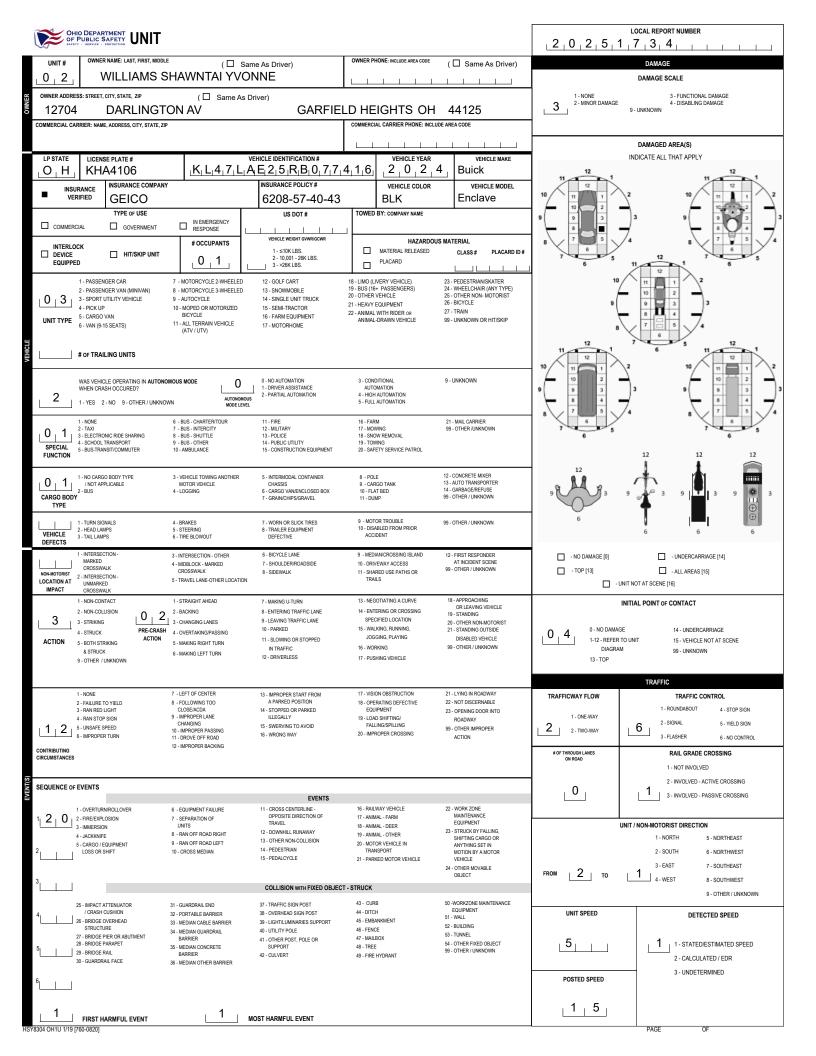
OF PUBLIC SAFETY OF PUBLIC SAFETY TRAFFIC CRASH REPORT "DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *				
						2 0 2 5	1 <sub> </sub> 7 <sub> </sub> 3 <sub> </sub> 4 <sub> </sub>				
							HIT/SKIP 1 - Solved 2 - Unsolved				
							CRASH DA		CRASH SEVERITY		
1 OTY · LUGGE · GARFIELD HTS							LOI7I0I7I2I0I2I5I 114118I 5 1-FATAL 2. SERIOUS INJUE				
ROUTE TYPE	ROUTE TYPE ROUTE NUMBER PREFIX				2 - SOUTH				LATITUDE DEPARTURE DEPORTED SUSPECTED SUSPECTED		
			$\begin{array}{c c} 3-EAST \\ 4-WEST \end{array}  Turney Rd. \qquad \qquad \boxed{R_{\perp}D_{\perp}}$			4 1 4 1 0 9 7 4 5 - PROPERTY DAMAGE					
ROUTE TYPE ROUTE NUMBER PREFIX			2 - SOUTH REFERENCE ROAD NAME (ROAD, MILEPOSI, HOUSE #) 3 - FAST			ROAD TYPE			ONLY		
				5571			RD			n	
1 - INTERSECTION 2 - MILE POST			POLITE TYPE           IERSTATE ROUTE (TP)         AL - ALLEY           EDERAL US ROUTE         AV - AVENUE			<b>ΝΑΠΤΥΡΕ</b> Ν - HIGHWAY RD - ROAD Ν - LANE SQ - SQUARE		CTION OR ON APPROACH			
3 - HOUSE #	3 - EAST 4 - WEST	SR - STATE R		B	- BOULEVARD MP R - CIRCLE OV	- MILEPOST - OVAL	ST - STREET TE - TERRACE TL - TRAIL		ANGE AREA	NUMBER OF APPROACHES	
DISTANCE	DISTANCE INIT OF MEANINE 1 - Miles 2 - Feet	TR - NUMBER ROUTE	ED TOWNSHIP	D	R - DRIVE PI		NA - WAY	ROADWAY			
						ROADWAY DIVIDED					
0 6 1-0N ROA				MA 1 - NOT COLLISION	NNER OF CRASH COLLIS 4 - REAR-TO-I			DIRECTION OF TRAVEL		MEDIAN TYPE	
2 - ON SHO 3 - IN MEDI/ 4 - ON ROA 5 - ON GOR	AN ACCESS ADSIDE 11 - RAILWAY GR		5	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE			1 - NORTH 2 - SOUTH	(<4 F	DED FLUSH MEDIAN EET) DED FLUSH MEDIAN	
6 - OUTSIDI TRAFFIC 7 - ON RAM	E 12 - SHARED USI CWAY OR TRAILS	PATHS		TRANSPORT 2 - REAR-END 3 - HEAD-ON		E, SAME DIRECTION E, OPPOSITE DIRECTION INKNOWN		3 - EAST 4 - WEST	EET) DED, DEPRESSED MEDIAN DED, RAISED MEDIAN		
8 - OFF RAI		NOWN								TYPE) ER / UNKNOWN	
WORK ZONE RELATED	1 - LA	WORK ZONE T NE CLOSURE NE SHIFT/CROSSOVI			1 - BEFOR	CRASH IN WORK ZON THE 1ST WORK ZON NG SIGN	<b>IE</b> IE	CONTOUR	CONDITIONS	SURFACE	
LAW ENFORCEMENT PRESENT	c	ORK ON SHOULDER R MEDIAN			3 - TRANS 4 - ACTIVI			1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE	
ACTIVE SCHOOL ZONE	5 - 01	TERMITTENT OR MOV	'ING WORK		5 - TERMI	NATION AREA		2 - STRAIGHT LEVEL GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT	
LIGH	IT CONDITION				WEATHER			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE	
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHT	TED ROADWAY			Y MOG, SMOKE	6 - SNOW 7 - SEVERE CROSSV 8 - BLOWING SAND,	SOIL, DIRT, SNOW			MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN	
	DWAY NOT LIGHTED NOWN ROADWAY LIGHTING KNOWN		4 - RAIN 5 - SLEET,	HAIL	9 - FREEZING RAIN O 99 - OTHER / UNKNO	OR FREEZING DRIZZLE					
NARRATIVE										^	
UNIT 2 WAS PARKED AT A GAS PUMP IN THE PARKING									Indicate the north direction with an "N" on the		
LOT. UNIT 1 PULLED INTO THE GAS STATION AND WAS											
	WAITING FOR A GAS PUMP TO OPEN UP. WHILE										
	PARKED, UNIT 2 BACKED UP STRIKING UNIT 1. UNIT 2'S										
PASSENGER SIDE REAR BUMPER STRUCK UNIT 1'S											
DRIVER SIDE REAR BUMPER CAUSING FUNCTIONAL											
DAMAGE. VIDEO FOOTAGE OF THE INCIDENT WAS Private Property											
