



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *			
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Private Property		REPORTING AGENCY NAME * GARFIELD HEIGHTS			2 0 2 6 0 1 5 5			
REPORTING AGENCY NAME *	NCIC *		HITS/SKIP		NUMBER OF UNITS			
GARFIELD HEIGHTS		0 1 8 2 0		1 - Solved 2 - Unsolved		0 2		
CRASH DATE/TIME *	0 1 1 7 2 0 2 6		0 9 2 0		CRASH SEVERITY			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME TURNERY	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 4 1 . 4 1 7 0 5 9		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GARFIELD	ROAD TYPE B L	LONGITUDE DECIMAL DEGREES 8 1 . 6 0 6 0 4 6		
REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE 1 - INTERSTATE ROUTE (I-) 2 - FEDERAL US ROUTE 3 - STATE ROUTE 4 - NUMBERED COUNTY ROUTE 5 - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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			
DISTANCE COM/DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards				NUMBER OF APPROACHES			
LOCATION OF FIRST HARMFUL 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 - OTHER / UNKNOWN	3 - CROSSOVER 10 - DRIVEWAY / ALLEY 11 - RAILWAY GRADE 12 - SHARED USE PATHS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	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 2 - DIVIDED FLUSH MEDIAN (\leq 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 3	SURFACE 2			
ACTIVE SCHOOL ZONE	LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 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	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN				
NARRATIVE UNIT 1 WAS TRAVELING W/B ON PARK DRIVE HEADING TOWARDS TURNERY ROAD. UNIT 2 WAS TRAVELING E/B ON GARFIELD BLVD. UNIT 2 FAILED TO YIELD TO UNIT 1. UNIT 2 STRUCK UNIT 1.							Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE/TIME 0 1 1 7 2 0 2 6 0 9 2 0		DISPATCH DATE/TIME 0 1 1 7 2 0 2 6 0 9 2 2		ARRIVAL DATE/TIME 0 1 1 7 2 0 2 6 0 9 2 8		SCENE CLEARED DATE/TIME 0 1 1 7 2 0 2 6 0 9 4 5		<input type="checkbox"/> REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION to an existing report sent to COPS)
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 2 3		OFFICER'S NAME * Y. Ihiri		
						CHECKED BY OFFICER'S NAME * D. Bailey		
OFFICER'S BADGE NUMBER 0 3 8						CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		



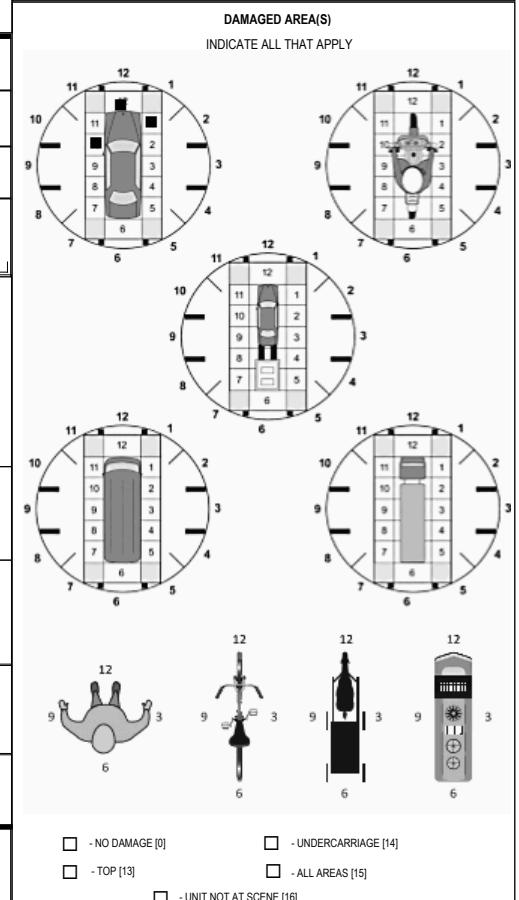
UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE ARIAN POWELL SHYONA RENEE	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver)	DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 3297 E 137TH ST	(<input type="checkbox"/> Same As Driver)	DAMAGE SCALE		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE O H	LICENSE PLATE # KUR6549	VEHICLE IDENTIFICATION # 4T1G11AK5PU822308	VEHICLE YEAR 2023	VEHICLE MAKE Toyota
■ INSURANCE VERIFIED	INSURANCE COMPANY NATIONAL GENERAL	INSURANCE POLICY # 2031646986	VEHICLE COLOR BLK	VEHICLE MODEL Camry
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME INTERSTATE	
INTERLOCK DEVICE EQUIPPED	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCW 1. ≤10K LBS. 2. 10,001 - 26K LBS. 3. >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
UNIT TYPE 0 1	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 0	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
0 1	1 - YES 2 - NO 9 - OTHER / 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
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ACTION 4	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
CONTRIBUTING CIRCUMSTANCES 0 1	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER 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/ FALLING/SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS	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
3	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
4	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL			
5	54 - OTHER FIXED OBJECT VEHICLE 99 - OTHER / UNKNOWN			
6	POSTED SPEED			
1	FIRST HARMFUL EVENT	1 1	MOST HARMFUL EVENT	0 0

