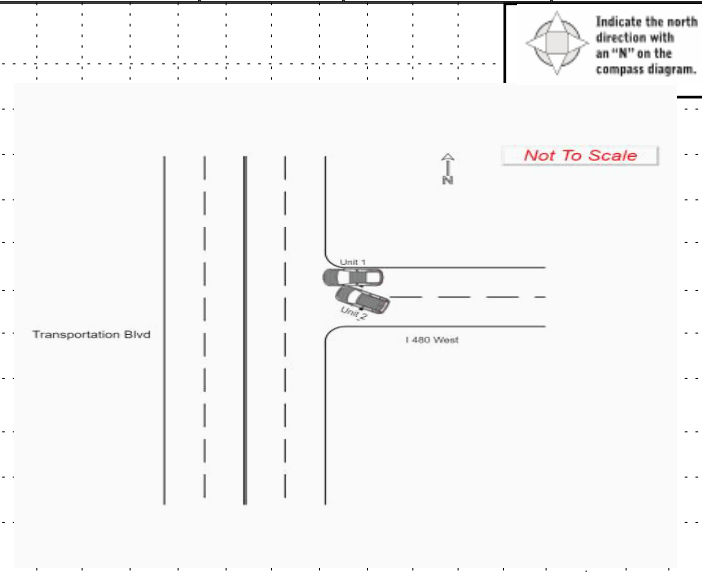


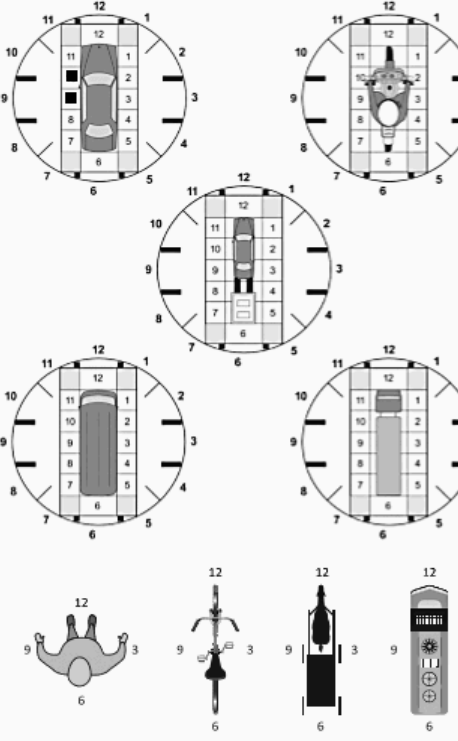
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 2 3 1 8						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 9 1 9 2 0 2 6 2 2 2 5		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0		PREFIX 4		LOCATION ROAD NAME 1 480 WEST		ROAD TYPE H W		LATITUDE DECIMAL DEGREES 4 1 4 1 0 9 1 4	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) TRANSPORTATION		ROAD TYPE B L		LONGITUDE DECIMAL DEGREES 8 1 6 1 5 5 7 1	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - WEST 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA 6 NUMBER OF APPROACHES			
DISTANCE EDPM DECIMAL MILE 2 0		DISTANCE 1 UNIT PER MILE/1000 FT 1 - Miles 2 - Feet 3 - Yards 2						ROADWAY ☐ ROADWAY DIVIDED			
LOCATION - FIRST UADMILE EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA 		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN									
NARRATIVE DRIVER OF UNIT 2 MADE A RIGHT TURN FROM THE LEFT HAND TURN LANE, SIDE SWIPING UNIT 1 WHO WAS IN THE RIGHT HAND TURN LANE.											
CRASH REPORTED DATE/TIME 0 9 1 9 2 0 2 6 2 2 2 5		DISPATCH DATE/TIME 0 9 1 9 2 0 2 6 2 2 3 0		ARRIVAL DATE/TIME 0 9 1 9 2 0 2 6 2 2 3 5		SCENE CLEARED DATE/TIME 0 9 1 9 2 0 2 6 2 3 4 5		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 1 0 5		OFFICER'S NAME * J. Huskey		CHECKED BY OFFICER'S NAME* M. Sulieman		SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	
				OFFICER'S BADGE NUMBER* 0 0 3		CHECKED BY OFFICER'S BADGE NUMBER* S 2 4					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE LEWIS KURTIS L	(Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(Same As Driver)	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 9003 S HIGHLAND AVE GARFIELD HTS OH 44125						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____	
VEHICLE	LP STATE OH	LICENSE PLATE # JJE1216	VEHICLE IDENTIFICATION # 2G11125S34E9107500		VEHICLE YEAR 2014	VEHICLE MAKE Chevrolet	
	INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 965655513		VEHICLE COLOR BLK	VEHICLE MODEL Impala	
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____		
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 03		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD		
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	UNIT TYPE 01		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)		
	# of TRAILING UNITS 0		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		28 - OTHER VEHICLE 29 - OTHER VEHICLE 30 - OTHER VEHICLE		31 - OTHER VEHICLE 32 - OTHER VEHICLE 33 - OTHER VEHICLE		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
	SPECIAL FUNCTION 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		
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING			
VEHICLE DEFECTS 01		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT 01		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION			
ACTION 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			
CONTRIBUTING CIRCUMSTANCES 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			
SEQUENCE OF EVENTS		EVENTS		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT			
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			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
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			

LOCAL REPORT NUMBER 20262318	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 10 DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 35	

EVENT(S)PAGE OF



LOCAL REPORT NUMBER

2 0 2 6 2 3 1 8

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE LEWIS KURTIS L		DATE OF BIRTH 06271987		AGE 39		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 9003 S HIGHLAND AVE GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	
	OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION	
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED	
	UNIT # 02		NAME: LAST, FIRST, MIDDLE CERCEK ROBERT		DATE OF BIRTH 10151950		AGE 75		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 3992 N SPIDER LAKE RD TRAVERSE CITY MI 49696					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	
	OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.10a		LOCAL CODE		OFFENSE DESCRIPTION TURNS AT INTERSECTIO	
	OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED	
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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		
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OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		
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,				

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER									
						2 0 2 6 2 3 1 8									
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JOHNSON KRISTEN MARIE				DATE OF BIRTH 0 1 3 1 1 9 8 8				AGE 3 8		GENDER F			
	ADDRESS: STREET, CITY, STATE, ZIP 9003 S HIGHLAND AVE GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 3		AIR BAG USAGE 1		EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE LEWIS KEYON				DATE OF BIRTH 0 4 1 9 2 0 1 7				AGE 9		GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 9003 S HIGHLAND DR GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 4		AIR BAG USAGE 1		EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE CERCEK LESLIE ANN				DATE OF BIRTH 1 2 0 5 1 9 4 8				AGE 7 7		GENDER F			
	ADDRESS: STREET, CITY, STATE, ZIP 3992 N SPIDER CITY TRAVERSE MI 49696					CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 3		AIR BAG USAGE 1		EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH 				AGE 		GENDER 			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 		DOT-COMPLIANT MC HELMET		SEATING POSITION 		AIR BAG USAGE 		EJECTION 	TRAPPED
INJURIES		SAFETY EQUIPMENT USED				SEATING POSITION				AIR BAG USAGE					
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN				1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN				1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
INJURED TAKEN BY															
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN															
GENDER															
F - FEMALE M - MALE U - OTHER/UNKNOWN															
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 				AGE 		GENDER 			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE 									
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH 				AGE 		GENDER 			
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