CRASH REPORTED DATE/TIME			DISPATCH DATE/TIME ARRIVAL DATE/TIME				SCENE CLEAF	RED DATE/TIME	REPORT TAKEN BY		
			017121012151 11414141 017101712			2 0 2 5	1 4 4 6	017101712101215111510161			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	TOTAL OFFICER'S NAME ' MINUTES D. Zupancic				CHECKED BY OF N. Rossi	FICER'S NAME*			
	OFFICER'S BADGE NUMBER'						CRECKED BY OFFICER'S BADGE NUMBER'				
HSY7001 OH1 1/19 [760-082			<u> </u>	<u> </u>	-		1			PAGE OF	

OHIO DEPARTMENT OF PUBLIC SAFETY METT - NEWSE - MOTIETIEN								
UNIT # OWNER NAME: LAST, FIRST, MIDDLE	( 🖪 Same	e As Driver)	OWNER PHONE: INCLUDE AREA CODE	( 🔲 Same As Driver)				
OWNER ADDRESS: STREET, CITY, STATE, ZIP	( 🔳 Same As Dri				1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE			
2806     FORTUNE AVE     PARMA     OH     44134       commercial carrier: NAME, ADDRESS, CITY, STATE, ZIP     commercial carrier Phone: Include area code     3     9- UNKNOWN								
LP STATE     LICENSE PLATE #     VEHICLE IDENTIFICATION #     VEHICLE YEAR     VEHICLE MAKE     INDICATE ALL THAT APPLY								
	$H_1 3_1 3_1 R_1 M_1 7_1 4_1 1_1$ INSURANCE POLICY#	$3_{1}3_{1}R_{1}M_{1}7_{1}4_{1}1_{1}0_{1}8_{1}9_{1}$			11 12 1			
INSURANCE     VERIFIED     ALLSTATE     TYPE OF USE		992220736 US DOT #	BLK TOWED BY: COMPANY NAME	CR-V				
			HAZARDOU	S MATERIAI		$\begin{bmatrix} 3 \\ 4 \end{bmatrix} = \begin{bmatrix} 9 \\ 8 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 9 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 4 \\ 7 \\ 1 \end{bmatrix} \begin{bmatrix} 3 \\ 7 \\ 7 \end{bmatrix} \begin{bmatrix} $		
INTERLOCK DEVICE HIT/SKIP UNIT EQUIPPED	# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED	CLASS # PLACARD ID #				
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP UNIT TYPE 5 - CARGO VAN 6 - VAN (9-15 SEATS) # of TRAILING UNITS	<ul> <li>7 - MOTORCYCLE 2-WHEELED</li> <li>8 - MOTORCYCLE 3-WHEELED</li> <li>9 - AUTOCYCLE</li> <li>10 - MOPED OR MOTORIZED</li> <li>BICYCLE</li> <li>11 - ALL TERRNIN VEHICLE (ATV / UTV)</li> </ul>	14 - SINGLE UNIT TRUCK	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16 - PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIANISKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BIOYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	$10 \qquad 11 \qquad 12 \qquad 1 \qquad 0 \qquad 11 \qquad 12 \qquad 1 \qquad 0 \qquad 11 \qquad 12 \qquad 1 \qquad 0 \qquad 11 \qquad 12 \qquad 1 \qquad 12 \qquad 1 \qquad 12 \qquad 1 \qquad 12 \qquad 1 \qquad 1$			
# of TRAILING UNITS         WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?         2         1 - YES       2 - NO         1 - YES       2 - NO								
0 1 special FUNCTION - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING - SCHOOL TRANSPORT 5 - BUS-TRANSITICOMMUTER	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				
0 1 - NO CARGO BODY TYPE (NOT APPLICABLE 2-BUS TYPE	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	, <b>V</b>	9 <b>2</b> 3 9 <b>3</b> 9 <b>8</b> 3		
VEHICLE 1-TURN SIGNALS 2-HEAD LAMPS DEFECTS	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     ORNAWOTORST     LOCATION     MATACT     MAPACT     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	- NO DAMAGE [0] - TOP [13] - UNI	- UNDERCARRIAGE [14]     - ALL AREAS [15] T NOT AT SCENE [16]		
