OF PUBLIC SAFETY MATETY - MATYICE - PROTECTION TRAFFIC CRA	LOCAL REPORT NUMBER *									
PHOTOS TAKEN OH-2 OH-3	[2 0 2 3 2 6 9 9									
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME *		8 2 0	HIT/SKIP 1 - Solved	NIMRED OF LINITS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Private Property	GARFIELD HEIGHTS	0 1	0 2 0	2 - Unsolved CRASH DA	O 1	9 8 98 - ANIMAL 99 - UNKNOWN				
1-CITY*	CITY, VILLAGE, TOWNSHIP*			11005202	5 - 1- FATAL					
7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REFIX 1 - NORTH LOCATION ROAD NAMI	Ε Ι	ROAD TYPE	I U U 3 Z U Z	2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY					
NO	2-SOUTH 3-EAST 4-WEST INTERSTAT	E 480	,H,W,	4 1 1 4 2	SUSPECTED 4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PRI	REFIX 1 - NORTH REFERENCE ROAD	NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	5 - PROPERTY DAMAGE ONLY					
	2-500TH 2 EACT	RD (OFF-RAMP)	R_1D_1	8 1 1 5 6						
REFERENCE POINT DIRECTION	ROLLTE TYPE	RUVU TADE			INTERSECTION RELATED	,				
2 - MILE POST 2 - SOUTH US 1 3 - HOUSE # 2 - SOUTH US	2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE LA - LA				WITHIN INTERSECTION OR ON APPROACH					
4-WEST SR	R - STATE ROUTE	CLE OV - OVAL T RT PK - PARKWAY T	T - STREET E - TERRACE L - TRAIL /A - WAY	☐ WITHIN INTERCH	NUMBER OF APPROACHES					
EDAN DECEDENACE IBUT AC MEACH DE 1. Miles 2 - Feet	ROUTE HE - HEIG			ROADWAY						
3 - Yards				ROADWAY DIVIDE						
0	1 - NOT COLLISION	OF CRASH COLLISION/IMPACT 4 - REAR-TO-REAR		DIRECTION OF TRAVEL		MEDIAN TYPE				
3 - IN MEDIAN ACCESS 4 - ON ROADSIDE 11 - RAILWAY GRADE 5 - ON GORE CROSSING	1 BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE		1 - NORTH 2 - SOUTH 3 - EAST	3 (<4 FE	DED FLUSH MEDIAN EET) DED FLUSH MEDIAN				
6 - OUTSIDE 12 - SHARED USE PATHS TRAFFICWAY OR TRAILS 7 - ON RAMP 13 - BIKE LANE	TRANSPORT 2 - REAR-END 3 - HEAD-ON	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		4 - WEST	4 - DIVID	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN				
8 - OFF RAMP 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				(ANY 9 - OTHE	TYPE) R/UNKNOWN					
WORK ZONE RELATED		LOCATION OF CRASH IN WORK ZONI 1 - BEFORE THE 1ST WORK ZONI WARNING SIGN	E E	CONTOUR	CONDITIONS	SURFACE				
LAW ENFORCEMENT 3 - WORK ON SH PRESENT OR MEDIAN	_1	_ 1	2							
4 - INTERMITTEI 5 - OTHER		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,						
LIGHT CONDITION		3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL	ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL,						
1 - DAYLIGHT 2 - DAWN/DUSK 3 3 - DARK - LIGHTED ROADWAY		/UNKNOWN	6 - WATER (STANDING, MOVING) 7 - SLUSH	STONE 5 - DIRT 9 - OTHER						
	3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL			9 - OTHER/UNKNOWN	/UNKNOWN					
3-OTHER) ONIGOTIV										
					<u>.</u>					
UNIT 1 WAS TRAVELING EAS	TROUND ON			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Indicate the north direction with				
INTERSTATE 480 IN THE NUMBE						an "N" on the compass diagram.				