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE HOLLIMON DE'SHAWNE LEE		OWNER PHONE: INCLUDE AREA CODE <input type="text"/>	OWNER PHONE: INCLUDE AREA CODE <input type="text"/>																																									
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LOCAL REPORT NUMBER
2 0 2 6 0 1 5 5

DAMAGE
DAMAGE SCALE
4

1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN



INITIAL POINT OF CONTACT
0 2

0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

TRAFFIC
TRAFFIC WAY FLOW
2
1 - ONE WAY
2 - TWO WAY

TRAFFIC CONTROL
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD
02

RAIL GRADE CROSSING
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

2 0 2 6 0 1 5 5

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									
	0 1	ARIAN POWELL SHYONA RENEE						0 9 0 2 2 0 0 5		F									
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE								
3297 E 137TH ST CLEVELAND OH 44120																			
INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 2		DOT-COMPLIANT MC HELMET 0 1		SEATING POSITION 2		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		ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 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 # 0 2	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH 1 0 0 5 1 9 9 6		AGE	GENDER							
HOLLIMON DE'SHAWNE LEE											ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
9423 SAINT CATHERINE AVE CLEVELAND OH 44104																			
INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 2		DOT-COMPLIANT MC HELMET 0 1		SEATING POSITION 2		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		ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
INJURIES											SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS			
1 - FATAL	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	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	8 - THIRD - MIDDLE	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	9 - THIRD - RIGHT SIDE	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE													
4 - POSSIBLE INJURY	10 - SLEEPER SECTION OF TRUCK CAB	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN												
5 - NO APPARENT INJURY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN												
	12 - SECOND - RIGHT SIDE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE													
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	8 - THIRD - MIDDLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE														
1 - NOT TRANSPORTED /TREATED AT SCENE	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER	9 - OTHER / UNKNOWN													
2 - EMS	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE													
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD													
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER	3 - URINE													
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9 - OTHER / UNKNOWN	4 - BREATH													
	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY		5 - OTHER													
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES															
	16 - CHILD RESTRAINT SYSTEM - FORWARD FACING			16 - OUTSIDE MIRROR															
	17 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID															
	18 - BOOSTER SEAT			18 - OTHER															
	19 - HELMET USED																		
	20 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)																		
	21 - REFLECTIVE CLOTHING																		
	22 - LIGHTING - PEDESTRIAN /BICYCLE ONLY																		
	23 - OTHER / UNKNOWN																		
SAFETY EQUIPMENT											GENDER	DRUG TEST TYPE							
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA			F - FEMALE		1 - NONE													
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT			M - MALE		2 - BLOOD													
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR			U - OTHER/UNKNOWN		3 - URINE													
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST					4 - OTHER													
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	16 - CHILD RESTRAINT SYSTEM - REAR FACING																		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	17 - BOOSTER SEAT																		
7 - BOOSTER SEAT	18 - HELMET USED																		
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10 - REFLECTIVE CLOTHING	21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY																		
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	22 - OTHER / UNKNOWN																		
99 - OTHER / UNKNOWN																			
INJURED TAKEN BY											CONDITION	DRUG TEST RESULT(S)							
1 - APPARENTLY NORMAL		1 - AMPHETAMINES																	
2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES																	
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES																	
4 - ILLNESS		4 - CANNABINOIDS																	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE																	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS																	
9 - OTHER / UNKNOWN		7 - OTHER																	
		8 - NEGATIVE RESULTS																	