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK ACTION 5 - BOTH STRIKING 8 - STRUCK 9 - OTHER / UNKNOWN	LCOLLISION KING UCK H STRIKING RE-CRASH ACTION S-MAKING PASSING S-MAKING RIGHT TURN NAKING ELT TURN		7 - MAKING U-TURN     13 - NEGOTIATING A CURVE       8 - ENTERING TRAFFIC LANE     14 - ENTERING OR CROSSING       9 - LEXING TRAFFIC LANE     SPECIFIED LOCATION       10 - PARKED     15 - WALKING, RUNNING,       11 - SLOWING OR STOPPED     JUGGING, PLAYING       10 - RARKER     16 - WORKING       12 - DRIVERLESS     17 - PUSHING VEHICLE		INITIAL POINT OF CONTACT			
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSARE SPEED 6 - IMPROPER TURN CONTRIBUTING CIRCUMSTANCES	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSEACDA 9 - MPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLINGISPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY # OF THROUGH LANES ON ROAD	Image: Transfile         TRAFFIC CONTROL           1 - ROUNDABOUT         4 - STOP SIGN           2 - SIGNAL         5 - YIELD SIGN           3 - FLASHER         6 - NO CONTROL           RAIL GRADE CROSSING           1 - NOT INVOLVED		
SEQUENCE OF EVENTS		0	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING					
1 - OVERTURNROLLOVER 1 - OVERTURNROLLOVER 2 - FREERROSOION 3 - MARESION 4 - JACKINFE 5 - CARGO FOLIPMENT LOSS OR SHIFT 3	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	EVENTS 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 - DEER 20 - MOTOR VEHICLE 10 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 3 - STRUCK BY FALLING, SHITTING CARGO OR ANYTHING SET IN MOTION BY A MOTIOR VEHICLE 24 - OTHER MOVABLE OBJECT		1 - INVOLVED - PASSIVE CROSSING           IT / NON-MOTORIST DIRECTION           1 - NORTH           2 - SOUTH           6 - NORTHWEST           3 - EAST           7 - SOUTH EAST           4 - WEST           8 - SOUTHWEST		
	31 - GUARDRAIL END	COLLISION WITH FIXED OBJECT 37 - TRAFFIC SIGN POST	43 - CURB	50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 5 29 - BRIDGE RAIL	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRALL BARRIER 35 - MEDIAN CONCRETE BARRIER 54 - MEDIAN OTHER BARDIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR		
6	36 - MEDIAN OTHER BARRIER				POSTED SPEED	3 - UNDETERMINED		
I FIRST HARMFUL EVENT SY8304 OH1U 1/19 [760-0820]	1мо	ST HARMFUL EVENT				PAGE OF		



OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / N	LOCAL REPORT NUMBER				
$\sim$		2 0 2 5 1 7 3 4				
ADDRESS: STREET, CITY, STATE, ZIP	EK	SYDNEY		0 5 2 3 2 0 0 CONTACT PHONE - INCLUDE AREA CODE	0 <u>2 5 F</u>	
2806 FORTL	JNE AVE	PAR	MA OH 44	134		
INJURIES INJURED EN TAKEN BY	VIS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL	FACILITY (NAME, CITY) SAFETY EQUIPM USED			BAG USAGE EJECTION TRAPPE
					DOT-COMPLIANT MC HELMET 0 1	
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE CHAP	CODE	FENSE DESCRIPTION	СП	ATION NUMBER
OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
			ALCOHOL MARUUANA	status	TYPE VALUE STATUS	TYPE RESULT SELECT UP TO 4
				1		
0.2						
ADDRESS: STREET, CITY, STATE, ZIP	//5	NYLA	LAVONNE		CONTACT PHONE - INCLUDE AREA CODE	
12704 DARLIN	NGTON AVE	GAF	RFIELD HTS OH 44	125		
TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL	FACILITY (NAME, CITY) SAFETY EQUIPM USED		DOT-COMPLIANT	BAG USAGE EJECTION TRAPPED
