

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION 480 LIGHTPOLE REPORTING AGENCY NAME * GARFIELD HEIGHTS	NCIC * 01820
COUNTY * 18		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME 10052022 0239	
ROUTE TYPE LR ROUTE NUMBER 480		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY	
ROUTE TYPE LR ROUTE NUMBER 17		LOCATION ROAD NAME GRANGER	
REFERENCE POINT 1 INTERSECTION 2 - MILE POST		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE	
DISTANCE FROM REFERENCE 500		DISTANCE UNIT OF MEASURE 2 Miles 1 - Miles 2 - Feet	
LOCATION OF FIRST HARMFUL EVE 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP		MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	
WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK	
LIGHT CONDITIO 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	
LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA		CONTOUR 4 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	
SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOW	

LOCAL REPORT NUMBER * 20222942		
HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01

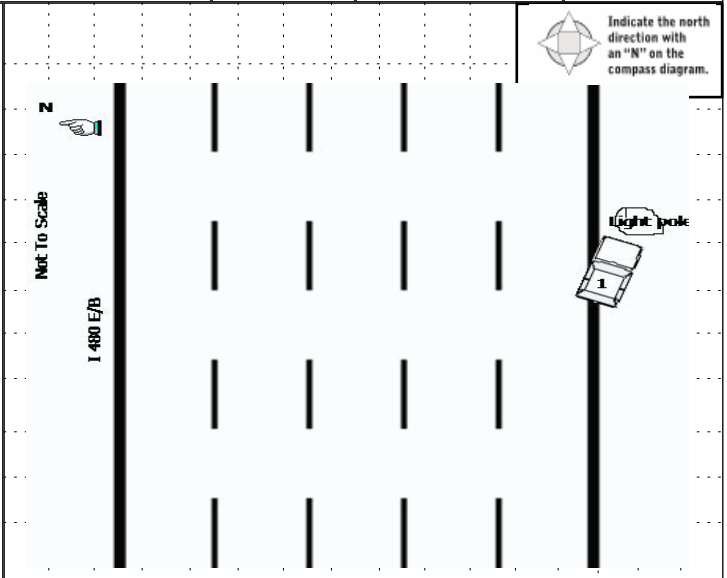
COUNTY * 18	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS	CRASH DATE/TIME 10052022 0239
ROUTE TYPE LR	ROUTE NUMBER 480	LOCATION ROAD NAME GRANGER	CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY
ROUTE TYPE LR	ROUTE NUMBER 17	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS GRANGER	LATITUDE DECIMAL DEGR 41.4158
REFERENCE POINT 1 INTERSECTION 2 - MILE POST	DISTANCE FROM REFERENCE 500	DISTANCE UNIT OF MEASURE 2 Miles 1 - Miles 2 - Feet	LONGITUDE DECIMAL DEGR -81.5954

REFERENCE POINT 1 INTERSECTION 2 - MILE POST	DIRECTION 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE		NUMBER OF APPROACH 2	
ROADWAY <input type="checkbox"/> ROADWAY DIVIDE			

LOCATION OF FIRST HARMFUL EVE 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP	MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	DIRECTION OF TRAV 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
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<input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> 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 4 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOW	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN
LIGHT CONDITIO 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING	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
 UNIT 1 WAS TRAVELING ON I-480 E/B AT GRANGER, WHEN HE LOST CONTROL. UNIT 1 STRUCK A LIGHT POLE. UNIT 1 AND WENT OFF THE ROADWAY. UNIT 1 WAS CITED FOR DRIVING UNDER SUSPENSION AND FAILURE TO CONTROL.



CRASH REPORTED DATE/TIME 10052022 0239	DISPATCH DATE/TIME 10052022 0240	ARRIVAL DATE/TIME 10052022 0246	SCENE CLEARED DATE/TIME 10052022 0308	REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> AGENCY
TOTAL TIME ROADWAY 30	OTHER INVESTIGATION 30	TOTAL MINUTES 52	OFFICER'S NAME * Y. Ihiri	CHECKED BY OFFICER'S NAME * S. Sabelli
			OFFICER'S BADGE NUMBER * 038	CHECKED BY OFFICER'S BADGE NUMBER * S21

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE PAYNE RENALDO (Same As Driver) OWNER PHONE: INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 620 TURNEY ROAD 138 BEDFORD OH 441224

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

VEHICLE

LP STATE OH LICENSE PLATE # JTM9155 VEHICLE IDENTIFICATION # 1G2NE52T31M535043 VEHICLE YEAR 2001 VEHICLE MAKE Pontiac

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR SIL VEHICLE MODEL Grand Prix

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC WV HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # _____ PLACARD _____

UNIT TYPE 01 # OF TRAILING UNITS _____

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHE ELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATE R
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHE ELED	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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

1 - YES 2 - NO 9 - OTHER / _____

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 111

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 OR	

ACTION 3 PRE-CRASH ACTION 01

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-MOTO RIST
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		VEHICLE
9 - OTHER / UNKNOWN				

CONTRIBUTING CIRCUMSTANCES 111

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>23</u>	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	

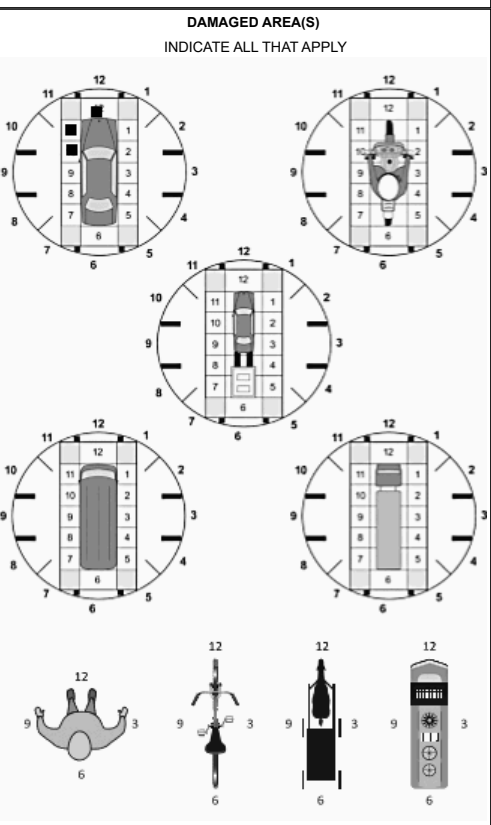
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

DAMAGE

DAMAGE SCALE 4

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

9 - UNKNOWN



- NO DAMAGE [0] - UNDERCARRIAGE [1]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

12

0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM NOT AT SCENE 15 - VEHICLE NOT AT SCENE

13 - TOP

TRAFFIC

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

OF THROUGH LANES 02

RAIL GRADE CROSSING

1 - NOT INVOLVED

2 - INVOLVED - ACTIVE CROSSING

3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST

2 - SOUTH 6 - NORTHWEST

3 - EAST 7 - SOUTHEAST

4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED 0

POSTED SPEED 0

DETECTED SPEED

0 1 - STATED/ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 2 9 4 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE PAYNE RENALDO		DATE OF BIRTH 0 1 0 2 1 9 5 5		AGE 6 7	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 620 TURNEY ROAD 138 BEDFORD OH 441224					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURE D TAKEN	EMS AGENCY (NA ME)	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 4	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4510.11A	LOCAL CODE ■	OFFENSE DESCRIPTION DUS	CITATION NUMBER G20222330				
OL CLASS 4	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1 1	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)	

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	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)	

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	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)	

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