Traffic Crash Report	Local Report Number *		Crash Severity	Hit/Skip
Local Information MAPLELEAF ELEMENTARY	2 0 1 8 0 9	5 2	1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved
State State	ng Agency Name *		Number of Units	Unit in error
	FIELD HEIGHTS		0 4	98 - Animal 99 - Unknown
County *		Crash Date *	Time of Crash	Day of Week
GARFIELD HTS		0 3 2 1 2 0 1 8	1 4 5 0	WED
Degrees / Minutes / Seconds Latitude Longitude	O De	ecimal Degrees Latitude	Longitude	
		1 . 4 0 5 8 6 9	⁻ 8 1 . 5 9	9 7 7 3 3
□ Divided □ N - Northbound E - Eastbound S - Southbound W - Westbound □ 2 □ AL AV	ad Types or Milepost 2 - Alley CR - Circle 7 - Avenue CT- Court C- Boulevard DR - Drive	HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike	PL - Place ST - Stre RD - Road TE - Terr SQ - Square TL - Trai	race
Location Route Number Route Type 1 Location Route Number Route Type 1 Location Route Number Location Route Number Loc. Prefix Location Road name N,S, E,W Turney Rd	RD	Location Road 2 Type 2 Route Types 1 IR - Interstate Route (inc. US - US Route SR - State Route		ered County Route ered Township
Distance From Reference Dir From Ref O Reference Reference Route Null N,S, E,W F O Type 1 O O O O O O O O O	Ref Prefix Refer	rence Name (Road, Milepost, House #)	[B L Reference Road 2 Type
Crash Location	11 - Railway Grade Cros 12 - Shared-Use Paths o Trails 99 - Unknown	ssing	2 - On Shoulder 6 - C	On Gore Outside Trafficway Jnknown
1 - Straight Level 4 - Curve Grade Primary Secondary (ud, Dirt, Oil, gravel 09 - Rut, Holes Pavement 10 - Other 99 - Unknown		econdary Condition Only
Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End Two Motor Vehicles A - Rear-to-Rear To-Rear	n 2 2	- Clear 4 - Rain - Cloudy 5 - Sleet, Ha - Fog, Smog, Smoke 6 - Snow	7 - Severe Crossw ail 8 - Blowing Sand, 9 - Other/Unknowr	Soil, Dirt, Snow
Road Surface 1 1 - Concrete 4 - Slag, Gravel, 2 - Blacktop, Bituminous, 5tone 5 - Dirt 3 - Brick/Block 6 - Other Light conditions Light conditions Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Light conditions		Roadway Not Lighted 9 - U Unknown Roadway Lighting * Secondary Con	Unknown School Zone Related	School Bus Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved
Work Zone Related Workers Present Type of Work Zone Law Enforcement Present (Officer/Vehicle Present (Vehicle Only) - Work on Shoulder or Median Type of Work Zone 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ott 3 - Work on Shoulder or Median 1 - Lane Closure 4 - Int 4 - I	ermittent or Moving Work	Location of Crash in Work Zone 1 - Before the first Work Zone W 2 - Advance Warning Area 3 - Transition Area	Varning Sign 4 - Ac	ctivity Area rmination Area
DRIVER'S OF UNITS # 1,2, AND 3 STATED THEY WERE ALL	Diagra	m	· · ·	Write an "N" on the
STOPPED IN TRAFFIC IN THE CURB LANE ON TURNEY RD.			-	compass diagram to indicate the direction of north.
FACING SOUTH NEAR THE DRIVEWAY ACCESS OF	- N	1 1	-III	to scale -
MAPLELEAF SCHOOL (ACROSS FROM YORK BLVD). THESE		1 1		_
3 UNITS WERE WAITING TO PULL ONTO THE SCHOOL		j l		_
PROPERTY TO PICK UP THEIR CHILDREN, WHEN UNIT # 4	York Blv	d		_
FAILED TO STOP, STRUCK UNIT # 3, CAUSING UNIT # 3 TO		2	Drive a	access to school
STRIKE UNIT # 2, AND UNIT # 2 TO STRIKE UNIT # 1.	<u> </u>	Unit #1		
	L		Magdelea f	
	-	Unit #2	· + 🗐 🖁	
		Unit #3	school	
		Unit #4		-
Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)				
Date Crash Reported	Arrival Time 1 4 5 9	Time Cleared Other Invo	I .	otal Minutes
	Officer's Badge Number	Checked By		Page of

OHIO OFFICE SPECIAL SP		Loc	al Report Number *	0 9 5 2
1	e As Driver) Owner Phone Number - inc.	area code (🖫 Same	As Driver)	Damaged Area Front
Owner Address, City, State, Zip	216-714-5976			4
12901 HAVANA RD	GARFIELD HTS	S OH 4412	25	1 - None 09 02 03
LP State License Plate Number OH FRZ9880	Vehicle Identification Number 1 N X B R 3 2 E X 4	7 3 2 5 0 9 4	# Occupants	2 - Minor 08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color		3 - Functional
2 0 0 4 TOYT Toyota	COROLL	GRY Gra	ay	4 - Disabling 07 06 05
Proof of Insurance Company Shown NONE	Policy Number	Towed By		9 - Unknown Rear
Shown HOTTE Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type 01 - No Cargo Body Type/Not Applica	ble 09 - Pole	Trafficway Description	<u>l</u>
1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	0 1 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver)	10 - Cargo Tank 11 - Flat Bed		ot Divided ot Divided, Continuous Left Turn Lane vided, Unprotected (Painted or Grass>4 Ft.) Median
Hazardous Material	04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis	12 - Dump 13 - Concrete Mixer 14 - Auto Transporter		vided, Positive Median Barrier
