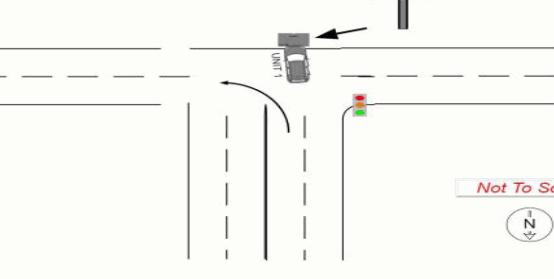


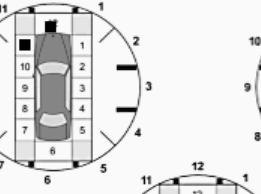
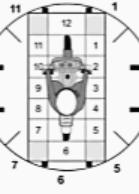
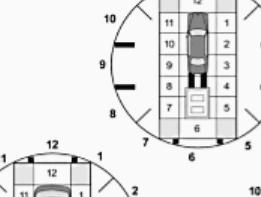
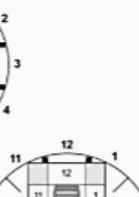
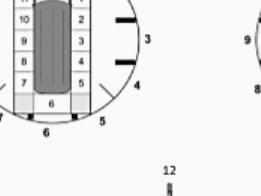
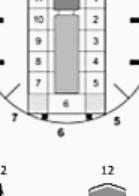
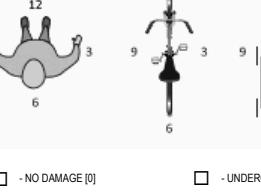
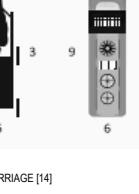
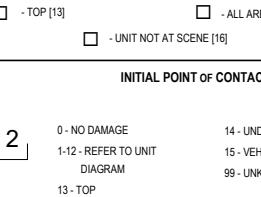
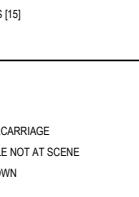


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				2 0 2 5 3 3 5 3				
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		REPORTING AGENCY NAME * NCIC * GARFIELD HEIGHTS 0 1 8 2 0		HIT/SKIP 1 - Solved 2 - Unsolved				
COUNTY * 1 8	LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 2 3 1 2 0 2 5 1 1 6 5 4				
LOCATION REFERENCE	ROUTE TYPE U	ROUTE NUMBER U U U U	PREFIX U 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME 131	ROAD TYPE S T	LATITUDE DECIMAL DEGREES 4 1 . 4 2 9 1 7 9		
	ROUTE TYPE U	ROUTE NUMBER U U U U	PREFIX U 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 12820 BROADWAY	ROAD TYPE U	LONGITUDE DECIMAL DEGREES 8 1 . 5 9 2 7 7 6		
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION 1 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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE 0	DISTANCE 2 1 - Miles 2 - Feet 3 - Yards	NUMBER OF APPROACHES 3						
LOCATION ~ EFFECTIVENESS EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - TRAFFICWAY 8 - ON RAMP 9 - OFF RAMP 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAVEL U 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE U 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (4-6 FEET) 3 - DIVIDED, DEPRESSED 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 U 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 U 1 - BEFORE THE 1ST WORK ZONE 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 4 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 6 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		<div style="display: flex; align-items: center;"> INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.  </div>		
<p>NARRATIVE: UNIT 1 WAS TRAVELING SOUTH BOUND ON 131 WITH THE INTENT TO STOP AT THE RED LIGHT NEAR THE INTERSECTION OF BROADWAY, BEFORE TURNING EAST. BOUND ONTO BROADWAY, UNIT 1 ATTEMPTED TO STOP, BUT DUE TO ICE UNIT 1 CONTINUED STRAIGHT, AND STRUCK A UTILITY BOX (SIGNAL SERVICES). THERE IS PROPERTY DAMAGE TO SIGNAL CONTROL BOX. THE SIGNAL SERVICES CONTROL BOX IS OWNED BY THE CITY OF GARFIELD HTS (5407 TURNEY RD). </p>						 <p>Not To Scale</p> <p>N</p>		
CRASH REPORTED DATE/TIME 1 2 3 1 2 0 2 5 1 1 6 5 4		DISPATCH DATE/TIME 1 2 3 1 2 0 2 5 1 1 7 0 7		ARRIVAL DATE/TIME 1 2 3 1 2 0 2 5 1 1 7 1 5		SCENE CLEARED DATE/TIME 1 2 3 1 2 0 2 5 1 1 7 2 0		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 2 3		OFFICER'S NAME * A. Rosa		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
						CHECKED BY OFFICER'S NAME * D. Bailey		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
				OFFICER'S BADGE NUMBER * 0 6 7		CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
								SUPPLEMENT (CORRECTION / ADDITION TO EXISTING REPORT - SEE BACK)