						N				
RAN OUT INTO THE ROADWAY I				*						
THE DEER RAN INTO THE DRIV	'ER'S SIDE OF UNIT 1.			480						
			<u> </u>							
						<u> </u>				
			, ;, _ , _, .			-				
		Deer								
		4		Unit 1						
						Not To Scale				
						Not to Scale				
CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME		SCENE CLEAR		REPORT TAKEN BY POLICE AGENCY				
11001520123 101134 110	0 0 5 2 0 2 3 0 1 4 5	<u> </u>			1 0 0 5 2 0 2 3 0 2 4 4					
		1101013121012131	· ·		-1-1-1-1-1	MOTORIST				
TOTAL TIME ROADWAY OTHER INVESTIGATION TO	TOTAL OFFICER'S NAME* J. Pietraszkiewicz	[1 0 0 3 2 0 2 3	CHECKED BY OFF	FICER'S NAME*		MOTORIST SUPPLEMENT (CORRECTION_ADDITION				

OHIO DEPARTMENT OF PUBLIC SAFETY MATTY - SERVICE - PROTECTION					LOCAL REPORT NUMBER				
UNIT # OWNER NAME: LAST, FIRST, MIL	(Sar AARON CHARL	DAMAGE DAMAGE SCALE							
OWNER ADDRESS: STREET, CITY, STATE, ZIP 15015 JANICE D	(Same As D		1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE					
	15015 JANICE DR MAPLE HEIGHTS OH 44137 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 4 - DISABLING DAMAGE 9 - UNKNOWN 4 - DISABLING DAMAGE 9 - UNKNOWN								
					DAMAGED AREA(S)				
LP STATE LICENSE PLATE # KBA1258		EHICLE IDENTIFICATION # $_{1}K_{1}W_{1}4_{1}K_{1}J_{1}2_{1}5_{1}6_{1}$	VEHICLE YEAR 2 0 1		INDICATE ALL THAT APPLY 12 12				
INSURANCE VERIFIED STATE FA		106 3988 629 3	VEHICLE COLOR	VEHICLE MODEL Enclave	10	2 10 11 1 2			
TYPE OF USE COMMERCIAL GOVERNMENT	IN EMEDICAL OF	US DOT#	TOWED BY: COMPANY NAME PRIVATE TOV		9 3	3 9 9 3			
INTERLOCK	RESPONSE # OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	·	OUS MATERIAL	7 5 5	7 9 5			
DEVICE HIT/SKIP UNIT	0 1 .	2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLACARD PLACARD	CLASS# PLACARD ID#	7 6 5	11 12 7 6 5			
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST	10/	11 1 2			
4 - PICK UP UNIT TYPE 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	,	- 8 1 3			
	(ATV / UTV)	17 - MOTOWILOWIE			12 1	7 6 5 11 12 1			
# of Trailing Units					10 12	2 10 11 1			
WAS VEHICLE OPERATING IN AUTO WHEN CRASH OCCURED?	AUTONOMOUS	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 9 3			
1- YES 2-NO 9-OTHER/OWN	NOWN MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	5 - FULL AUTOMATION 16 - FARM	21 - MAIL CARRIER	8 7 6 5	7 5 7			
0 1 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	99 - OTHER JUNKNOWN	7 6	7 6 5			
SPECIAL 5 - BUS-TRANSIT/COMMUTER FUNCTION	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		12	12 12 12			
0 1 1 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	8 - POLE 9 - CARGO TANK 10 - FLAT BED	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	, ,				
CARGO BODY TYPE		7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN		1			
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	0	6 6 6			
1 - INTERSECTION - MARKED CROSSWALK NON-MOTORIST	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14] - ALL AREAS [15]			
