OHIO DEPARTMENT PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER *					
OH-2 OH-3 LOCAL INFORMATION									[2 0 2 5 0 0 6 8					
SECONDARY CRASH			PORTING AGENCY NA				8 2 0	HIT/SKIP 1 - Solved 2 - Unsolved	1 1 98 - ANIMAL					
GARFIELD HEIGHTS							0 2 0	2 - Unsolved CRASH DA	TE/TIME*	O 1 99 - UNKNOWN CRASH SEVERITY				
11181 11	1 - CITY * 2 - VILLAGE *		N: CITY, VILLAGE, TOWNSHIP* REFIELD HTS											
ROUTE TYPE	ROUTE NUMBER		1 - NORTH	LOCATION ROAD NA	ME	ľ	ROAD TYPE	2 - SERIOUS IN. SUSPECTED LATITUDE REPAIR REPORTER 3 - MINOR INJUR						
NOTES STR	1 4 1 1		2 - SOUTH 3 - EAST 4 - WEST	Broadway A	Ave.		A_1V_1	3- ARROR INJURY POSSI						
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH	REFERENCE ROA	D NAME (ROAD, MILEPOST, H	HOUSE #)	ROAD TYPE	5 - PROPERTY LONGITUDE DECIMAL DEGREES ONLY						
Reference			3 - FAST	E 131ST			$S_{\perp}T_{\perp}$	- 8 ₁ 1 ₁ 5 ₁ 9 ₁ 2 ₁ 9 ₁ 6 ₁ 4 ₁						
REFERENCE POINT			ROLLTE TYPE		RO	AN TYPE			INTERSECTION RELATE	D				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST	US - FEDERAL	RSTATE ROUTE (TP) AL - ALLEY				RD - ROAD GQ - SQUARE GT - STREET	■ WITHIN INTERSE	3					
DISTANCE	DISTANCE	SR - STATE RI CR - NUMBER TR - NUMBERI	ED COUNTY ROUTE	CR - CII CT - CC DR - DF	RCLE OV - DURT PK -	OVAL 1 PARKWAY 1	TE - TERRACE TL - TRAIL WA - WAY	☐ WITHIN INTERCH	NUMBER OF APPROACHES					
EDOM DECEDENCE	1 - Miles 2 - Feet	ROUTE	-5 1011101111	HE - HE		PLACE			ROADWAY					
	3 - Yards							☐ ROADWAY DIVIDED						
0 1 1 1-0N ROAL		ER		NOT COLLISION	R of CRASH COLLISIO 4 - REAR-TO-R			DIRECTION OF TRAVEL	MEDIAN TYPE					
3 - IN MEDIA 4 - ON ROAL 5 - ON GORE	AN ACCESS DSIDE 11 - RAILWAY	GRADE	<u> </u>	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE			1 - NORTH 2 - SOUTH	(<4 F	DED FLUSH MEDIAN EET) DED FLUSH MEDIAN				
6 - OUTSIDE TRAFFIC 7 - ON RAME	12 - SHARED I WAY OR TRAIL	JSE PATHS .S	2 -	TRANSPORT REAR-END HEAD-ON	7 - SIDESWIPE 8 - SIDESWIPE 9 - OTHER / UN	, OPPOSITE DIRECTION		3 - EAST 4 - WEST	4 - DIVIE	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN				
8 - OFF RAN		TH	3-1	TEAD-OIL						TYPE) ER / UNKNOWN				
WORK ZONE RELATED WORKERS PRESENT		WORK ZONE T			1 - BEFORE	CRASH IN WORK ZON THE 1ST WORK ZON	E E	CONTOUR	CONDITIONS	SURFACE				
LAW ENFORCEMENT PRESENT		LANE SHIFT/CROSSOVE WORK ON SHOULDER OR MEDIAN	ĸ		3 - TRANSIT	CE WARNING AREA TION AREA		_2_	_ 3 _	_ 2_				
☐ ACTIVE SCHOOL ZONE		INTERMITTENT OR MOVI	NG WORK		4 - ACTIVIT 5 - TERMIN	Y AREA ATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,				
	CONDITION CONDITION			WEA	ATHER			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			1 - CLEAR 2 - CLOUDY		6 - SNOW 7 - SEVERE CROSSWI	INDS		/UNKNOWN	6 - WATER (STANDING, MOVING) 7 - SLUSH	STONE STONE 5 - DIRT 9 - OTHER				
	ED ROADWAY WAY NOT LIGHTED OWN ROADWAY LIGHTING	6	3 - FOG, SMO 4 - RAIN 5 - SLEET, HA		8 - BLOWING SAND, S 9 - FREEZING RAIN OR 99 - OTHER / UNKNOW	FREEZING DRIZZLE			9 - OTHER/UNKNOWN	/UNKNOWN				
9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN														
NARRATIVE				–						Indicate the north				
UNIT 1 WAS T	RAVELING S	OUTHON	E 131ST	AND					ļļ	an "N" on the compass diagram.				
