

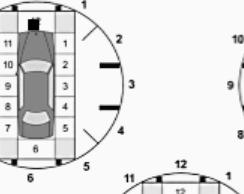
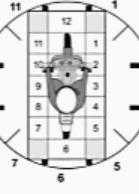
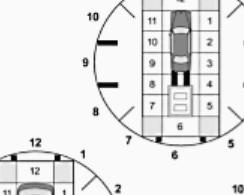


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *						
				2 0 2 6 0 2 9 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 * NCIC *								
		GARFIELD HEIGHTS 0 1 8 2 0				HIT/SKIP 1 - Solved 2 - Unsolved				
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				NUMBER OF INJURIES 0 1		
ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Turney		ROAD TYPE RD	LATITUDE DECIMAL DEGREES 4 1 3 9 9 1 3 5	
ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Hathaway		ROAD TYPE RD	LONGITUDE DECIMAL DEGREES 8 1 5 9 3 3 3 5	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE 1		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ■ WITHIN INTERSECTION OR ON APPROACH □ WITHIN INTERCHANGE AREA		
DISTANCE COM/DECIMALS 5		DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards 2						ROADWAY □ ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 0 4 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 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 (<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 3	SURFACE 2		
ACTIVE SCHOOL ZONE		WEATHER 6 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	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
NARRATIVE UNIT 1 WAS SOUTHBOUND ON TURNEY RD, GOING THROUGH THE INTERSECTION OF HATHAWAY RD. UNIT 1 MOVED TOWARDS THE RIGHT OF THE ROAD AND WAS PULLED OFF THE RIGHT SIDE OF THE ROAD BY A SNOW BANK. THIS CAUSED UNIT 1 TO FLIP.								 Indicate the north direction with an "N" on the compass diagram.		
CRASH REPORTED DATE/TIME 0 2 0 4 2 0 2 6 1 2 1 4 0		DISPATCH DATE/TIME 0 2 0 4 2 0 2 6 1 2 1 4 1		ARRIVAL DATE/TIME 0 2 0 4 2 0 2 6 1 2 1 4 7		SCENE CLEARED DATE/TIME 0 2 0 4 2 0 2 6 1 2 2 0 7		REPORT TAKEN BY ■ POLICE AGENCY □ MOTORIST		
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 2 6	OFFICER'S NAME * M. Matash		CHECKED BY OFFICER'S NAME * T. Baon		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
					OFFICER'S BADGE NUMBER * 0 0 1		CHECKED BY OFFICER'S BADGE NUMBER * S 2 0			