OWNER	UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> Same As Driver) OOMMEN BLOSSOM MATHEW		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)		DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 91 FLORA DR		BEDFORD OH 44146		DAMAGE SCALE		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE O H	LICENSE PLATE # JYA2553	VEHICLE IDENTIFICATION # JN8AT2MV4GW134728	VEHICLE YEAR 2016	VEHICLE MAKE Nissan	
VEHICLE	■ INSURANCE VERIFIED GEICO	INSURANCE COMPANY	INSURANCE POLICY # 4561270093	VEHICLE COLOR BLK	VEHICLE MODEL Rogue	
VEHICLE	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
VEHICLE	INTERLOCK EQUIPPED	DEVICE EQUIPPED	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCW 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
VEHICLE	UNIT TYPE 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID #				
VEHICLE	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 28 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP					
VEHICLE	0 0	# OF TRAILING UNITS				
VEHICLE	2 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
VEHICLE	0 1	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
VEHICLE	0 1	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				
VEHICLE	0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO BODY TYPE 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 15 - CONSTRUCTION EQUIPMENT 99 - OTHER / UNKNOWN				
VEHICLE	0 0	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT				
VEHICLE	0 0	1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS				
VEHICLE	3 0	1 - NON-CONTACT 1 - STRIKING 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 2 - CHANGING LANES 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - OVERTAKING/PASSING 4 - OVERTAKING/PASSING 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE ACTION 9 - OTHER / UNKNOWN 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN				
VEHICLE	1 1	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION				
EVENTS	CONTRIBUTING CIRCUMSTANCES					
EVENTS	SEQUENCE OF EVENTS					
EVENTS	EVENTS					
EVENTS	1 4 0	1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 18 - ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT				
EVENTS	3 0	25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN				
EVENTS	1 1	FIRST HARMFUL EVENT				
EVENTS	1 1	MOST HARMFUL EVENT				
VEHICLE	2 0	DAMAGED AREA(S) INDICATE ALL THAT APPLY				
VEHICLE	2 0	         				
VEHICLE	2 0	<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]				
VEHICLE	INITIAL POINT OF CONTACT					
VEHICLE	1 2	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN				
VEHICLE	TRAFFIC					
VEHICLE	2 0	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <input type="checkbox"/> - SIGNAL <input type="checkbox"/> - FLASHER <input type="checkbox"/> - NO CONTROL # OF THROUGH LANES ON ROAD <input type="checkbox"/> - NOT INVOLVED <input type="checkbox"/> - INVOLVED - ACTIVE CROSSING <input type="checkbox"/> - INVOLVED - PASSIVE CROSSING				
VEHICLE	3 0	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING				
VEHICLE	UNIT / NON-MOTORIST DIRECTION					
VEHICLE	1 2	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN				
VEHICLE	1 5	UNIT SPEED 5 5 <input type="checkbox"/> - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED				
VEHICLE	2 5	DETECTED SPEED 1 5 POSTED SPEED 2 5				



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 5 3 3 5 3

M O T O R I S T / N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE OOMMEN BLOSSOM MATHEW						DATE OF BIRTH 0 2 2 0 1 9 9 2	AGE 3 3	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 91 FLORA DR BEDFORD OH 44146						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5		INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET 	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE 		OPERATOR LICENSE NUMBER 		OFFENSE CHARGED 		LOCAL CODE 	OFFENSE DESCRIPTION 		CITATION NUMBER 		
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE	STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4
M O T O R I S T / N O N - M O T O R I S T		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 	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 	STATUS 	ALCOHOL TEST TYPE VALUE	STATUS 	TYPE 	DRUG TEST(S) RESULT SELECT UP TO 4
M O T O R I S T / N O N - M O T O R I S T		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 	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 	STATUS 	ALCOHOL TEST TYPE VALUE	STATUS 	TYPE 	DRUG TEST(S) 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 - 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 - 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 - TEST GIVEN, RESULTS UNKNOWN						
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS							
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER							
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS							
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS							
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY							
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT							
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER							
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
1 - NONE USED	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY							
3 - LAP BELT ONLY USED	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
4 - SHOULDER & LAP BELT USED	16 - FORWARD FACING			16 - OUTSIDE MIRROR							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	17 - REAR FACING			17 - PROSTHETIC AID							
6 - CHILD RESTRAINT SYSTEM - REAR FACING	18 - BOOSTER SEAT			18 - OTHER							
7 - HELMET USED	19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)										
8 - HELMET USED	20 - REFLECTIVE CLOTHING										
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY										
10 - REFLECTIVE CLOTHING	22 - OTHER / UNKNOWN										
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY											
99 - OTHER / UNKNOWN											
SAFETY EQUIPMENT TRAPPED CONDITION DRUG TEST TYPE											
1 - NONE USED	1 - NOT TRAPPED	1 - APPARENTLY NORMAL	1 - NONE								
3 - LAP BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	2 - PHYSICAL IMPAIRMENT	2 - BLOOD								
4 - SHOULDER & LAP BELT USED	3 - FREED BY NON-MECHANICAL MEANS	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		4 - ILLNESS	4 - OTHER								
6 - CHILD RESTRAINT SYSTEM - REAR FACING		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.									
7 - BOOSTER SEAT		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL									
8 - HELMET USED		7 - OTHER									
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		8 - NEGATIVE RESULTS									
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY											
99 - OTHER / UNKNOWN											
GENDER DRUG TEST RESULT(S)											
	F - FEMALE	1 - AMPHETAMINES									
	M - MALE	2 - BARBITURATES									
	U - OTHER/UNKNOWN	3 - BENZODIAZEPINES									
		4 - CANNABINOIDS									
		5 - COCAINE									
		6 - OPIATES / OPIOIDS									
		7 - OTHER									
		8 - NEGATIVE RESULTS									