HM Class Released Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	15 - Garbage/Refuse 99 - Other/Unknown	☐ Hit / Skip Unit	
Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	Unit Type Passenger Vehicle (less than 9 p	-	or Combo Units>10k lb	
03 - Intersection - Other 04 - Midblock - Marked Crosswalk	0 3 02 - Compact 03 - Mid Size	14 - Single Unit Tru 15 - Single Unit Tru	uck 3+ axles	22 - Bus(16+ Seats, Inc Driver)
05 - Travel Lane - Other Location 1 - Personal 06 - Bicycle Lane 2 - Commercia		16 - Truck/Tractor(l 17 - Tractor/Semi-T	Frailer	Non-Motorist
07 - Shoulder/Roadside 3 - Governmen 08 - Sidewalk 09 - Median/Crossing Island	t 06 - Sports Utility Vehicle 07 - Pickup 08 - Van	18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/He		23 - Animal with Rider24 - Animal with Buggy, Wagon, Surrey25 - Bicycle/Pedacyclist
10 - Driveway Access ☐ In Emergent 11 - Shared-Use Path or Trail Response	cy 09 - Motorcycle 10 - Motorized Bicycle	<u> </u>		26 - Pedestrian/Skater 27 - Other Non-Motorist
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehic	1	M Placard	Lee
Special Function 01 - None 09 - Ambular 10 - Fire 03 - Rental Truck (Over 10K Lbs) 11 - Highway 11 - Highway 12 - Highway 13 - Highway 13 - Highway 14 - Highway 15 - Highway 1	nce 17 - Farm Vehicle 18 - Farm Equipment //Maintenance 19 - Motorhome	01 - None 02 - Center Fro	08 - Left Side ont 09 - Left Front	99 - Unknown 1 - Non-Contact 2 - Non-Collision
04 - Bus - School (Public or Private) 12 - Military 05 - Bus - Transit 13 - Police	20 - Golf Cart 21 - Train	Impact Area 04 - Right Side	11 - Undercarria	indows 3 - Striking age 4 - Struck
06 - Bus - Charter 14 - Public U 07 - Bus - Shuttle 15 - Other G 08 - Bus - Other 16 - Constru	overnment	05 - Right Rear 06 - Rear Cente 07 - Left Rear		
Pre-Crash Actions Motorist	LTurn 12 Negotiating a Cun	Non-Motorist	Oranging Englished Lon	ation 21 - Other Non-Motorist Action
01 - Straight Ahead 07 - Making V 02 - Backing 08 - Entering 03 - Changing Lanes 09 - Leaving	Traffic Lane 14 - Other Motorist Act		Crossing Specified Loc nning, Jogging, Playing	
99 - Unknown 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing	or Stopped in Traffic	18 - Pushing Veh 19 - Approaching	nicle g or Leaving Vehicle	
06 - Making Left Turn 12 - Driverles Contributing Circumstances	S	20 - Standing Non-Motorist		Vehicle Defects
02 Failure to Viold	Improper Backing Improper Start From Parked Position	22 - None 23 - Improper Crossing		01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps
03 - Ran Red Light 13-	Stopped or Parked Illegally Operating Vehicle in Negligent Manner	24 - Darting 25 - Lying and/or Illegall	y in Roadway	03 - Tall Lamps 04 - Brakes 05 - Steering
06 - Unsafe Speed 16 -	Swerving to Avoid (Due to External Conditions) Wrong Side/Wrong Way	26 - Failure to Yield Righ 27 - Not Visible (Dark Cl		06 - Tire Blowout 07 - Worn or Slick tires
08 - Left of Center 18	Failure to Control Vision Obstruction Operating Defective Equipment	28 - Inattentive 29 - Failure to Obey Trat /Signals/Officer	ffic Signs	08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident
10 - Improper Lane Change 20 -	Load Shifing/Falling/Spilling Other Improper Action	30 - Wrong Side of the F 31 - Other Non-Motorist		11 - Other Defects
Sequence of Events 1 2 3 4 5	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion	06 - Equipment Failure (Blown Tire, Brake Failure	10 - Cross	Median Center Line
2 0	03 - Immersion	07 - Separation of Units 08 - Ran Off Road Right	Орро	site Direction of Travel hill Runaway
Harmful 1 Harmful 1 Event Event Collision with Person, Vehicle or Object Not Fixed	05- Cargo/Equipment Loss or <u>Collision With Fixed Object</u>			Non-Collision
14 - Pedestrian 21 - Parked Motor Vehicle 15 - Pedalcycle 22 - Work Zone Maintenance	27 - Bridge Pier or Abutment		Barrier or Su	r Post, Pole 48 - Tree upport 49 - Fire Hydrant ert 50 - Work Zone Maintenance
16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shifting 17 - Animal - Farm or Anything Set in Motion 18 - Animal - Deer Motor Vehicle	28 - Bridge Paranet	36 - Median Other Ban 37 - Traffic Sign Post		Equipment
19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	38 - Overhead Sign Po 39 - Light/Luminaries S 40 - Utility Pole		e
Unit Speed Posted Speed Traffic Control		·	Unit Direction	
01 - No Control 02 - Stop Sign 03 - Yield Sign	s 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other	From 1 To	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast
✓ Stated 04 - Traffic Sign □ Estimated 05 - Traffic Flas	al 10 - Construction Barricade hers 11 - Person (Flagger, Officer)	16 - Not Reported		4 - West 8 - Southwest Page of
06 - School Zor	e 12 - Pavement Markings			. 290 0.

OHIO DISPASSOR ENGLATOR ARENCE - PROTECTION Unit		Local Report	Number*
Unit Number Owner Name: Last, First, Middle	✓ Same As Driver) Owner Phone Number - inc. an	rea code (🖫 Same As Driver	Damage Scale Damaged Area
0 4 BRANDON JAMAAL DUF	RAN		3 Front 02
Owner Address, City, State, Zip (☐ Sam 3622 east 104	ne As Driver) CLEVELAND	OH 44105	1 - None 09 02 03
LP State License Plate Number	Vehicle Identification Number		Occupants 2 - Minor
O H GRM6167	3 G N F K 1 6 Z 5 4 C	3 2 3 2 0 1 9	0 1 08 1 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	3 - Functional
2 0 0 4 CHEV Chevrolet	TAH Tahoe	MAR Maroon/B	turgundy 4 - Disabling 07 06 06 05
Proof of Insurance Company NONE	Policy Number	Towed By A&H	9 - Unknown Rear
Carrier Name, Address, City, State, Zip		/ · · · · · · · · · · · · · · · · · ·	Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type 01 - No Cargo Body Type/Not Applicable	Trafficwa	y Description
1 - Less Than or Equal to 10k L 2 - 10,001 to 26,000 Lbs	Lbs. 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver)	10 - Cargo lank	Two-Way, Not Divided Two-Way, Not Divided, Continuous Left Turn Lane
HM Placard ID No. 3 - More Than 26,000 Lbs.	04 - Vehicle Towing Another Vehicle 05 - Logging	12 - Dump 13 - Concrete Mixer	Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median Two-Way, Divided, Positive Median Barrier
Hazardous Material Released	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box	14 - Auto Transporter	One-Way Trafficway t / Skip Unit
Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk	08 - Grain, Chips, Gravel of Use Unit Type Passenger Vehicle (less than 9 pas	99 - Other/Unknown sengers) Med/Heavy Trucks or Combo	b Units>10k lbs Bus/Van/Limo (9 or More Including Driver)
02 - Intersection - No Crosswalk 03 - Intersection - Other	0 6 01 - Sub-Compact 02 - Compact	13 - Single Unit Truck or Var 14 - Single Unit Truck 3+ ax	
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Per	03 - Mid Size rsonal 99 - Unknown 04 - Full Size	15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail)	
07 - Shoulder/Roadside 3 - Gov	mmercial or Hit/Skip 05 - Minivan vernment 06 - Sports Utility Vehicle	17 - Tractor/Semi-Trailer 18 - Tractor/Double	23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island	07 - Pickup 08 - Van	19 - Tractor/Triples 20 - Other Med/Heavy Vehic	24 - Animal with Buggy, Wagon, Surrey cle 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater
	Emergency 09 - Motorcycle sponse 10 - Motorized Bicycle 11 - Snowmobile/ATV	☐ Has HM Plac	27 - Other Non-Motorist
99 - Other/Unknown	12 - Other Passenger Vehicle Ambulance 17 - Farm Vehicle	Most Damaged Area	Action
03 - Rental Truck (Over 10K Lbs) 11 -	Fire 18 - Farm Equipment Highway/Maintenance 19 - Motorhome	02 - Center Front 09	3 - Left Side 99 - Unknown 9 - Left Front 1 - Non-Contact 2 - Non-Collision
04 - Bus - School (Public or Private) 12 - 05 - Bus - Transit 13 -	Military 20 - Golf Cart Police 21 - Train	Impact Area 04 - Right Side 11	1 - Undercarriage 4 - Struck
07 - Bus - Shuttle 15 -	Public Utility 22 - Other (Explain in Narrative) Other Government Construction Equip.	06 - Rear Center 13	2 - Load (Tailer 5 - Striking/Struck 3 - Total (All Areas) 9 - Unknown 4 - Other
Pre-Crash Actions Motorist		Non-Motorist	<u> </u>
02 - Backing 08 - 1	Making U-Turn 13 - Negotiating a Curve Entering Traffic Lane 14 - Other Motorist Action		·
99 - Unknown 04 - Overtaking/Passing 10 - I	Leaving Traffic Lane Parked Slowing or Stopped in Traffic	17 - Working 18 - Pushing Vehicle 19 - Approaching or Leavi	ng Vehicle
	Driverless	20 - Standing	Vehicle Defects
Primary 01 - None	11 - Improper Backing	Non-Motorist 22 - None	01 - Turn Signals 02 - Head Lamps
0 9 02 - Failure to Yield 03 - Ran Red Light	12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally	23 - Improper Crossing 24 - Darting	03 - Tail Lamps 04 - Brakes
04 - Ran Stop Sign 05 - Exceeded Speed Limit	14 - Operating Vehicle in Negligent Manner15 - Swerving to Avoid (Due to External Conditions)	25 - Lying and/or Illegally in Road 26 - Failure to Yield Right of Way	lway 05 - Steering