OWNER	UNIT # 0   1 OWNER NAME: LAST, FIRST, MIDDLE LITTLE MAXINE O			OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> Same As Driver)	DAMAGE
OWNER ADDRESS: STREET, CITY, STATE, ZIP 6209 DUNHAM RD			( <input type="checkbox"/> Same As Driver)	DAMAGE SCALE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
LP STATE O   H LICENSE PLATE # KVF5417		VEHICLE IDENTIFICATION # 3GNAXHEG0SL305578	VEHICLE YEAR 2025	VEHICLE MAKE Chevrolet	DAMAGED AREA(S)
<input type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR BLK	INDICATE ALL THAT APPLY
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0   1	VEHICLE WEIGHT GVWR/GCWR 1. <10K LBS 2. 10-20K LBS. 3. >20K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID #	
UNIT TYPE 0   3 1. PASSENGER CAR 2. PASSENGER VAN (MINIVAN) 3. SPORT UTILITY VEHICLE 4. PICK UP 5. CARGO VAN 6. VAN (9-15 SEATS)		2. 2-WHEELED 3. 3-WHEELED 4. AUTOCYCLE 5. MOPED OR MOTORIZED BICYCLE 6. ALL TERRAIN VEHICLE (ATV / UTV)	7. GOLF CART 8. SNOWMOBILE 9. SINGLE UNIT TRUCK 10. SEMI-TRACTOR 11. EQUIPMENT 12. 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 1 - YES 2 - NO 9 - OTHER / UNKNOWN					
AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN					
SPECIAL FUNCTION 0   1 1. NONE 2. TAXI 3. ELECTRONIC RIDE SHARING 4. SCHOOL TRANSPORT 5. BUS TRANSIT/COMMUTER 6. BUS - SHUTTLE 7. FIRE 8. MILITARY 9. POLICE 10. PUBLIC UTILITY 11. CONSTRUCTION EQUIPMENT 12. FARM 13. SNOW REMOVAL 14. TOWING 15. SAFETY SERVICE PATROL 21. MAIL CARRIER 99. OTHER/UNKNOWN					
CARGO BODY TYPE 0   1 1. NO CARGO BODY TYPE / NOT APPLICABLE 2. BUS 3. LOGGING 4. MOTOR VEHICLE 5. VEHICLE TOWING ANOTHER MOTOR VEHICLE 6. CARGO VAN/ENCLOSED BOX 7. GRAIN/CHIPS/GRAVEL 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. 1-INTERSECTION - MARKED CROSSWALK 2. 2-INTERSECTION - UNMARKED CROSSWALK 3. 3-INTERSECTION - OTHER 4. 4-MIDBLOCK - MARKED CROSSWALK 5. 5-SHOULDER/ROADSIDE 6. 6-SIDEWALK 7. 7-DRIVEWAY ACCESS 8. 8-SHARED USE PATHS OR TRAILS 9. 9-MEDIAN/CROSSING ISLAND 10. 10-DRIVEWAY 11. 11-SHARED USE PATHS OR TRAILS 12. 12-FIRST RESPONDER AT INCIDENT SCENE 13. 13-OTHER / UNKNOWN					
ACTION 2   0 1. 1-NON-CONTACT 2. 2-NON-COLLISION 3. 3-STRIKING 4. 4-STRIKED 5. 5-BOTH STRIKING & STRUCK 6. 6-OTHER / UNKNOWN 7. 7-STRAIGHT AHEAD 8. 8-BACKING 9. 9-CHANGING LANES 10. 10-OVERTAKING/PASSING 11. 11-MAKING RIGHT TURN 12. 12-MAKING LEFT TURN 13. 13-MAKING U-TURN 14. 14-ENTERING TRAFFIC LANE 15. 15-LEAVING TRAFFIC LANE 16. 16-PARKED 17. 17-SLOWING OR STOPPED IN TRAFFIC 18. 18-NEGOTIATING A CURVE 19. 19-ENTERING OR CROSSING SPECIFIED LOCATION 20. 20-WALKING, RUNNING, JOGGING, PLAYING 21. 21-STANDING OUTSIDE DISABLED VEHICLE 22. 22-DRIVING 23. 23-PUSHING VEHICLE 14. 14-APPROACHING OR LEAVING VEHICLE 15. 15-STANDING 20. 20-OTHER NON-MOTORIST 21. 21-STANDING OUTSIDE 22. 22-DRIVING 23. 23-PUSHING VEHICLE 14. 14-UNDERCARRIAGE 15. 15-VEHICLE NOT AT SCENE 99. 99-OTHER / UNKNOWN					
CONTRIBUTING CIRCUMSTANCES 2   2 1. 1-NONE 2. 2-FAILURE TO YIELD 3. 3-RAN RED LIGHT 4. 4-RAN STOP SIGN 5. 5-UNSAFE SPEED 6. 6-IMPROPER TURN 7. 7-LEFT OF CENTER 8. 8-FOLLOWING TOO CLOSE/ACDA 9. 9-IMPROPER LANE CHANGING 10. 10-IMPROPER PASSING 11. 11-DROVE OFF ROAD 12. 12-IMPROPER BACKING 13. 13-IMPROPER START FROM PARKED POSITION 14. 14-STOPPED OR PARKED ILLEGALLY 15. 15-SWERVING TO AVOID 16. 16-WRONG WAY 17. 17-VISION OBSTRUCTION 18. 18-OPERATING DEFECTIVE EQUIPMENT 19. 19-LOAD SHIFTING/FALLING/SPILLING 20. 20-IMPROPER CROSSING 21. 21-LYING IN ROADWAY 22. 22-NOT DISCERNABLE 23. 23-OPENING DOOR INTO ROADWAY 24. 24-OTHER IMPROPER ACTION 14. 14-UNDERCARRIAGE 15. 15-VEHICLE NOT AT SCENE 99. 99-OTHER / UNKNOWN					
