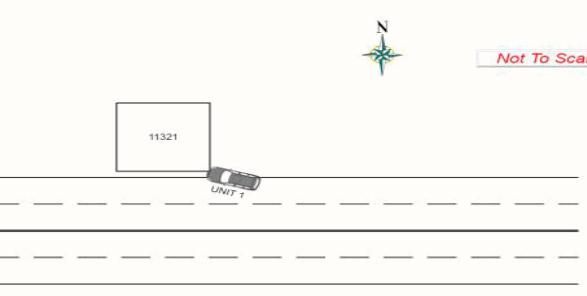




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *					
				2 0 2 6 0 3 7 3					
<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		LOCAL INFORMATION		REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 0 1 8 2 0	HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF INJURIES 0 1	NUMBER OF VICTIMS 0 1
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				CRASH DATE/TIME * 02 15 2026 01 07	CRASH SEVERITY 3		
ROUTE TYPE S R	ROUTE NUMBER 1 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 4 1 4 3 3 5 9 4				
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 11321	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 6 0 5 0 2 6				
REFERENCE POINT 3	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 - BOULEVARD 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 0 1	DISTANCE 1 - Miles 2 - Feet 3 - Yards					NUMBER OF APPROACHES			
LOCATION OF FIRST HARMFUL EVENT 0 1		MANNER OF CRASH COLLISION/IMPACT 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN (<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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2				
ACTIVE SCHOOL ZONE									
LIGHT CONDITION 3	WEATHER 1								
NARRATIVE UNIT 1 WAS TRAVELING WESTBOUND ON BROADWAY AVENUE. UNIT 1 LOST CONTROL AND WENT OFF THE ROADWAY TO THE RIGHT AND STRUCK A BUILDING LOCATED AT 11321 BROADWAY AVE. UNIT 1 SUFFERED DISABLING DAMAGE, DRIVER WAS TRANSPORTED TO MARYMOUNT HOSPITAL.				 <span>Indicate the north direction with an "N" on the compass diagram.</span> 					
CRASH REPORTED DATE/TIME 02 15 2026 01 07		DISPATCH DATE/TIME 02 15 2026 01 07		ARRIVAL DATE/TIME 02 15 2026 01 13		SCENE CLEARED DATE/TIME 02 15 2026 01 15 11		<input type="checkbox"/> REPORT TAKEN BY POLICE AGENCY  <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
TOTAL TIME ROADWAY CLOSED 2 0		OTHER INVESTIGATION TIME 1 5		TOTAL MINUTES 5 9		OFFICER'S NAME * Se. Sabelli			
				OFFICER'S BADGE NUMBER 0 2 6		CHECKED BY OFFICER'S NAME * T. Baon			
						CHECKED BY OFFICER'S BADGE NUMBER * S 2 0			

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE HURAYT MATTHEW MICHAEL	( <input type="checkbox"/> Same As Driver )	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver )
---------------	---	---	--------------------------------	---

OWNER ADDRESS: STREET, CITY, STATE, ZIP 3527 W 50TH ST	( <input type="checkbox"/> Same As Driver )
---	---

CLEVELAND OH 44102

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
---	---

LP STATE O H	LICENSE PLATE # PJOY04	VEHICLE IDENTIFICATION # 5 XY K6CAF6PG115945	VEHICLE YEAR 2 0 2 3	VEHICLE MAKE Kia
■ INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6149-55-60-18	VEHICLE COLOR BLU	VEHICLE MODEL Sportage
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

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 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?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL AUTONOMOUS MODE LEVEL	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
--	---	--	---	---

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
---	---	---	--	---

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
---	--	---	--	---

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
--	--	---	---	----------------------

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
--	--	--	--	---

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK ACTION 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 PRE-CRASH ACTION	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 DISABLED VEHICLE 22 - OTHER / UNKNOWN
--	----------------------------	--	---	---	---

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	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
---	---	--	---	---

CONTRIBUTING CIRCUMSTANCES	SEQUENCE OF EVENTS	EVENTS
-------------------------------	--------------------	--------

1 0 8 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
--	---	---	--	--

2 5 2 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 49 - FIRE HYDRANT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
---	---	---	---	--