06 - Unsafe Speed 07 - Improper Turn	16 - Wrong Side/Wrong Way 17 - Failure to Control	27 - Not Visible (Dark Clothing)28 - Inattentive29 - Failure to Obey Traffic Signs	07 - Worn or Slick tires 08 - Trailer Equipment Defective
99 - Unknown 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change	18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifing/Falling/Spilling	/Signals/Officer 30 - Wrong Side of the Road	09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
/Passing/Off Road Sequence of Events	21 - Other Improper Action Non-Collision Events	31 - Other Non-Motorist Action	The Guid Belede
1 2 0 2 3 4 5	6 01 - Overturn/Rollover 02 - Fire/Explosion	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	10 - Cross Median 11 - Cross Center Line
First Most	99 - Unknown 04 - Jackknife	07 - Separation of Units 08 - Ran Off Road Right	Opposite Direction of Travel 12 - Downhill Runaway
Harmful 1 Harmful 1 Event Event Collision with Person, Vehicle or Object Not Fixed	05- Cargo/Equipment Loss or Sh Collision With Fixed Object		13 - Other Non-Collision
14 - Pedestrian21 - Parked Motor Ve15 - Pedalcycle22 - Work Zone Main	ntenance Equipment 26 - Bridge Overhead Structure	shion 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier	41 - Other Post, Pole 48 - Tree or Support 49 - Fire Hydrant 42 - Culvert 50 - Work Zone Maintenance
16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling 17 - Animal - Farm or Anything Set ii	J, Shilling Cargo	36 - Median Other Barrier 37 - Traffic Sign Post	43 - Curb Equipment 44 - Ditch 51 - Wall, Building, Tunnel
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable C 20 - Motor Vehicle in Transport	Object 30 - Guardrail Face 31 - Guardrail End	38 - Overhead Sign Post 39 - Light/Luminaries Support	45 - Enbankment 52 - Other Fixed Object 46 - Fence
Unit Speed Posted Speed Traffic Control	32 - Portable Barrier	40 - Utility Pole Unit	47 Mailbox Direction
01 - No	o Controls 07 - Railroad Crossbucks op Sign 08 - Railroad Flashers	13 - Crosswalk Lines 14 - Walk/Don't Walk	1 2 2 - South 6 - Northwest
03 - Yie ✓ Stated 04 - Tra	eld Sign 09 - Railroad Gates affic Signal 10 - Construction Barricade	15 - Other 16 - Not Reported	3 - East 7 - Southeast 4 - West 8 - Southwest
I □ Estimated I	affic Flashers 11 - Person (Flagger, Officer) chool Zone 12 - Pavement Markings		Page of

OHIO SORPETO S			2 0 1 8 0	0 9 5 2
1	me As Driver) Owner Phone Number - inc. a	rea code (🖫 Same A	As Driver)	Damaged Area Front
Owner Address, City, State, Zip	678-790-3344			2
Owner Address, City, State, Zip (☑ Same As D 927 TERRANCE MILL DR LP State License Plate Number	DOUGLASVILLE	GA 3013	4	09 03
GA CFT4576	Vehicle Identification Number 2 T 1 B R 3 2 E 3 8 6	C 9 0 6 9 9 3	0 2	2 - Minor 08 10 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color		3 - Functional
2 0 0 8 TOYT Toyota	COA Corolla	GRY Gra	ny	4 - Disabling 07 06 05
Proof of Insurance Company Insurance Shown Proof of Insurance Company Traveler's Ins	Policy Number 9965 33090 203	Towed By A&H		9 - Unknown Rear
Carrier Name, Address, City, State, Zip	•	•		Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicabl	e 09 - Pole	Frafficway Description	* Divided
HM Placard ID No. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver)	10 - Cargo Tank 11 - Flat Bed	1 2 - Two-Way, No	of Divided, Continuous Left Turn Lane vided, Unprotected (Painted or Grass>4 Ft.) Median
Hazardous Material	04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis	12 - Dump 13 - Concrete Mixer 14 - Auto Transporter	4 - Two-Way, Di 5 - One-Way Tra	vided, Positive Median Barrier fficway
HM Class Released Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	· · · · · · · · · · · · · · · · · · ·	☐ Hit / Skip Unit	
Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	Unit Type Passenger Vehicle (less than 9 pas 01 - Sub-Compact	,	or Combo Units>10k lb	,
02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk	0 3 01 - Sub-Compact 02 - Compact 03 - Mid Size	13 - Single Unit Trui 14 - Single Unit Trui 15 - Single Unit Trui		21 - Bus/van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
05 - Travel Lane - Other Location 1 - Personal 06 - Bicycle Lane 2 - Commerci	99 - Unknown 04 - Full Size	16 - Truck/Tractor(B 17 - Tractor/Semi-Tr	Bobtail)	Non-Motorist
