

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 0 2 5 1 9 5 4

☐ PHOTOS TAKEN☐ OH-2☐ OH-3☐ SECONDARY CRASH☐ OH-1P☐ OTHER☐ Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS

0 1 8 2 0

HITS/KIP
1 - Solved
2 - UnsolvedNUMBER OF UNITS
0 2UNIT IN EDDP
98 - ANIMAL
99 - UNKNOWN
0 1

COUNTY *

1 8

LOCALITY *

1

1 - CITY *
2 - VILLAGE *
3 - TOWNSHIP *

LOCATION: CITY, VILLAGE, TOWNSHIP *

GARFIELD HTS

CRASH DATE/TIME *

0 7 3 0 2 0 2 5 1 5 0 5

CRASH SEVERITY

5
1 - FATAL
2 - SERIOUS INJURY
SUSPECTED
3 - MINOR INJURY
SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE
ONLYLOCATION
REFERENCE

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME

Rockseid

ROAD TYPE

R D

LATITUDE DECIMAL DEGREES

4 1 4 0 0 7 3 9

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

Littleton

ROAD TYPE

R D

LONGITUDE DECIMAL DEGREES

8 1 5 9 5 6 9 1

REFERENCE POINT

1
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #

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

☒ WITHIN INTERSECTION OR ON APPROACH☐ WITHIN INTERCHANGE AREA

4

NUMBER OF APPROACHES

ROADWAY

☐ ROADWAY DIVIDED

LOCATION OF FIRST UADMED EVENT

0 1
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE
TRAFFICWAY
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY / ALLEY
ACCESS
11 - RAILWAY GRADE
CROSSING
12 - SHARED USE PATHS
OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN

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
(4 FEET)
3 - DIVIDED, DEPRESSIONED MEDIAN
4 - DIVIDED, RAISED MEDIAN
(ANY TYPE)
9 - OTHER / UNKNOWN☐ WORK ZONE RELATED
☐ WORKERS PRESENT
☐ LAW ENFORCEMENT
PRESENT
☐ 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

2
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 TRAVELING EAST ON ROCKSIDE AT
LITTLETON IN THE MIDDLE LANE DIRECTLY BEHIND
UNIT#2. UNIT#2 WAS STOPPED FOR A TRAFFIC SIGNAL.
AS A RESULT, THE FRONT OF UNIT#1 COLLIDED WITH
THE BACK OF UNIT#2. BOTH UNITS LEFT SCENE. BWC
NOTE: BOTH DRIVERS EXCHANGED INFORMATION AND
UNIT#2 CAME TO STATION AND FILED REPORT. CONTACTED
WITH DRIVER OF UNIT#1 WAS ATTEMPTED WITH
NEGATIVE RESULTS. BWC

Indicate the north
direction with
an "N" on the
compass diagram.

