

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

2 | 0 | 2 | 2 | 1 | 8 | 5 | 3 | | | |

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 Private Property

LOCAL INFORMATION
 REPORTING AGENCY NAME * NCIC *
 GARFIELD HEIGHTS 0 | 1 | 8 | 2 | 0

HIT/SKIP NUMBER OF UNITS UNIT IN ERROR
 1 - Solved 0 | 1 98 - ANIMAL
 2 - Unsolved 99 - UNKNOWN

COUNTY * LOCALITY * LOCATION: CITY, VILLAGE, TOWNSHIP *
 1 | 8 1 GARFIELD HTS

CRASH DATE/TIME CRASH SEVERITY
 0 | 6 | 2 | 6 | 2 | 0 | 2 | 2 | 2 | 1 | 1 | 3 | 5 | 5

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
 _____ _____ _____ Alvin Ave. A | V
 _____ _____ _____ REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS ROAD TYPE
 _____ _____ _____ 13617 _____

LATITUDE DECIMAL DEGRE LONGITUDE DECIMAL DEGR
 _____ _____

REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE
 1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - ROAD
 2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ -
 3 - EAST 3 - EAST SR - STATE ROUTE BL - BOULEVARD MP - SQUARE
 4 - WEST 4 - WEST CR - NUMBERED COUNTY CR - CIRCLE OV - OVAL ST - STREET
 ROUTE CT - COURT PK - PARKWAY TERRACE
 DR - DRIVE PI - PIKE TL - TRAIL
 HE - HEIGHTS PL - PLACE WA - WAY

INTERSECTION RELATED NUMBER OF APPROACH
 WITHIN INTERSECTION OR ON APPRO
 WITHIN INTERCHANGE ARE
 ROADWAY
 ROADWAY DIVIDE

LOCATION OF FIRST HARMFUL EVE
 1 - ON ROADWAY 9 - CROSSOVER
 2 - ON SHOULDER 10 - DRIVEWAY / ALLEY ACCESS
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING
 4 - ON ROADSIDE 12 - SHARED USE PATHS
 5 - ON GORE 13 - BIKE LANE
 6 - OUTSIDE TRAFFICWAY OR TRAILS
 7 - ON RAMP

MANNER OF CRASH COLLISION/IMPACT
 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 TRAV MEDIAN TYPE
 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN
 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)

WORK ZONE
 RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT
 ACTIVE SCHOOL ZON

WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK

LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA

CONTOUR
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE

CONDITIONS
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT
 OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER /UNKNOWN

LIGHT CONDITIO
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING

WEATHER
 1 - CLEAR 6 - SNOW
 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - SLEET, HAIL 99 - OTHER / UNKNOWN

INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.

NARRATIVE
 UNIT 1 WAS BACKING UP ON THE BACKYARD GRASS OF 13716 ALVIN AVE. UNIT 1 LOST CONTROL, ROLLED DOWN A HILL, AND STRUCK SEVERAL TREES ON THE WAY DOWN.

CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME SCENE CLEARED DATE/TIME REPORT TAKEN B POLICE AGENCY
 0 | 6 | 2 | 6 | 2 | 0 | 2 | 2 | 2 | 2 | 1 | 1 | 3 | 5 | 0 | 6 | 2 | 6 | 2 | 0 | 2 | 2 | 2 | 2 | 1 | 1 | 3 | 6 | 0 | 6 | 2 | 6 | 2 | 0 | 2 | 2 | 2 | 2 | 1 | 1 | 3 | 9 | _____

TOTAL TIME ROADWAY OTHER INVESTIGATION TOTAL MINUTES OFFICER'S NAME * CHECKED BY OFFICER'S NAME *
 0 _____ _____ C. Cramer M. Kaye
 OFFICER'S BADGE NUMBER * CHECKED BY OFFICER'S BADGE NUMBER *
 0 | 5 | 1 | C | H | 1 |

SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS)

OWNER

UNIT # 98 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP () Same As Driver
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # N207910 VEHICLE IDENTIFICATION # 1FTRX12W94NB471758 VEHICLE YEAR 2004 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR GRY VEHICLE MODEL F-150

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC W
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD _____ RELEASED

UNIT TYPE 04

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATE
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN		16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
		17 - MOTORHOME		99 - UNKNOWN OR HITS KIP

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / _____

AUTONOMOUS MODE LEVEL: 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOW
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS-TRANSIT/COMMU	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE	

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
	4 - LOGGING	6 - CARGO VAN/ENCLOSED	9 - CARGO TANK	13 - AUTO TRANSPORTER
			10 - FLAT BED	14 - GARBAGE/REFUSE

VEHICLE DEFECTS

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION AT IMPACT 3

1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADS IDE	10 - DRIVEWAY ACCESS	99 - OTHER /
	5 - TRAVEL LANE-OTHER	8 - SIDEWALK	11 - SHARED USE PATHS	

ACTION 3 PRE-CRASH ACTION 02

1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING DISABLED
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC		22 - NOT DISCERNABLE
9 - OTHER / UNKNOWN				23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR

CONTRIBUTING CIRCUMSTANCES 12

1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE/ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNABLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGING	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

EVENT(S)

SEQUENCE OF EVENTS

1 <u>4</u> 8	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR
3	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	
4	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5	5 - CARGO / EQUIPMENT LOSS OR SHIFT		15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
6				21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORKZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE

DAMAGE SCALE

4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

Legend:
 - NO DAMAGE [0]
 - TOP [13]
 - UNDERCARRIAGE [1]
 - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
<u>1</u> 1 - ONE-WAY <u>2</u> 2 - TWO-WAY	<u>1</u> 1 - ROUNDABOUT <u>4</u> 4 - STOP SIGN <u>2</u> 2 - SIGNAL <u>5</u> 5 - YIELD SIGN <u>6</u> 6 - NO CONTROL

# OF THROUGH LANES	RAIL GRADE CROSSING
<u>1</u>	<u>1</u> 1 - NOT INVOLVED <u>2</u> 2 - INVOLVED - ACTIVE CROSSING <u>3</u> 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
<u>10</u>	<u>1</u> 1 - STATED/ESTIMATED SPEED <u>2</u> 2 - CALCULATED / EDR <u>3</u> 3 - UNDETERMINED
POSTED SPEED	
<u>10</u>	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 1 8 5 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE LISAULA ADRIANNA D		DATE OF BIRTH 1 2 1 1 1 9 7 3		AGE 4 8	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 2779 E 124TH ST CLEVELAND OH 44120					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURE D TAKEN 1	EMS AGENCY (NA ME) Garfield Hts FD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS 4	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER D DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURE D TAKEN	EMS AGENCY (NA ME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER D DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURE D TAKEN	EMS AGENCY (NA ME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER D DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

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