LOCATION AT UNMARKED IMPACT CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRAILS		UNI	IT NOT AT SCENE [16]			
1 - NON-CONTACT 2 - NON-COLLISION 4 3 - STRIKING 0	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES SH 4 - OVERTAKING DASSING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	IN	IITIAL POINT OF CONTACT			
4 - STRUCK PRE-CRA ACTION 5 - BOTH STRIKING ACTIO		10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, 21 - STANDING OUTSIDE JOGGING, PLAYING DISABLED VEHICLE		1 1 0 - NO DAMAGE				
& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 17 - PUSHING VEHICLE	59 - OTHER / DINNVOWN	DIAGRAM 13 - TOP	99 - UNKNOWN			
1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICMAY FLOW	TRAFFIC			
2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
5 - UNSAFE SPEED 6 - IMPROPER TURN	CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	FALLING/SPILLING 20 - IMPROPER CROSSING	ROADWAY 99 - OTHER IMPROPER ACTION	1 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CONTRIBUTING CIRCUMSTANCES	12 - IMPROPER BACKING				# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
SEQUENCE OF EVENTS					. 4 .	2 - INVOLVED - ACTIVE CROSSING			
1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE -	16 - RAILWAY VEHICLE	22 - WORK ZONE		3 - INVOLVED - PASSIVE CROSSING			
1 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR	UN	IIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST			
3		001110101	CTRUCK	24 - OTHER MOVABLE OBJECT	FROM 4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	COLLISION WITH FIXED OBJECT 37 - TRAFFIC SIGN POST	43 - CURB	50 -WORKZONE MAINTENANCE EQUIPMENT		9 - OTHER / UNKNOWN			
4 / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	44 - DITCH 45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED			
27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	5 5	1 - STATED/ESTIMATED SPEED			
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER				POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED			
1 FIRST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820]	1	IOST HARMFUL EVENT			6 0	PAGE OF			

OHIO DEPARTMENT MOTORIST / NON-MOTORIST				LOCAL REPORT NUMBER								
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MIOTORIST / NC	N-MOTORI	51				2	0 2 3	_ 2 _	6 9 9		
M UNIT # NAME: LAST, FIRST	r, MIDDLE											GENDER
·	MCKINNEY AARON CHARLES				0 4 3 0 1 9 7 4 4 9 M							
R ADDRESS: STREET, CITY, STATE, ZIP S 15015 JANICE	: DB	N 4 -	A DI E LIEIQUEO	011 4	4407		CONTACT P	PHONE - INCLUDE AREA CODE				
/ INJURIES INJURED EM	S AGENCY (NAME)		APLE HEIGHTS CAL FACILITY (NAME, CITY)	SAFETY EQUIP	-	1		SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
5 BY				USED	0 4	, -;	DOT-COMPLIANT MC HELMET		1	3	_ ∟1	1
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE (CHARGED	LOCAL OF	FFENSE DESCRIPTION	ON .				CITATION NUMBI	ER .	