ATTEMPTED A RIGHT TURN WESTBOUND ONTO														
BROADWAY A	WE. UNIT 1 LO	OST CON	TROL AN	D SLID										
ACROSS THE ROADWAY, OVER A FRONT YARD OF									(Ř)					
12814 BROADWAY AVE. AND THEN INTO THE SIDE OF A									13151					
HOME OF 12818 BROADWAY AVE LINIT 1 LEFT THE														
SCENE								_ : <u>-</u>		Broadway Ave				
OOLIVE.							_	- *0						
						-0.7 ₀								
								12818						
									Not To Scale					
······································														
CRASH REPORTE	D DATE/TIME		DISPATCH DATE/TII	ME		ARRIVAL DATE/TIME		SCENE CLEAR	RED DATE/TIME	REPORT TAKEN BY				
									POLICE AGENCY					
TOTAL TIME ROADWAY CLOSED	TOTAL MINUTES	OFFICER'S NAME * CHECKED B'				CHECKED BY OF	FICER'S NAME*	MOTORIST						
_	C. Cramer OFFICER'S BADGE NUMBER*					14. 1(0551	CHECKED BY OFFICER'S BADGE	SUPPLEMENT (CORRECTION on ADDITION 10 and statistics related that 1 to copy						
0	$\begin{bmatrix} 0 \\ \end{bmatrix}$ $\begin{bmatrix} 1 \\ 3 \end{bmatrix}$ $\begin{bmatrix} 0 \\ 5 \end{bmatrix}$ $\begin{bmatrix} 1 \\ \end{bmatrix}$						[S ₁ 1 ₁ 3 _{1 1}							

	OH OF MATER	IIO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION		LOCAL REPORT NUMBER 2 0 2 5 0 0 6 8								
	UNIT#	OWNER NAME: LAST, FIRST, MIDDL	E (□ Sar	me As Driver)	OWNER PHONE: INCLUDE AREA CODE	(Same As Driver)	DAMAGE					
~	0 1	SS: STREET, CITY, STATE, ZIP	<u>'Πο</u> • •				1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE				
OWNE	OWNER ADDRE	SO. STREET, STIT, STATE, ZIF	(☐ Same As D	onver)			9 - UNKNOWN 9 - UNKNOWN					
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIF	P		COMMERCIAL CARRIER PHONE: INC	CLUDE AREA CODE						
	LP STATE	LICENSE PLATE #		/EHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY					
	LIVIAL	LIGENSE PLATE #				Chevrolet	11 12 1	11 12 1				
		JRANCE INSURANCE COMPANY RIFIED	Y	INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL Cruze	10 12	2 10 11 1 2				
		TYPE OF USE	IN EMERGENCY	US DOT#	TOWED BY: COMPANY NAME		9 9 3	3 9 9 3				
	COMMERC		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARD	OUS MATERIAL	7 6 5 7	8 4 7 5 4				
	INTERLO DEVICE EQUIPPE	■ HIT/SKIP UNIT	0,1,	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED ☐ PLACARD	CLASS# PLACARD ID #	7 6 5	11 7 6 5				
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	10 /	11 1 2				
	0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (AN LASSENGERS) 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON- MOT 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE			9 10 2 3 3					
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP						
CLE			(ATV / UTV)				11 12 1	7 6 5 11 12 1				
VEHICL		# OF TRAILING UNITS					10 12 1	10 11 12				
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	DMOUS MODE	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 10 2				
		1 - YES 2 - NO 9 - OTHER / UNKNO	WN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		1 7					
		1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY 13 - POLICE	16 - FARM 17 - MOWING 18 - SNOW REMOVAL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN		, ,				
	0050141			13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOWING 20 - SAFETY SERVICE PATROL			12 12 12				
	TONOTION	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER	12	1 1 =				
	CARGO BODY	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	9 - CARGO TANK 10 - FLAT BED 11 - DUMP	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, c	3 9 3 9 3				
	TYPE	'		7 - GRAIN/CHIPS/GRAVEL		os ometromatom						
	VEHICLE	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				
	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER 4 - MIDBI OCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE	O DAMAGE [0]	UNDERCARRIAGE [14]				
	NON-MOTORIST LOCATION AT	CROSSWALK 2 - INTERSECTION - UNMARKED	CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15] NOT AT SCENE [16]				
	IMPACT			7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	_	TIAL POINT OF CONTACT				
	_	3 - STRIKING		8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST						
				11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	9 9 0 - NO DAMAGE 1-12 - REFER TO					
	& STRUCK 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN		IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE			DIAGRAM 13 - TOP	99 - UNKNOWN					
								TRAFFIC				
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN				
	0.6	4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY 2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN				
	CONTRIBUTING	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING				
	CIRCUMSTANCES						ON ROAD	1 - NOT INVOLVED				
/ENT(S)	SEQUENCE OF	EVENTS					4 ,	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING				
Ð		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		5 - INVOLVED - PASSIVE CROSSING				
		2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING,	UNI	T / 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	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
				15 - PEDALOTOLE	21 - PARKED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 1 TO	3 - EAST 7 - SOUTHEAST				
	3			COLLISION WITH FIXED OBJECT				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH 45 - EMBANKMENT	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED				
		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL						
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
	30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER						POSTED SPEED	3 - UNDETERMINED				
	1	FIRST HARMFUL EVENT	_ 2	MOST HARMFUL EVENT								
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OHIO DEPARTMENT OF PUBLIC SAFETY	_	LOCAL REPORT NUMBER										
M UNIT# NAME: LAST, FIRS	MOTORIST / NO					2	0 2 5	0 0	6 8	105		
O 1 1 Unkno	DATE OF BIRTH AGE GENDER U U U											
R ADDRESS: STREET, CITY, STATE, ZIP		CONTACT	PHONE - INCLUDE AREA CODE									
T INJURIES INJURED TAKEN EI	MS AGENCY (NAME)	ICAL FACILITY (NAME, CITY)	OH TY (NAME, CITY) SAFETY EQUIPMENT			SEATING POSITION AIR BAG USAGE EJECTION						
N			USED			DOT-COMPLIANT MC HELMET						
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPTION		•	cn	TATION NUMBER	•		
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	TED .	CONDITION	ALCOHO				TEST(S)		
R I S		BY	☐ ALCOHOL ☐ M ☐ OTHER DRUG	IARIJUANA	STATU	S TYPE	VALUE ■	STATUS	TYPE	RESULT SI	SELECT UP TO 4	
M UNIT# NAME: LAST, FIRS	ST, MIDDLE						DATE OF BIR	тн		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP S					CONTACT F	PHONE - INCLUDE AREA CODE						
T INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY E USED	QUIPMENT	DOT-COMPLIANT	SEATING POSI	TION AIF	R BAG USAGE	EJECTION	TRAPPED	
O L STATE OPERATOR LICE	ENSE NUMBER	OFFENSE (CHARGED	LOCAL	OFFENSE DESCRIPTION	MC HELMET		CIT	TATION NUMBER			
M O CONTRACTOR CITE		5.72.102		CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT		CONDITION	ALCOHO TYPE	L TEST VALUE	STATUS	DRUG TYPE	TEST(S) RESULT SE	ELECT UP TO 4	
s T			ALCOHOL M/ OTHER DRUG	ARIJUANA								
M UNIT # NAME: LAST, FIRS	ST, MIDDLE						DATE OF BIR	тн	,	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT F	PHONE - INCLUDE AREA CODE					