07 - Shoulder/Roadside 3 - Governme 08 - Sidewalk	07 - Pickup	18 - Tractor/Double 19 - Tractor/Triples		23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey
09 - Median/Crossing Island 10 - Driveway Access ☐ In Emerge 11 - Shared-Use Path or Trail Response	08 - Van ncy 09 - Motorcycle 10 - Motorized Bicycle	20 - Other Med/Hea	avy Vehicle	25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle		M Placard	27 - Other Northwotorist
Special Function 01 - None 09 - Ambul 02 - Taxi 10 - Fire	ance 17 - Farm Vehicle 18 - Farm Equipment	Most Damaged Area 01 - None	08 - Left Side	Action 99 - Unknown 1 - Non-Contact
04 - Bus - School (Public or Private) 12 - Military		0 6 02 - Center From 03 - Right Front	10 - Top and W	indows 2 - Non-Collision 3 - Striking
05 - Bus - Transit 13 - Police 06 - Bus - Charter 14 - Public		Impact Area 04 - Right Side 05 - Right Rear 06 - Rear Cente	11 - Undercarria 12 - Load/Traile r 13 - Total (All Are	tr 5 - Striking/Struck
08 - Bus - Other 16 - Constr	Government uction Equip.	0 6 06 - Rear Cente 07 - Left Rear	14 - Other	9 - Unknown
Pre-Crash Actions Motorist 01 - Straight Ahead 07 - Making			crossing Specified Loc	
03 - Changing Lanes 09 - Leaving	g Traffic Lane 14 - Other Motorist Action g Traffic Lane	17 - Working	ining, Jogging, Playing	g, Cycling
99 - Unknown 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing 06 - Making Left Turn 12 - Driverle	or Stopped in Traffic	18 - Pushing Vehi 19 - Approaching 20 - Standing	or Leaving Vehicle	
Contributing Circumstances Motorist		Non-Motorist		Vehicle Defects
Primary 01 - None 11	- Improper Backing	22 - None 23 - Improper Crossing		01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps
03 - Ran Red Light 13	- Stopped or Parked Illegally - Operating Vehicle in Negligent Manner	24 - Darting 25 - Lying and/or Illegally	in Roadway	04 - Brakes 05 - Steering
06 - Unsafe Speed 16	i - Swerving to Avoid (Due to External Conditions) i - Wrong Side/Wrong Way	26 - Failure to Yield Right 27 - Not Visible (Dark Clo		06 - Tire Blowout 07 - Worn or Slick tires
08 - Left of Center	- Failure to Control	28 - Inattentive 29 - Failure to Obey Traff /Signals/Officer	fic Signs	08 - Trailer Equipment Defective 09 - Motor Trouble
10 - Improper Lane Change 20	Operating Defective Equipment Load Shifing/Falling/Spilling Other Improper Action	30 - Wrong Side of the Ro 31 - Other Non-Motorist A		10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events	Non-Collision Events 01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross	Median
	02 - Fire/Explosion 03 - Immersion	(Blown Tire, Brake Failure, 07 - Separation of Units	Oppos	Center Line site Direction of Travel
First Most 99 - Ur Harmful 1 Harmful 1	ıknown 04 - Jackknife 05- Cargo/Equipment Loss or SI	08 - Ran Off Road Right nift 09 - Ran Off Road Left		hill Runaway Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor Vehicle	Collision With Fixed Object 25 - Impact Attenuator/Crash Cu			r Post, Pole 48 - Tree
15 - Pedalcycle 22 - Work Zone Maintenanc 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shiftii 17	ng Cargo 27 - Bridge Pier or Abutment	34 - Median Guardrail E 35 - Median Concrete E 36 - Median Other Barri	Barrier 42 - Culve	ert 50 - Work Zone Maintenance
17 - Animal - Farm or Anything Set in Motic 18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object	n by a 29 - Bridge Rail 30 - Guardrail Face	37 - Traffic Sign Post 38 - Overhead Sign Pos	44 - Ditch	51 - Wall, Building, Tunnel
20 - Motor Vehicle in Transport	31 - Guardrail End 32 - Portable Barrier	39 - Light/Luminaries S 40 - Utility Pole	47 Mailbo	
Unit Speed Posted Speed Traffic Control 01 - No Control		13 - Crosswalk Lines	Unit Direction From To	1 - North 5 - Northeast 9 - Unknown
0 3 5 1 2 02 - Stop Sign 03 - Yield Sign	09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other	1	2 2 - South 6 - Northwest 3 - East 7 - Southeast
☑ Stated 04 - Traffic Sig □ Estimated 05 - Traffic Fla 06 - School Zo	shers 11 - Person (Flagger, Officer)	16 - Not Reported		4 - West 8 - Southwest Page of
HSV8304 OH1LL (Pay 01/12)	one 12 - Pavement Markings		I	-

OHIO GIRVAN GENERAL PROJECTION SERVICE PROTECTION			Report Number * 2 0 1 8 0	9 5 2
Unit Number Owner Name: Last, First, Middle	(Same As Driver) Owner Phone Number	- inc. area code (☐ Same As	s Driver)	Damage Scale Damaged Area
0 2 RICE RONNA M	216-402-994	3		3 Front
Owner Address, City, State, Zip (Sar 12425 DARLINGTON AV	me As Driver) GARFIELD I	HTS OH 44125		- None 09 02 03
LP State License Plate Number	Vehicle Identification Number			? - Minor
O H GBJ6893	1 F M 5 K 8 D H 0	H G C 6 5 2 1 0	0 1	08 10 04
Vehicle Year	Vehicle Model	Vehicle Color		3 - Functional 07 05
Proof of Insurance Company	EX4 Explorer XI 4x4 Policy Number	BLU Blue	. 4	- Disabling 06 06
Insurance Shown Erie Ins	9151111130		g	9 - Unknown Rear
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k	Cargo Body Type 01 - No Cargo Body Type/Not Ap	plicable 09 - Pole	afficway Description	Divided
HM Placard ID No. 25 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	0 1 02 - Bus/Van(9-15 Seats, Inc.Driver)	ver) 10 - Cargo Tank 11 - Flat Bed	2 - Two-Way, Not	: Divided, Continuous Left Turn Lane ided, Unprotected (Painted or Grass>4 Ft.) Median
Hazardous Material	04 - Vehicle Towing Another Veh 05 - Logging 06 - Intermodal Container Chass	13 - Concrete Mixer		ided, Positive Median Barrier
HM Class Released Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		☐ Hit / Skip Unit	
01 - Intersection - Marked Crosswalk	of Use Unit Type Passenger Vehicle (less th	•		
02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk	01 - Sub-Compact 02 - Compact 03 - Mid Size	13 - Single Unit Truck 14 - Single Unit Truck 15 - Single Unit Truck	k 3+ axles	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
05 - Travel Lane - Other Location 1 - Pe	ersonal 99 - Unknown 04 - Full Size or Hit/Skip 05 - Minivan	16 - Truck/Tractor(Bo 17 - Tractor/Semi-Tra	obtail)	Non-Motorist
1	overnment 06 - Sports Utility Veh 07 - Pickup			23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey
	08 - Van Emergency 09 - Motorcycle	20 - Other Med/Heav	y Vehicle	25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater
11 - Shared-Use Path or Trail Re 12 - Non-Trafficway Area 99 - Other/Unknown	esponse 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger	□ Has HM	Placard	27 - Other Non-Motorist
Special Function 01 - None 09	- Ambulance 17 - Farm Vehicle - Fire 18 - Farm Equipment	Most Damaged Area 01 - None	08 - Left Side	99 - Unknown 1 - Non-Contact
03 - Rental Truck (Over 10K Lbs)	- Highway/Maintenance 19 - Motorhome - Military 20 - Golf Cart	0 6 02 - Center Front 03 - Right Front	09 - Left Front 10 - Top and Wir	ndows 2 - Non-Collision 3 - Striking
06 - Bus - Charter 14	- Police 21 - Train - Public Utility 22 - Other (Explain in Narrati		11 - Undercarria	ge 4 - Struck 5 - Striking/Struck
08 - Bus - Other 16	- Other Government - Construction Equip.	0 6 - Rear Center 07 - Left Rear	13 - Total (All Area 14 - Other	9 - Unknown
Pre-Crash Actions Motorist 01 - Straight Ahead 07 -	- Making U-Turn 13 - Negotiating a	Non-Motorist Curve 15 - Entering or Cro	ossing Specified Loca	tion 21 - Other Non-Motorist Action
03 - Changing Lanes 09 -	- Entering Traffic Lane 14 - Other Motoris - Leaving Traffic Lane	17 - Working	ing, Jogging, Playing,	Cycling
05 - Making Right Turn 11 -	- Parked - Slowing or Stopped in Traffic - Driverless	18 - Pushing Vehic 19 - Approaching o 20 - Standing		
Contributing Circumstances Motorist	- Dirvelless	Non-Motorist		Vehicle Defects
Primary 01 - None	11 - Improper Backing 12 - Improper Start From Parked Position	22 - None 23 - Improper Crossing		01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps
03 - Ran Red Light	13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner	24 - Darting 25 - Lying and/or Illegally i	n Roadway	03 - 18ll Lamps 04 - Brakes 05 - Steering
Secondary 05 - Exceeded Speed Limit 06 - Unsafe Speed	15 - Swerving to Avoid (Due to External Conditio16 - Wrong Side/Wrong Way		of Way	06 - Tire Blowout 07 - Worn or Slick tires
07 - Improper Turn 08 - Left of Center	17 - Failure to Control18 - Vision Obstruction	28 - Inattentive 29 - Failure to Obey Traffic	c Signs	08 - Trailer Equipment Defective 09 - Motor Trouble