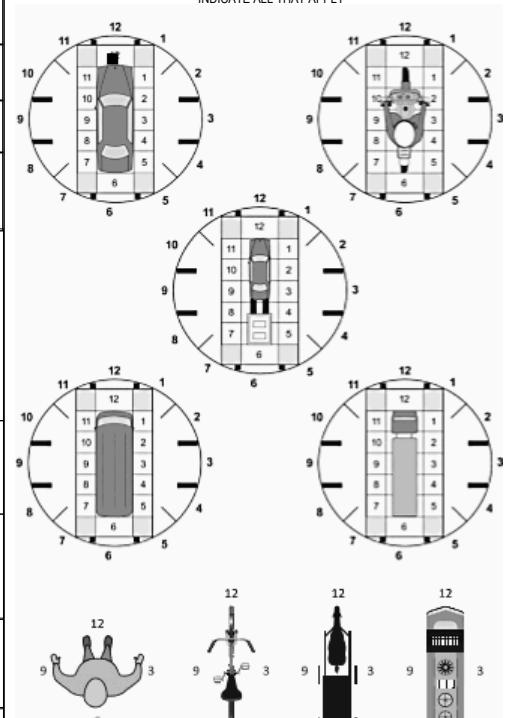
1 FIRST HARMFUL EVENT	2 MOST HARMFUL EVENT
--------------------------	-------------------------

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	
--------------------------	--

1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
-----	--	---

TRAFFIC	
---------	--

2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
---	---	---

4	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
---	-------------------------------	--

3	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
---	--

5 0	UNIT SPEED	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
-----	------------	--

2 5	POSTED SPEED
-----	--------------



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 7 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 WILLIAMS PRECIOUS JOY						DATE OF BIRTH 0 4 1 3 2 0 0 4	AGE 2 1	GENDER F																																																																																																																																																																																																																																
	ADDRESS: STREET, CITY, STATE, ZIP 10509 MANOR AVE CLEVELAND OH 44104						CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																																																			
INJURIES 3		INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHTS	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 _____		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) 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 _____	ALCOHOL TEST STATUS _____ TYPE _____ VALUE _____	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 _____	ALCOHOL TEST STATUS _____ TYPE _____ VALUE _____	DRUG TEST(S) RESULT SELECT UP TO 4 _____																																																																																																																																																																																																																																		
<table border="1"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> <td>3 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> <td>4 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - EXCEPT CLASS A &amp; CLASS B BUS</td> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>6 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td> <td>6 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td> <td></td> </tr> <tr> <td></td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>7 - THIRD - MIDDLE</td> <td></td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td></td> </tr> <tr> <td>1 - NOT TRANSPORTED /TREATED AT SCENE</td> <td>8 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td></td> </tr> <tr> <td>2 - EMS</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>9 - LEARNER'S PERMIT RESTRICTIONS</td> <td>9 - OTHER / UNKNOWN</td> <td></td> </tr> <tr> <td>3 - POLICE</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td></td> <td>10 - LIMITED TO DAYLIGHT ONLY</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td></td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td></td> <td></td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td></td> </tr> <tr> <td></td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td></td> <td></td> <td>12 - LIMITED - OTHER</td> <td>12 - LIMITED - OTHER</td> <td></td> </tr> <tr> <td></td> <td>13 - TRAILING UNIT</td> <td></td> <td></td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td></td> </tr> <tr> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td></td> <td></td> <td>14 - MILITARY VEHICLES ONLY</td> <td>14 - MILITARY VEHICLES ONLY</td> <td></td> </tr> <tr> <td></td> <td>15 - NON-MOTORIST FORWARD FACING</td> <td></td> <td></td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td></td> </tr> <tr> <td></td> <td>16 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td></td> <td></td> <td>16 - OUTSIDE MIRROR</td> <td>16 - OUTSIDE MIRROR</td> <td></td> </tr> <tr> <td></td> <td>17 - BOOSTER SEAT</td> <td></td> <td></td> <td>17 - PROSTHETIC AID</td> <td>17 - PROSTHETIC AID</td> <td></td> </tr> <tr> <td></td> <td>18 - HELMET USED</td> <td></td> <td></td> <td>18 - OTHER</td> <td>18 - OTHER</td> <td></td> </tr> <tr> <td></td> <td>19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>20 - REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>22 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="11"> <table border="1"> <thead> <tr> <th>SAFETY EQUIPMENT</th> <th>TRAPPED</th> <th>CONDITION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - NONE USED</td> <td></td> <td>1 - APPARENTLY NORMAL</td> <td>1 - NONE</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td></td> <td>2 - PHYSICAL IMPAIRMENT</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td></td> <td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td> <td>3 - URINE</td> </tr> <tr> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td></td> <td>4 - ILLNESS</td> <td>4 - OTHER</td> </tr> <tr> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td></td> <td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td> <td>5 - BARBITURATES</td> </tr> <tr> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td></td> <td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td> <td>6 - BENZODIAZEPINES</td> </tr> <tr> <td>7 - BOOSTER SEAT</td> <td></td> <td>9 - OTHER / UNKNOWN</td> <td>6 - CANNABINOIDS</td> </tr> <tr> <td>8 - HELMET USED</td> <td></td> <td></td> <td>7 - OTHER</td> </tr> <tr> <td>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</td> <td></td> <td></td> <td>8 - NEGATIVE RESULTS</td> </tr> <tr> <td>10 - REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </td> </tr> </tbody> </table>											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	3 - TEST GIVEN, RESULTS KNOWN	4 - POSSIBLE INJURY	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	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		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - RIGHT SIDE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE		9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE			12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER			13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY			15 - NON-MOTORIST FORWARD FACING			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES			16 - CHILD RESTRAINT SYSTEM - REAR FACING			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR			17 - BOOSTER SEAT			17 - PROSTHETIC AID	17 - PROSTHETIC AID			18 - HELMET USED			18 - OTHER	18 - OTHER			19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)							20 - REFLECTIVE CLOTHING							21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY							22 - OTHER / UNKNOWN						<table border="1"> <thead> <tr> <th>SAFETY EQUIPMENT</th> <th>TRAPPED</th> <th>CONDITION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - NONE USED</td> <td></td> <td>1 - APPARENTLY NORMAL</td> <td>1 - NONE</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td></td> <td>2 - PHYSICAL IMPAIRMENT</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td></td> <td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td> <td>3 - URINE</td> </tr> <tr> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td></td> <td>4 - ILLNESS</td> <td>4 - OTHER</td> </tr> <tr> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td></td> <td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td> <td>5 - BARBITURATES</td> </tr> <tr> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td></td> <td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td> <td>6 - BENZODIAZEPINES</td> </tr> <tr> <td>7 - BOOSTER SEAT</td> <td></td> <td>9 - OTHER / UNKNOWN</td> <td>6 - CANNABINOIDS</td> </tr> <tr> <td>8 - HELMET USED</td> <td></td> <td></td> <td>7 - OTHER</td> </tr> <tr> <td>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</td> <td></td> <td></td> <td>8 - NEGATIVE RESULTS</td> </tr> <tr> <td>10 - REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											SAFETY EQUIPMENT	TRAPPED	CONDITION	TEST STATUS	1 - NONE USED		1 - APPARENTLY NORMAL	1 - NONE	2 - SHOULDER BELT ONLY USED		2 - PHYSICAL IMPAIRMENT	2 - BLOOD	3 - LAP BELT ONLY USED		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE	4 - SHOULDER & LAP BELT USED		4 - ILLNESS	4 - OTHER	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - BARBITURATES	6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - BENZODIAZEPINES	7 - BOOSTER SEAT		9 - OTHER / UNKNOWN	6 - CANNABINOIDS	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			
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	3 - TEST GIVEN, RESULTS KNOWN																																																																																																																																																																																																																																				
4 - POSSIBLE INJURY	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	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																																																																																																																																																																																																																																				
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE																																																																																																																																																																																																																																					
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																																																																																																																																																																																																																																					
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - RIGHT SIDE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE																																																																																																																																																																																																																																					
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN																																																																																																																																																																																																																																					
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE																																																																																																																																																																																																																																					
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE																																																																																																																																																																																																																																					
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER																																																																																																																																																																																																																																					
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																																																																																																																																																																																																																																					
	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY																																																																																																																																																																																																																																					
	15 - NON-MOTORIST FORWARD FACING			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES																																																																																																																																																																																																																																					
	16 - CHILD RESTRAINT SYSTEM - REAR FACING			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR																																																																																																																																																																																																																																					
	17 - BOOSTER SEAT			17 - PROSTHETIC AID	17 - PROSTHETIC AID																																																																																																																																																																																																																																					
	18 - HELMET USED			18 - OTHER	18 - OTHER																																																																																																																																																																																																																																					
	19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)																																																																																																																																																																																																																																									
	20 - REFLECTIVE CLOTHING																																																																																																																																																																																																																																									
	21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY																																																																																																																																																																																																																																									
	22 - OTHER / UNKNOWN																																																																																																																																																																																																																																									
<table border="1"> <thead> <tr> <th>SAFETY EQUIPMENT</th> <th>TRAPPED</th> <th>CONDITION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - NONE USED</td> <td></td> <td>1 - APPARENTLY NORMAL</td> <td>1 - NONE</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td></td> <td>2 - PHYSICAL IMPAIRMENT</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td></td> <td>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)</td> <td>3 - URINE</td> </tr> <tr> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td></td> <td>4 - ILLNESS</td> <td>4 - OTHER</td> </tr> <tr> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td></td> <td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td> <td>5 - BARBITURATES</td> </tr> <tr> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td></td> <td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td> <td>6 - BENZODIAZEPINES</td> </tr> <tr> <td>7 - BOOSTER SEAT</td> <td></td> <td>9 - OTHER / UNKNOWN</td> <td>6 - CANNABINOIDS</td> </tr> <tr> <td>8 - HELMET USED</td> <td></td> <td></td> <td>7 - OTHER</td> </tr> <tr> <td>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</td> <td></td> <td></td> <td>8 - NEGATIVE RESULTS</td> </tr> <tr> <td>10 - REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											SAFETY EQUIPMENT	TRAPPED	CONDITION	TEST STATUS	1 - NONE USED		1 - APPARENTLY NORMAL	1 - NONE	2 - SHOULDER BELT ONLY USED		2 - PHYSICAL IMPAIRMENT	2 - BLOOD	3 - LAP BELT ONLY USED		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE	4 - SHOULDER & LAP BELT USED		4 - ILLNESS	4 - OTHER	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - BARBITURATES	6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - BENZODIAZEPINES	7 - BOOSTER SEAT		9 - OTHER / UNKNOWN	6 - CANNABINOIDS	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																																																																																																																																																																															
SAFETY EQUIPMENT	TRAPPED	CONDITION	TEST STATUS																																																																																																																																																																																																																																							
1 - NONE USED		1 - APPARENTLY NORMAL	1 - NONE																																																																																																																																																																																																																																							
2 - SHOULDER BELT ONLY USED		2 - PHYSICAL IMPAIRMENT	2 - BLOOD																																																																																																																																																																																																																																							
3 - LAP BELT ONLY USED		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - URINE																																																																																																																																																																																																																																							
4 - SHOULDER & LAP BELT USED		4 - ILLNESS	4 - OTHER																																																																																																																																																																																																																																							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - BARBITURATES																																																																																																																																																																																																																																							
6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - BENZODIAZEPINES																																																																																																																																																																																																																																							
7 - BOOSTER SEAT		9 - OTHER / UNKNOWN	6 - CANNABINOIDS																																																																																																																																																																																																																																							
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																																																																																																																																																																																																																																										



# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260373	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 02   D 15   Y 2026
IN COUNTY OF 18	CRASH LOCATION SR 14	

Building at 11321 Broadway Avenue has damage to brick to Southeast corner.

OFFICER'S SIGNATURE  
**X**

BADGE NUMBER  
026