I S												
INJURIES INJURED TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EC	UIPMENT	DOT-COMPLIANT	SEATING POSI	TION AIF	R BAG USAGE	EJECTION	TRAPPED	
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE (CHARGED	LOCAL	OFFENSE DESCRIPTION	MC RELMET		CIT	TATION NUMBER			
M O T				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	TED ARIJUANA	CONDITION	ALCOHO S TYPE	VALUE VALUE	STATUS	DRUG TYPE	TEST(S) RESULT SE	ELECT UP TO 4	
s T			OTHER DRUG	I			•					
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	AIR BAG 1 - NOT DEPLOYED	1 - CLASS A	CLASS	1 - ALCOHOL INTERLOCK DEVICE		DRIVER DIST 1 - NOT DISTRACTED		1 - NONE G	TEST STATU IVEN	s	
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B			LY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED			
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT		3 - CLASS C 4 - REGULAR CLASS (OHIO = D)		3 - CORRECTIVE LENSES 4 - FARM WAIVER		NG,	SAMPLE / UNUSABLE			
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - M / C MOPED ONLY		5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A		REE	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE		9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	& CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER			COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		5- TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY 1 - NOT TRANSPORTED	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIATE LICEN RESTRICTIONS		COMMUNICATION DEV 5 - OTHER ACTIVITY WITH					
/TREATED AT SCENE 2 - EMS	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDO	DRSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER			ALCOHOL TEST	TYPE	
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	H - HAZMAT M - MOTORCYCLE		н	7 - OTHER DISTRACTION INSIDE		1 - NONE 2 - BLOOD			
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER		ONLY 11 - LIMITED TO EMPLOY	MENT	THE VEHICLE 8 - OTHER DISTRACTIONS	OUTSIDE	2 - BLOOD 3 - URINE			
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - OTHER 13 - MECHANICAL DEVIC	FS	THE VEHICLE 9 - OTHER / UNKNOWN		4 - BREATH	ı		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER		(SPECIAL BRAKES, HAI	ND			5 - OTHER			
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MO	TORCYCLE	ADAPTIVE DEVICES)							
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS	TD4# FD0	14 - MILITARY VEHICLES 15 - MOTOR VEHICLES	ONLY			1 - NONE	DRUG TEST TY	YPE	
FORWARD FACING (NON-TRAILING UNIT)		MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR			2 - BLOOD			
6 - CHILD RESTRAINT SYSTEM - 15 - NON-MOTORIST REAR FACING 99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS				17 - PROSTHETIC AID		ION L	3 - URINE			
7 - BOOSTER SEAT						18 - OTHER		IT	4 - OTHER			
8 - HELMET USED 9 - PROTECTIVE PADS USED							3 - EMOTIONAL (E.G. DEPI ANGRY, DISTURBED)	RESSED,		DDUG-750	III T(C)	
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			GEN F - FEMALE	IDER			4 - ILLNESS		1 - AMPHE	DRUG TEST RESI TAMINES	DE1(8)	
11 - LIGHTING - PEDESTRIAN			M - MALE				5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES 3 - BENZODIAZEPINES			
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN				FATIGUED, ETC. 6 - UNDER THE INFLUENCE	DE OF	4 - CANNAE	BINOIDS		
							MEDICATIONS / DRUGS		5 - COCAIN 6 - OPIATES			
							/ ALCOHOL 9 - OTHER / UNKNOWN		7 - OTHER	6 - OPIATES / OPIOIDS 7 - OTHER		
									8 - NEGATI	/E RESULTS		

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