North

Not To Scale

Littleton Rd

Rockside Rd

CRASH REPORTED DATE/TIME

0 7 3 0 2 0 2 5 1 5 3 9

DISPATCH DATE/TIME

0 7 3 0 2 0 2 5 1 5 4 1

ARRIVAL DATE/TIME

0 7 3 0 2 0 2 5 1 5 4 5

SCENE CLEARED DATE/TIME

0 7 3 0 2 0 2 5 1 5 5 8

REPORT TAKEN BY

☒ POLICE AGENCY
☐ MOTORISTTOTAL TIME ROADWAY
CLOSED

0

OTHER INVESTIGATION
TIME

2 0

TOTAL
MINUTES

3 7

OFFICER'S NAME *

R. Cramer

OFFICER'S BADGE NUMBER *

0 3 7

CHECKED BY OFFICER'S NAME *

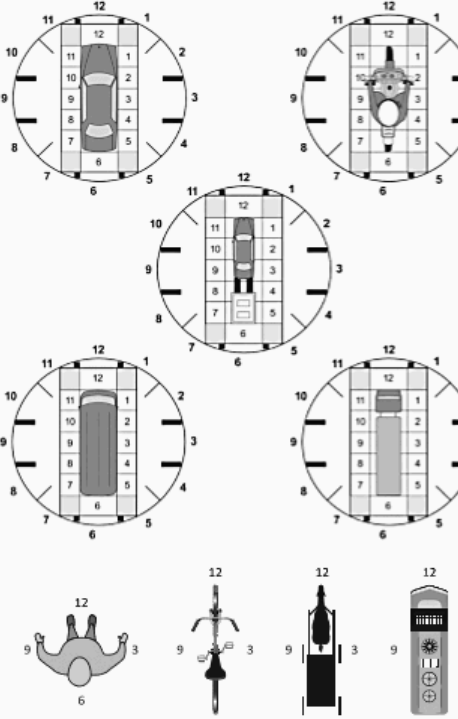
D. Bailey

CHECKED BY OFFICER'S BADGE NUMBER *

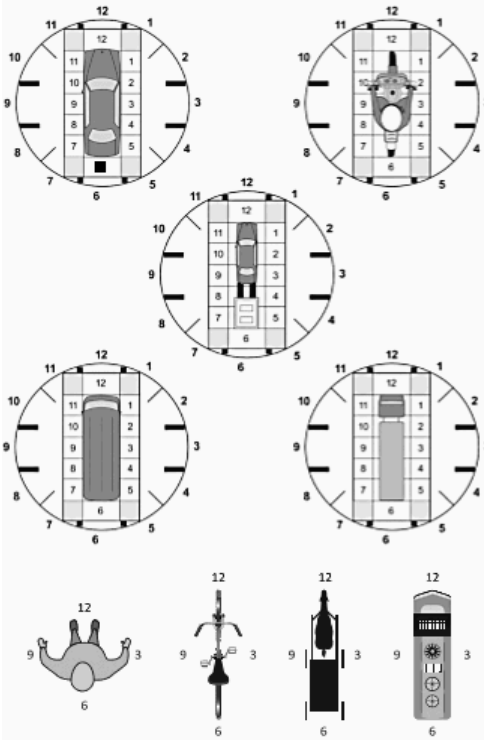
L 0 7

☐ SUPPLEMENT
(CORRECTION = ADDITION
TO EXISTING REPORT ONLY TO CORRECT)

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE MEDER HEATHER K	(Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 6410 PEAR AVE CLEVELAND OH 44102							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____		
VEHICLE	LP STATE OH	LICENSE PLATE # SURVGOD	VEHICLE IDENTIFICATION # 1N4AL3AP2GN344912		VEHICLE YEAR 2016	VEHICLE MAKE Nissan		
	INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 995965208		VEHICLE COLOR BLK	VEHICLE MODEL Altima		
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____			
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD						CLASS # _____	PLACARD ID # _____
	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 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN							
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	CARGO BODY TYPE 01 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							
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EVENT(S)	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							
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	SEQUENCE OF EVENTS 1 2 0 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							
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	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1							

LOCAL REPORT NUMBER 20251954	
DAMAGE DAMAGE SCALE 9 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 2 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 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 5	RAIL GRADE CROSSING 1 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	DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) GARRETT STANFORD ALLEN	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 10104 SOUTH BLVD CLEVELAND OH 44108		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KIY8720	VEHICLE IDENTIFICATION # 3FA6P0G77HR328381
INSURANCE VERIFIED AARP		INSURANCE POLICY # 55100194364
VEHICLE YEAR 2017		VEHICLE MAKE Ford
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1
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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2 0 2 5 1 9 5 4	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2 9 - UNKNOWN	
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UNIT SPEED 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3 5	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	5	1	9	5	4		

UNIT # 01	NAME: LAST, FIRST, MIDDLE MEDER HEATHER K					DATE OF BIRTH 04221978			AGE 47	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 6410 PEAR AVE CLEVELAND OH 44102						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 9	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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS 1 TYPE 1 VALUE STATUS 1 TYPE 1 RESULT SELECT UP TO 4		

UNIT # 02	NAME: LAST, FIRST, MIDDLE GARRETT STANFORD ALLEN					DATE OF BIRTH 11181954			AGE	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 10104 SOUTH BLVD CLEVELAND OH 44108						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE STATUS 1 TYPE 1 RESULT SELECT UP TO 4		

UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	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	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	ALCOHOL TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT	1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	TRAPPED	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER	F - FEMALE M - MALE U - OTHER/UNKNOWN	CONDITION	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN
						DRUG TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS