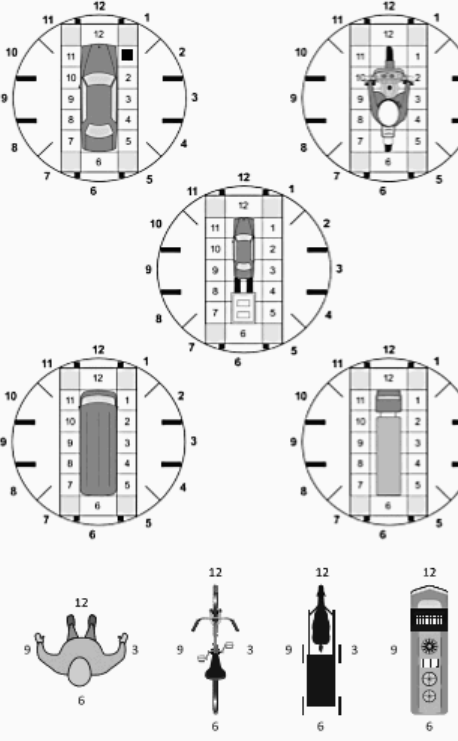




LOCAL REPORT NUMBER \*

HSY7001 OH1 1/19 [760-0820]

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                           |  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------|--|
| OWNER                                               | UNIT #<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver )<br>MITCHELL LAMONT MONTEZ | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                           |  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver )<br>24698 ROBINIA DR BEDFORD HTS OH 44146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                           |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                           |  |
| VEHICLE                                             | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>JCL5454                                                      | VEHICLE IDENTIFICATION #<br>2GNALECK8H1595694                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE YEAR<br>2017                                                                              | VEHICLE MAKE<br>Chevrolet |  |
|                                                     | INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURANCE COMPANY<br>GIECO                                                      | INSURANCE POLICY #<br>614986157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE COLOR<br>GRY                                                                              | VEHICLE MODEL<br>Equinox  |  |
|                                                     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                           |  |
|                                                     | UNIT TYPE<br>03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP          |                                                                                                   |                           |  |
|                                                     | # of TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                           |  |
|                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                           |  |
|                                                     | SPECIAL FUNCTION<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                           |  |
|                                                     | VEHICLE DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                           |  |
| EVENT(S)                                            | NON-MOTORIST LOCATION AT IMPACT<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | 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>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | 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 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                         |                                                                                                   |                           |  |
|                                                     | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                           |  |
|                                                     | 1 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER 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 |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                           |  |
|                                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                           |  |
|                                                     | FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                           |  |

|                                                                                                                                                                                                                        |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20262146                                                                                                                                                                                        |                                                                                                  |
| 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 type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                  |
| INITIAL POINT OF CONTACT<br>01<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>70                                                                                                                                                                                                       | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED             |
| POSTED SPEED<br>60                                                                                                                                                                                                     |                                                                                                  |





|                         |                                                                            |  |                                                     |  |                                |  |                                                     |  |                                                                                                                                        |  |                                        |  |                                                  |  |                        |  |                           |  |               |  |              |  |                                           |
|-------------------------|----------------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------------------|--|-----------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|--------------------------------------------------|--|------------------------|--|---------------------------|--|---------------|--|--------------|--|-------------------------------------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>01                                                               |  | NAME: LAST, FIRST, MIDDLE<br>MITCHELL LAMONT MONTEZ |  |                                |  |                                                     |  |                                                                                                                                        |  |                                        |  | DATE OF BIRTH<br>04161986                        |  |                        |  | AGE<br>40                 |  | GENDER<br>M   |  |              |  |                                           |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>24698 ROBINIA DR BEDFORD HTS OH 44146 |  |                                                     |  |                                |  |                                                     |  |                                                                                                                                        |  | CONTACT PHONE - INCLUDE AREA CODE<br>  |  |                                                  |  |                        |  |                           |  |               |  |              |  |                                           |
|                         | INJURIES<br>5                                                              |  | INJURED TAKEN BY<br>1                               |  | EMS AGENCY (NAME)<br>          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |  |                                                                                                                                        |  | 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<br>                                                               |  | OPERATOR LICENSE NUMBER<br>                         |  |                                |  | OFFENSE CHARGED<br>                                 |  |                                                                                                                                        |  | LOCAL CODE<br><input type="checkbox"/> |  | OFFENSE DESCRIPTION<br>                          |  |                        |  | CITATION NUMBER<br>       |  |               |  |              |  |                                           |
|                         | OL CLASS<br>4                                                              |  | ENDORSEMENT SELECT UP TO 2<br>                      |  | RESTRICTION SELECT UP TO 3<br> |  | 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                         |  | STATUS<br>1                                      |  | TYPE<br>1              |  | ALCOHOL TEST<br>VALUE<br> |  | STATUS<br>1   |  | TYPE<br>1    |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |

|                         |                                                   |  |                                                            |  |                                                            |                                                 |                                                                                 |  |                                                                                                                                           |  |                                                     |  |                         |  |                                                 |  |                                       |  |              |  |           |  |                                                                       |  |
|-------------------------|---------------------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|-------------------------|--|-------------------------------------------------|--|---------------------------------------|--|--------------|--|-----------|--|-----------------------------------------------------------------------|--|
| MOTORIST / NON-MOTORIST | UNIT #<br>0 2                                     |  | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN UNKNOWN               |  |                                                            |                                                 | DATE OF BIRTH<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _                                   |  |                                                                                                                                           |  | AGE<br>1 2 6                                        |  | GENDER<br>U             |  |                                                 |  |                                       |  |              |  |           |  |                                                                       |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>NONE UNKNOWN |  |                                                            |  |                                                            |                                                 | CONTACT PHONE - INCLUDE AREA CODE<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _               |  |                                                                                                                                           |  |                                                     |  |                         |  |                                                 |  |                                       |  |              |  |           |  |                                                                       |  |
|                         | INJURIES<br>5                                     |  | INJURED TAKEN BY<br>1                                      |  | EMS AGENCY (NAME)<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _          |                                                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  | SAFETY EQUIPMENT USED<br>9 9                                                                                                              |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET    |  | SEATING POSITION<br>0 1 |  | AIR BAG USAGE<br>9                              |  | EJECTION<br>1                         |  | TRAPPED<br>1 |  |           |  |                                                                       |  |
|                         | OL STATE<br> _ _                                  |  | OPERATOR LICENSE NUMBER<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _    |  |                                                            | OFFENSE CHARGED<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |                                                                                 |  | LOCAL CODE<br><input type="checkbox"/>                                                                                                    |  | OFFENSE DESCRIPTION<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  |                         |  | CITATION NUMBER<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  |                                       |  |              |  |           |  |                                                                       |  |
|                         | OL CLASS<br> _ _                                  |  | ENDORSEMENT SELECT UP TO 2<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  | RESTRICTION SELECT UP TO 3<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |                                                 | DRIVER DISTRRACTED BY<br>1                                                      |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> OTHER DRUG<br><input type="checkbox"/> MARIJUANA |  | CONDITION<br>1                                      |  | STATUS<br>1             |  | ALCOHOL TEST<br>TYPE<br> _ _                    |  | VALUE<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  | STATUS<br>1  |  | TYPE<br>1 |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> _ _ _ _ _ _ _ _ _ _ _ _ _ _ |  |

|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
|-------------------------|-----------------------------------|----------------------------|----------------------------|--|--|-------------------------------------------------|--------------------------|-----------------------------------|-----------------------|---------------------|-------------------------|--------------|------------------|-------|-----------------|--------|----------|-----------------------|--|--|
| MOTORIST / NON-MOTORIST | UNIT #                            |                            | NAME: LAST, FIRST, MIDDLE  |  |  |                                                 |                          | DATE OF BIRTH                     |                       |                     |                         |              | AGE              |       | GENDER          |        |          |                       |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |  |  |                                                 |                          | CONTACT PHONE - INCLUDE AREA CODE |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
| INJURIES                |                                   | INJURED TAKEN BY           | EMS AGENCY (NAME)          |  |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                          |                                   | SAFETY EQUIPMENT USED |                     | DOT-COMPLIANT MC HELMET |              | SEATING POSITION |       | AIR BAG USAGE   |        | EJECTION | TRAPPED               |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
| OL STATE                |                                   | OPERATOR LICENSE NUMBER    |                            |  |  | OFFENSE CHARGED                                 |                          |                                   | LOCAL CODE            | OFFENSE DESCRIPTION |                         |              |                  |       | CITATION NUMBER |        |          |                       |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |
| OL CLASS                |                                   | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 |  |  | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED |                                   |                       | CONDITION           |                         | ALCOHOL TEST |                  |       | DRUG TEST(S)    |        |          |                       |  |  |
|                         |                                   |                            |                            |  |  |                                                 | ALCOHOL<br>OTHER DRUG    |                                   |                       |                     |                         | STATUS       | TYPE             | VALUE |                 | STATUS | TYPE     | RESULT SELECT UP TO 4 |  |  |
|                         |                                   |                            |                            |  |  |                                                 |                          |                                   |                       |                     |                         |              |                  |       |                 |        |          |                       |  |  |

[illegible]