

TRAFFIC CRASH REPORT

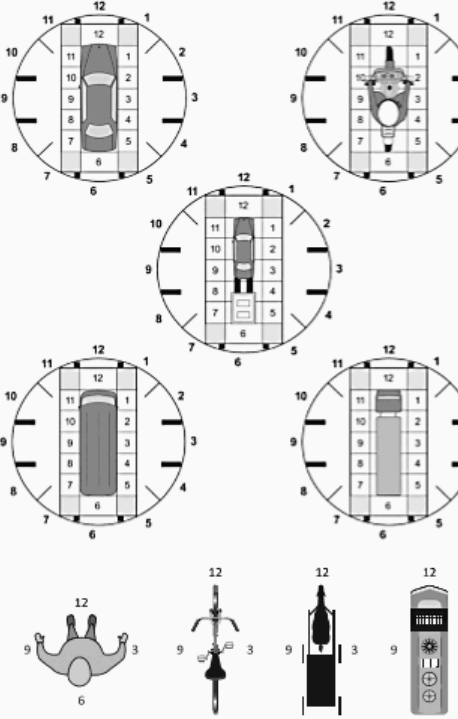
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

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 REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 0 8 4 1								
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 4 1 5 2 0 2 5 1 0 0 5		CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE S R		ROUTE NUMBER 1 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME MCCRACKEN		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 . 4 2 1 9 1 0		LONGITUDE DECIMAL DEGREES 8 1 . 6 1 6 2 7 9	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 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 TR - NUMBERED TOWNSHIP 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 APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
DISTANCE EDPM DECIMALS/FEET 1 - Miles 2 - Feet 3 - Yards		DISTANCE 1 - Miles 2 - Feet 3 - Yards		MANNER OF CRASH COLLISION/IMPACT 2 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 TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 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/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 2 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 STOPPED AT THE RED LIGHT ON BROADWAY AT MCCRACKEN WHEN STRUCK FROM BEHIND BY UNIT 2. DRIVER OF UNIT 1 STATED AT THE SCENE NO DAMAGE TO UNIT 1 WAS SEEN AND ADVISED DRIVER OF UNIT 2... WHEN UNIT 1 ARRIVED HOME HE FOUND DAMAGE. DRIVER OF UNIT 1 HAS NO INFORMATION FOR UNIT 2. UNIT 2 DRIVER DESCRIBED AS A B/M		Diagram showing the crash location at the intersection of Broadway and Mccracken. Unit 1 is stopped at the red light, and Unit 2 is approaching from behind. A compass diagram indicates North is up.							
CRASH REPORTED DATE/TIME 0 4 1 5 2 0 2 5 1 1 0 0 5		DISPATCH DATE/TIME 0 4 1 5 2 0 2 5 1 1 0 0 7		ARRIVAL DATE/TIME 0 4 1 5 2 0 2 5 1 1 0 0 8		SCENE CLEARED DATE/TIME 0 4 1 5 2 0 2 5 1 1 0 0 2		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 5 5		OFFICER'S NAME * J. Marks		CHECKED BY OFFICER'S NAME* N. Rossi		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED MORE THAN 100 WORDS)			
OFFICER'S BADGE NUMBER* R P T 1		CHECKED BY OFFICER'S BADGE NUMBER* S 1 3											

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20250841	
OWNER NAME: LAST, FIRST, MIDDLE JAMES BRYAN R		DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 12404 WILLARD GARFIELD HTS OH 44125		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		LP STATE OH	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		LICENSE PLATE # KDM4895	
INSURANCE VERIFIED		VEHICLE IDENTIFICATION # 5YJ3E1EA3PF622089	
INSURANCE COMPANY STATE FARM		VEHICLE YEAR 2023	
INSURANCE POLICY # 1790238SFP35		VEHICLE MAKE Tesla	
VEHICLE COLOR GRY		VEHICLE MODEL Model 3	
TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED		TOWED BY: COMPANY NAME	
HIT/SKIP UNIT		HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD	
# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		# of TRAILING UNITS	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN		CARGO BODY TYPE 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 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	
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		INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN		ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	
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SEQUENCE OF EVENTS 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT 1		DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
MOST HARMFUL EVENT 1		PAGE OF	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE UNKNOWN (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE # UNKNOWN	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED		INSURANCE COMPANY
	INSURANCE POLICY #		VEHICLE COLOR WHI
	VEHICLE MAKE Chevrolet		VEHICLE MODEL Silverado
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
	INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT
	# OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTION 0 1 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN			
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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2 0 2 5 0 8 4 1	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 9 9 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 0	