		OFFENSE CHAR	RGED LOCAL OFF			
OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE CHAR	CODE	ENSE DESCRIPTION	UIF	TION NUMBER
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
			ALCOHOL MARUUANA	STATUS	TYPE VALUE STATUS	TYPE RESULT SELECT UP TO 4
UNIT # NAME: LAST, FIRS						
	.,					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE	
INJURIES INJURED E TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL F	FACILITY (NAME, CITY) SAFETY EQUIPM USED	ENT	DOT-COMPLIANT	BAG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICE		OFFENSE CHAR	RGED LOCAL OF			
	ENSE NUMDER	UFFENSE CHAR	CODE	FENSE DESCRIPTION	CITA	IION NUMBER
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
		BY	ALCOHOL MARUUANA	STATUS	TYPE VALUE STATUS	TYPE RESULT SELECT UP TO 4
	SEATING POSITION	AIR BAG			(S) DRIVER DISTRACTION	
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
- SUSPECTED SERIOUS INJURY - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B 3 - CLASS C	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION	2 - TEST REFUSED
- POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE		3 - CORRECTIVE LENSES 4 - FARM WAIVER	DEVICE (TEXTING, TYPING, DIALING)	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
- NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	3 - TALKING ON HANDS-FREE	4 - TEST GIVEN, RESULTS KNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE	ER COMMUNICATION DEVICE	
- NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE			RESTRICTIONS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
- EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDORSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER	ALCOHOL TEST TYPE 1 - NONE
- POLICE - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
	ENCLOSED CARGO AREA	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYME		3 - URINE
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER 13 - MECHANICAL DEVICES	THE VEHICLE 9 - OTHER / UNKNOWN	4 - BREATH
- NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER	(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		5 - OTHER
- SHOULDER BELT ONLY USED	CARGO AREA		R - THREE-WHEEL MOTORCYCLE	ADAPTIVE DEVICES)		
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	14 - MILITARY VEHICLES ON 15 - MOTOR VEHICLES	LY	DRUG TEST TYPE
5 - CHILD RESTRAINT SYSTEM -	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	WITHOUT AIR BRAKES		1 - NONE 2 - BLOOD
FORWARD FACING 5 - CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR 17 - PROSTHETIC AID	CONDITION	3 - URINE
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MEDITANICAL MEANS		18 - OTHER	1 - APPARENTLY NORMAL	4 - OTHER
8 - HELMET USED					2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED,	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENDER		ANGRY, DISTURBED)	DRUG TEST RESULT(S)
10 - REFLECTIVE CLOTHING			GENDER F - FEMALE		4 - ILLNESS	1 - AMPHETAMINES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BARBITURATES 3 - BENZODIAZEPINES
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN		6 - UNDER THE INFLUENCE OF	4 - CANNABINOIDS
					MEDICATIONS / DRUGS	5 - COCAINE 6 - OPIATES / OPIOIDS
					/ ALCOHOL 9 - OTHER / UNKNOWN	7 - OTHER
					3-CHER/UNRNOWN	8 - NEGATIVE RESULTS