09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	19 - Operating Defective Equipment20 - Load Shifing/Falling/Spilling21 - Other Improper Action	/Signals/Officer 30 - Wrong Side of the Ro 31 - Other Non-Motorist Ad		10 - Disabled From Prior Accident11 - Other Defects
Sequence of Events	Non-Collision Events 01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross	Median
1 2 0 2 3 4 5	6 02 - Fire/Explosion 03 - Immersion	(Blown Tire, Brake Failure, e	tc) 11 - Cross	
First Most Harmful 1 Harmful 1	99 - Unknown 04 - Jackknife 05- Cargo/Equipment Lo:	08 - Ran Off Road Right ss or Shift 09 - Ran Off Road Left	12 - Downh	nill Runaway Non-Collision
Event Event Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor V	Collision With Fixed Object /ehicle 25 - Impact Attenuator/Cr		er 41 - Other	
15 - Pedalcycle 22 - Work Zone Mai 16 - Railway Vehicle (Train,Engine) 23 - Struck by Fallin	intenance Equipment 26 - Bridge Overhead Str ag. Shifting Cargo 27 - Bridge Pier or Abutm	ent 35 - Median Concrete Ba	arrier 42 - Culve	rt 50 - Work Zone Maintenance
17 - Animal - Farm or Anything Set 18 - Animal - Deer Motor Vehicle	29 - Bridge Rail	36 - Median Other Barrie 37 - Traffic Sign Post 38 - Overhead Sign Post	44 - Ditch	Equipment 51 - Wall, Building, Tunnel skment 52 - Other Fixed Object
19 - Animal - Other 24 - Other Movable 20 - Motor Vehicle in Transport	Object 31 - Guardrail End 32 - Portable Barrier	39 - Light/Luminaries Su 40 - Utility Pole		
Unit Speed Posted Speed Traffic Control	lo Controls 07 - Railroad Crossbucks	13 - Crosswalk Lines	Unit Direction	1 - North 5 - Northeast 9 - Unknown
0 3 5 1 2 02 · S	Stop Sign 08 - Railroad Flashers (field Sign 09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other	From 1 To	2 - South 6 - Northwest 3 - East 7 - Southeast
☐ Estimated 05 - Ti	raffic Signal 10 - Construction Barricade raffic Flashers 11 - Person (Flagger, Officer)	16 - Not Reported		4 - West 8 - Southwest Page of
06 - S	School Zone 12 - Pavement Markings			ı aye u



Motorist / Non-Motorist / Occupant

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	Unit Number Name: Last, First, Middle		Date of Birth	Age Gender F-Female
	0 4 BRANDON Address, City, State, Zip	JAMAAL DI	101910	4 1 9 8 2 35 M M - Male
	3622 east 104	CLEVELAND	OH 44105	
	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used DOT Comp Motorcycle Helmet	
	OL State Operator License Number OL Class O H SC429663 4	□ Valid □ M/C □ End □ 1 □ 1	1 1	Alcohol Test Value Drug Test Status Drug Test Type
	(Ly Local Code)	offense Description ACDA	Citation Number 10-81824	Hands-Free Driver Distracted By Device Used Diver Distracted By
	Unit Number Name: Last, First, Middle RICE	RONNA M	Date of Birth 0 5 2	7 1 9 5 8 Age Gender F - Female M - Male
IOUSI	Address, City, State, Zip 12425 DARLINGTON AV	GARFIELD HTS	OH 44125	Contact Phone - include area code 216-402-9943
TOTIST/INDITI-IVIC	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4 DOT Comp Motorcycle Helmet	Seating Position Air Bag Usage Ejection Trapped
OIVI	OL State Operator License Number OL Clas O H RP997776	No Valid OL End 1 Alcohol/Drug Suspice	Alcohol Test Status Alcohol Test Type	Alcohol Test Value Drug Test Status Drug Test Type
	Offense Charged (□ Local Code)	Offense Description	Citation Number	Hands-Free Driver Distracted By Device Used
	Injuries Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	, occo
	1 - No Injury/None Reported 1 - Not Transported 2 - Possible Treated at Science 3 - Non-Incapacitating 2 - EMS 4 - Incapacitating 3 - Police 5 - Fatal 4 - Other 9 - Unknown	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other		
	Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)	12 - Passenger in Unenclosed Carg 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non- 15 - Non-Motorist 16 - Other 99 - Unknown	2 - Deployed Front
	Ejection Trapped 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Mean	4 - Regular Class (Ohio is "D") 4 - Illness	pairment 6 - Under The	Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
	Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sam 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 2 - Pho 2 - Blood 3 - Urine 3 - Tex 4 - Other 4 - Eler	istracted By Distraction Reported 6 - Other Inside the Vehicle ne 7 - External Distraction ing/E-mailing tronic Communication Device er Electronic Device, Radio, DVD)
_	Unit Number Name: Last, First, Middle O 3 Roberts	Demarion	Date of Birth	Age Gender M F - Female M M Male
nban	Address, City, State, Zip 12901 Havana	GARFIELD HTS	OH 44125	Contact Phone - include area code 440-650-6497
SS	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used DOT Comp Motorcycle Helmet	iant Seating Position Air Bag Usage Ejection Trapped
CCC	[1] [
Coo	Unit Number Name: Last, First, Middle	DAMA	Date of Birth	Age Gender 1 9 9 3 24 M F - Female
upani	Unit Number Name: Last, First, Middle O 1 1 PELHAM Address, City, State, Zip	RAVIN D	[1]2]1]0	1 1 9 9 3 24 M F - Female M - Male Contact Phone - include area code
Occupant	Unit Number Name: Last, First, Middle 0	RAVIN D CLEVELAND Medical Facility Injured Taken To	[1]2]1]0	24 M F - Female M - Male Contact Phone - include area code 216-632-1456



Motorist / Non-Motorist / Occupant

Local Rep	ort N	umb	er *								
2	0	1	8	0	9	5	2				I

	Unit Number Name: Last, First, Middle 0 3 ROBERTS	MARY			ate of Birth 0 3 1 2 1 9 5	Age Gender F - Female M - Male		
1000	Address, City, State, Zip 12901 HAVANA RD		GARFIELD HTS	OH 4412	Contact Phone - include 5 216-714-597			
	Injuries Injured Taken By EMS Agency	Media	cal Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet Seating Positio	n Air Bag Usage Ejection Trapped		
	OL State	No Valid M/C End	Condition Alcohol/Drug Suspected	Alcohol Test Status Alc	ohol Test Type	Drug Test Status Drug Test Type		
	Offense Charged (□ Local Code)	Iffense Description		Citation Number		Hands-Free Driver Distracted By Device Used 1		
	Unit Number	MIRIAM			ate of Birth 0 2 1 4 1 9 9	Age Gender F - Female M - Male		
torist	Address, City, State, Zip 927 TERRANCE MILL		Douglasville	GA 30134	Contact Phone - include 678-790-334	de area code		
JUST/NOTI-IVIO	Injuries Injured Taken By EMS Agency	Medi	cal Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet Motorcycle	n Air Bag Usage Ejection Trapped		
MOR	OL State	s No Valid M/C End	Condition Alcohol/Drug Suspected	Alcohol Test Status Alc	cohol Test Type	Drug Test Status Drug Test Type		
	Offense Charged (□ Local Code)	Offense Description		Citation Number	<u> </u>	Hands-Free Driver Distracted By Device 1 Used 1		
	Injuries Injured Taken By	Safety Equipm	nent Used 99 -	Unknown Safety Equipment		USEU		
	1 - No Injury/None Reported 1 - Not Transpor 2 - Possible Treated at St 3 - Non-Incapacitating 2 - EMS 4 - Incapacitating 3 - Police 5 - Fatal 4 - Other 9 - Unknown	ted / Motorist one 01 - None L 02 - Should 03 - Lap Be						
	Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side		le	13 - Trailing Unit	/ehicle Exterior (Non-Trailing Unit) 3 - Deployed Side			
	Ejection Trapped 1 - Not Ejected 1 - Not Trapped 2 - Totally Ejected 2 - Extricated by Mechanical Means 4 - Not Applicable 3 - Extricated by Non-Mechanical Mean	Operator License 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class 5 - MC/Moped O	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre		5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected			
	Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 1 2 - Blood 2 3 - Urine 3 4 - Breath 4	rug Test Status - None Given - Test Refused - Test Given, Contaminated Sample/Ur - Test Given, Results Known - Test Given, Results Unknown	Drug Test Typ 1 - None 2 - Blood 3 - Urine 4 - Other	e Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device (Navigation Device, Radio, DVD)			
1	Unit Number Name: Last, First, Middle			Date (of Birth	Age Gender F - Female M - Male		
Jccupan	Address, City, State, Zip				Contact Phone - include	e area code		
)	Injuries Injured Taken By EMS Agency	Medio	cal Facility Injured Taken To	Safety Equipment Used	DOT Compliant Seating Position Motorcycle Helmet	Air Bag Usage Ejection Trapped		
	Unit Number Name: Last, First, Middle			Date o	of Birth	Age Gender F - Female M - Male		
ccupant	Unit Number Name: Last, First, Middle Address, City, State, Zip	,		Date o	of Birth Contact Phone - include	F - Female M - Male		