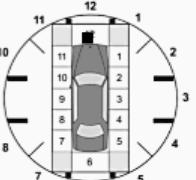
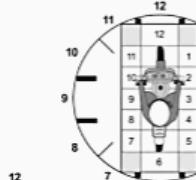
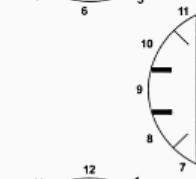
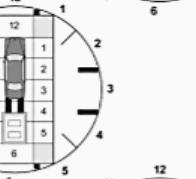
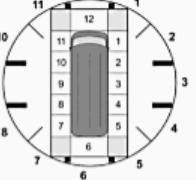
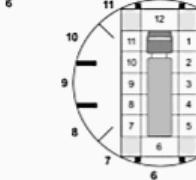
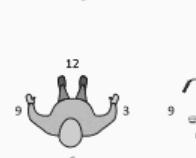
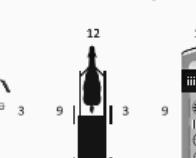
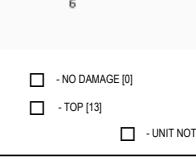
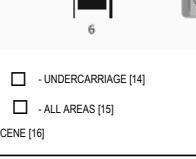




# TRAFFIC CRASH REPORT

\*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 * <b>GARFIELD HEIGHTS</b>			2 0 2 6 0 1 8 5		
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>			HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS <b>0 1</b>	
1 8	1				CRASH DATE/TIME * <b>01/21/2026 11:34</b>		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES <b>41.410204</b>	
IR	480				MP	LONGITUDE DECIMAL DEGREES <b>81.624987</b>	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	INTERSECTION RELATED	
				24.0		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH  <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE COM/DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards	ROUTE TYPE US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - BOULEVARD CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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	ROADWAY	
2 0	2		1			<input checked="" type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT		MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE	
0 2	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	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	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	3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	9 1 - DIVIDED FLUSH MEDIAN <4 FEET 2 - DIVIDED FLUSH MEDIAN >4 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 <input type="checkbox"/> 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 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 2 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
<input type="checkbox"/> 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			
NARRATIVE UNIT#1 WAS TRAVELING EAST NEAR MILE POST 24.0 ON IR 480 IN THE MIDDLE INSIDE LANE. U#1 FAILED TO MAINTAIN CONTROL AS A RESULT, U#1 ROTATED COUNTER CLOCKWISE THROUGH THE INSIDE LANE AND SHOULDER. THE FRONT COLLIDED WITH THE CONCRETE WALL. U#1 WAS AT FINAL UPON ARRIVAL. B WC					 Not To Scale		
CRASH REPORTED DATE/TIME <b>01/21/2026 11:34</b>		DISPATCH DATE/TIME <b>01/21/2026 11:35</b>		ARRIVAL DATE/TIME <b>01/21/2026 11:42</b>		SCENE CLEARED DATE/TIME <b>01/21/2026 11:55</b>	
TOTAL TIME ROADWAY CLOSED <b>0 1 5</b>		OTHER INVESTIGATION TIME <b>5 5</b>		TOTAL MINUTES <b>5 5</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME * <b>R. Cramer</b>		OFFICER'S BADGE NUMBER * <b>0 3 7</b>		CHECKED BY OFFICER'S NAME * <b>D. Bailey</b>		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <b>MCCLAIN CAM'RON JORDAN</b>		OWNER PHONE: INCLUDE AREA CODE <input type="text"/>	OWNER PHONE: INCLUDE AREA CODE <input type="text"/>			
	( <input type="checkbox"/> Same As Driver)		( <input type="checkbox"/> Same As Driver)					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <b>8815 GETTYSBURG DR</b>		TWINSBURG OH 44087					
	( <input type="checkbox"/> Same As Driver)		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					
			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
	LP STATE <b>O H</b>	LICENSE PLATE # <b>KSF5241</b>	VEHICLE IDENTIFICATION # <b>1G11E5SA7DF156170</b>	VEHICLE YEAR <b>2013</b>	VEHICLE MAKE <b>Chevrolet</b>			
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR <b>SIL</b>	VEHICLE MODEL <b>Malibu</b>			
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <b>Interstate</b>				
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD				
	UNIT TYPE <b>0 1</b>		VEHICLE WEIGHT OVR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 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 <input type="checkbox"/>								
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>		<b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN			
SPECIAL FUNCTION <b>0 1</b>		0 - NONE 1 - TAXI 2 - ELECTRONIC RIDE SHARING 3 - SCHOOL TRANSPORT 4 - 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 <b>0 1</b>		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		
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/RROADSIDE 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 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN		
SEQUENCE OF EVENTS		EVENTS						
1 1 3	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 MOBILE OBJECT	1 - ONE-WAY 2 - TWO-WAY	TRAFFICWAY FLOW 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	
2 5 1	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 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	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	4 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING		
3	COLLISION WITH FIXED OBJECT - STRUCK							
4	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 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	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL			
5	1 - FIRST HARMFUL EVENT	2 - MOST HARMFUL EVENT						
6	DAMAGE							
DAMAGE SCALE								
4								
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								
<b>1 2</b> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP								
TRAFFIC								
<b>1</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL								
<b>6</b> 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING								
# OF THROUGH LANES ON ROAD								
<b>4</b> 1 - ONE-WAY 2 - TWO-WAY								
RAIL GRADE CROSSING								
<b>1</b> 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING								
UNIT / NON-MOTORIST DIRECTION								
<b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN								
FROM <b>4</b> TO <b>3</b>								
UNIT SPEED								
<b>6 0</b> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED								
DETECTED SPEED								
<b>1</b> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED								
POSTED SPEED								
<b>6 0</b> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED								
PAGE <b>1</b> OF <b>1</b>								



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 8 5

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 MCCLAIN CAM'RON JORDAN						DATE OF BIRTH 0 6 2 0 2 0 0 0	AGE	GENDER M																																																																																																																																																																																																																															
	ADDRESS: STREET, CITY, STATE, ZIP 8815 GETTYSBURG DR TWINSBURG OH 44087						CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																																																		
INJURIES 3		INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Marymount	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	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	DRUG TEST(S) TYPE 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																																																																																																																																																																																																																														
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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 _____																																																																																																																																																																																																																															
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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 _____	DRUG TEST(S) TYPE RESULT SELECT UP TO 4																																																																																																																																																																																																																															
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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 _____																																																																																																																																																																																																																															
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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 _____	DRUG TEST(S) TYPE RESULT SELECT UP TO 4																																																																																																																																																																																																																															
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