MOTORIST / NON-MOTORIST

										LOCAL REPORT NUMBER																																																																																																			
										20250841																																																																																																			
UNIT # 01										NAME: LAST, FIRST, MIDDLE JAMES BRYAN R										DATE OF BIRTH 06241980					AGE 44		GENDER M																																																																																		
ADDRESS: STREET, CITY, STATE, ZIP 12404 WILLARD GARFIELD HTS OH 44125										CONTACT PHONE - INCLUDE AREA CODE																																																																																																			
INJURIES 4		INJURED TAKEN BY 9		EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		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		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA				CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4																																																																																			
UNIT # 02										NAME: LAST, FIRST, MIDDLE UNKNOWN										DATE OF BIRTH					AGE		GENDER M																																																																																		
ADDRESS: STREET, CITY, STATE, ZIP OH										CONTACT PHONE - INCLUDE AREA CODE																																																																																																			
INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				SAFETY EQUIPMENT USED 99		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1																																																																																							
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OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG				CONDITION		STATUS		ALCOHOL TEST TYPE		VALUE		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 UNKNOWN																																																	
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										H - HAZMAT										7 - EXCEPT TRACTOR-TRAILER										7 - OTHER DISTRACTION INSIDE THE VEHICLE										1 - NONE																																																	
2 - EMS										8 - THIRD - MIDDLE										2 - PARTIALLY EJECTED										M - MOTORCYCLE										8 - INTERMEDIATE LICENSE RESTRICTIONS										8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE										2 - BLOOD																																																	
3 - POLICE										9 - THIRD - RIGHT SIDE										3 - TOTALLY EJECTED										P - PASSENGER										9 - LEARNER'S PERMIT RESTRICTIONS										9 - OTHER / UNKNOWN										3 - URINE																																																	
9 - OTHER / UNKNOWN										10 - SLEEPER SECTION OF TRUCK CAB										4 - NOT APPLICABLE										N - TANKER										10 - LIMITED TO DAYLIGHT ONLY										10 - LIMITED TO EMPLOYMENT										4 - BREATH																																																	
SAFETY EQUIPMENT										12 - PASSENGER IN UNENCLOSED CARGO AREA										TRAPPED										Q - MOTOR SCOOTER										12 - LIMITED - OTHER										12 - LIMITED - OTHER										5 - OTHER																																																	
1 - NONE USED										13 - TRAILING UNIT										1 - NOT TRAPPED										R - THREE-WHEEL MOTORCYCLE										13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										DRUG TEST TYPE																																																	
2 - SHOULDER BELT ONLY USED										14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										2 - EXTRICATED BY MECHANICAL MEANS										S - SCHOOL BUS										14 - MILITARY VEHICLES ONLY										14 - MILITARY VEHICLES ONLY										1 - NONE																																																	
3 - LAP BELT ONLY USED										15 - NON-MOTORIST										3 - FREED BY NON-MECHANICAL MEANS										T - DOUBLE & TRIPLE TRAILERS										15 - MOTOR VEHICLES WITHOUT AIR BRAKES										15 - MOTOR VEHICLES WITHOUT AIR BRAKES										2 - BLOOD																																																	
4 - SHOULDER & LAP BELT USED										99 - OTHER / UNKNOWN																				X - TANKER / HAZMAT										16 - OUTSIDE MIRROR										16 - OUTSIDE MIRROR										3 - URINE																																																	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING																																								17 - PROSTHETIC AID										17 - PROSTHETIC AID										4 - OTHER																																																	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																																																		18 - OTHER										18 - OTHER										CONDITION																																							
7 - BOOSTER SEAT																																																												1 - APPARENTLY NORMAL										1 - APPARENTLY NORMAL										3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)										DRUG TEST RESULT(S)									
8 - HELMET USED																																																												2 - PHYSICAL IMPAIRMENT										2 - PHYSICAL IMPAIRMENT										4 - ILLNESS										4 - ILLNESS										1 - AMPHETAMINES									
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)																																																												3 - OTHER / UNKNOWN										3 - OTHER / UNKNOWN										2 - BARBITURATES																													
10 - REFLECTIVE CLOTHING																																																												6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL										3 - BENZODIAZEPINES																													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																																																												9 - OTHER / UNKNOWN										9 - OTHER / UNKNOWN										4 - CANNABINOIDS																													
99 - OTHER / UNKNOWN																																																																																5 - COCAINE																													
																																																																																										6 - OPIATES / OPIOIDS																			
																																																																																										7 - OTHER																			
																																																																																										8 - NEGATIVE RESULTS																			