0 T												
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOHO! TYPE	L TEST VALUE	STATU		RUG TEST(S) RESU	LT SELECT UP TO 4
s 4		1	ALCOHOL MA OTHER DRUG	RIJUANA	1	_1_	_1_	• 💷	_1_	_1_		
M UNIT # NAME: LAST, FIRST	r, MIDDLE		_	,				DATE OF BI	RTH	<u> </u>	AGE	GENDER
T 0							Ш		1 1	الللا		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT P	HONE - INCLUDE AREA CODE				
S T INJURIES INJURED ENTAKEN ENTAKEN	MS AGENCY (NAME)	IN HIRED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIP	PMENT			SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
N TAKEN BY	,	INSURED PARENTO, INC.	ONE PACIETY (NUME, CITY)	USED	1 1 1		DOT-COMPLIANT MC HELMET			1		1 1
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE C	CHARGED		FENSE DESCRIPTIO	IN .				CITATION NUMBE	ir	<u> </u>
M				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE	ED	CONDITION	STATUS	ALCOHOL TYPE	L TEST VALUE	STATUS		RUG TEST(S)	LT SELECT UP TO 4
I S T	1 11 1 11 1	l l	ALCOHOL MAI OTHER DRUG	RIJUANA		I		-	III			
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ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
S T / IN HIDIES INJURED				SAFETY EQUIP	MENT			1 1 1			<u> </u>	
/ INJURIES INJURED TAKEN BY	VIS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	USED			DOT-COMPLIANT	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE C	CHARGED	LOCAL OF	FFENSE DESCRIPTION					CITATION NUMBE	ir	
M				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE	ED	CONDITION	STATUS	ALCOHOL TYPE	L TEST VALUE	STATU		RUG TEST(S)	LT SELECT UP TO 4
<u> </u>		I I I	ALCOHOL MAI OTHER DRUG	RIJUANA		1		-1 1 1				
INJURIES	SEATING POSITION	AIR BAG	OL CL	ASS	OL R	ESTRICTION(S	S)	DRIVER DIS	TRACTION		TEST ST	TATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A		1 - ALCOHOL IN	TERLOCK		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN	NG AN		IE GIVEN	
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B 3 - CLASS C		2 - CDL INTRAST 3 - CORRECTIVE			ELECTRONIC COMMU	INICATION		T REFUSED T GIVEN, CONTAN	IINATED
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT /	SIDE 4 - REGULAR CLASS (O	HIO = D)	4 - FARM WAIVE 5 - EXCEPT CLA	R		DEVICE (TEXTING, TYP DIALING)			T GIVEN, RESULT	C KNOWN
5-NO AFFARENT INSURT	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		6 - EXCEPT CLA	SS A		3 - TALKING ON HANDS-F COMMUNICATION DE			T GIVEN, RESULT	
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BI 7 - EXCEPT TRA	CTOR-TRAILE	₽R	4 - TALKING ON HAND-HI COMMUNICATION DE				
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIA RESTRICTION	NS		5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE				
2 - EMS 3 - POLICE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDOR	RSEMENT	9 - LEARNER'S F RESTRICTIO	INS		6 - PASSENGER 7 - OTHER DISTRACTION		1 - NOI	ALCOHOL T	EST TYPE
9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED TO ONLY			THE VEHICLE		2 - BLC	OOD	
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO 12 - LIMITED - O		łΤ	8 - OTHER DISTRACTION THE VEHICLE	IS OUTSIDE	3 - URI		
SAFETY EQUIPMENT 1 - NONE USED	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANICA (SPECIAL BRA	AKES, HAND		9 - OTHER / UNKNOWN		4 - BRE 5 - OTH		
2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MOT	TORCYCLE	CONTROLS, O ADAPTIVE DE							
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS	D.II FD2	14 - MILITARY VI 15 - MOTOR VEH		Y			1 - NON	DRUG TE	ST TYPE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE T X - TANKER / HAZMAT	RAILERS	WITHOUT AI 16 - OUTSIDE MI	IR BRAKES				2 - BLO		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS			17 - PROSTHETI 18 - OTHER			1 - APPARENTLY NORMA		3 - URI		
7 - BOOSTER SEAT 8 - HELMET USED					IO - OTHER			2 - PHYSICAL IMPAIRME		4 - OTH	ER	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				OCD.				3 - EMOTIONAL (E.G. DEF ANGRY, DISTURBED)	PRESSED,		DRUG TEST	RESULT(S)
10 - REFLECTIVE CLOTHING			F - FEMALE	JER				4 - ILLNESS			PHETAMINES	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE					5 - FELL ASLEEP, FAINTI FATIGUED, ETC.	ED,	3 - BEN	IZODIAZEPINES	
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					6 - UNDER THE INFLUEN MEDICATIONS / DRUG		4 - CAN 5 - COO	INABINOIDS CAINE	
								/ ALCOHOL		6 - OPL 7 - OTH	ATES / OPIOIDS HER	
								9 - OTHER / UNKNOWN			GATIVE RESULTS	

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