EVENTS	SEQUENCE OF EVENTS				
SEQUENCE OF EVENTS					
EVENTS					
1   0   8	1. 1-OVERTURN/ROLLOVER 2. 2-FIRE/EXPLOSION 3. 3-IMMERSION 4. 4-JACKKNIFE 5. 5-CARGO / EQUIPMENT LOSS OR SHIFT	6. 6-EQUIPMENT FAILURE 7. 7-SEPARATION OF UNITS 8. 8-RAN OFF ROAD RIGHT 9. 9-RAN OFF ROAD LEFT 10. 10-CROSS MEDIAN	11. 11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12. 12-DOWNHILL RUNAWAY 13. 13-OTHER NON-COLLISION 14. 14-PEDESTRIAN 15. 15-PEDALCYCLE	16. 16-RAILWAY VEHICLE 17. 17-ANIMAL - FARM ANIMAL - DEER 18. 18-ANIMAL - OTHER 19. 19-MOTOR VEHICLE IN TRANSPORT 20. 20-PARKED MOTOR VEHICLE	22. 22-WORK ZONE MAINTENANCE EQUIPMENT 23. 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24. 24-OTHER MOBILE OBJECT
2   0   1	COLLISION WITH FIXED OBJECT - STRUCK				
3	25. 25-IMPACT ATTENUATOR / CRASH CUSHION 26. 26-BRIDGE OVERHEAD STRUCTURE 27. 27-BRIDGE PIER OR ABUTMENT 28. 28-BRIDGE PARAPET 29. 29-BRIDGE RAIL 30. 30-GUARDRAIL FACE	31. 31-GUARDRAIL END 32. 32-PORTABLE BARRIER 33. 33-MEDIAN CABLE BARRIER 34. 34-MEDIAN GUARDRAIL BARRIER 35. 35-MEDIAN CONCRETE BARRIER 36. 36-MEDIAN OTHER BARRIER	37. 37-TRAFFIC SIGN POST 38. 38-OVERHEAD SIGN POST 39. 39-LIGHT/LUMINARIES SUPPORT 40. 40-UTILITY POLE 41. 41-OTHER POST, POLE OR SUPPORT 42. 42-CULVERT	43. 43-CURB 44. 44-DITCH 45. 45-EMBANKMENT 46. 46-FENCE 47. 47-MAILBOX 48. 48-TREE 49. 49-FIRE HYDRANT	50. 50-WORKZONE MAINTENANCE EQUIPMENT 51. 51-WALL 52. 52-BUILDING 53. 53-TUNNEL 54. 54-OTHER FIXED OBJECT 99. 99-OTHER / UNKNOWN
4	UNIT SPEED				
5	DETECTED SPEED				
6	0	3	1	2	3
POSTED SPEED					
2	FIRST HARMFUL EVENT				
2	MOST HARMFUL EVENT				



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 2 9 3

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	LITTLE WINSTON B						0 2 1 2 1 9 6 9	5 6	M						
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE					
7622 NEW YORK AVE CLEVELAND OH 44105																
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
3		2	GHFD	Marymount Hospital				0 4		0 1	3	1	3			
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	CONDITION	STATUS	TYPE	ALCOHOL TEST	DRUG TEST(S)						
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1						
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			
1		2														
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	CONDITION	STATUS	TYPE	ALCOHOL TEST	DRUG TEST(S)						
1				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1						
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			
1		2														
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	CONDITION	STATUS	TYPE	ALCOHOL TEST	DRUG TEST(S)						
1				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1						
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 UNKNOWN					
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 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		7 - TALKING ON HAND-HELD COMMUNICATION DEVICE		7 - NONE					
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT SIDE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		2 - BLOOD					
1 - NOT TRANSPORTED / TREATED AT SCENE	9 - THIRD - RIGHT SIDE		10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE					
2 - EMS	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		2 - PARTIALLY EJECTED		H - HAZMAT		10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH					
3 - POLICE	12 - PASSENGER IN UNENCLOSED CARGO AREA		3 - TOTALLY EJECTED		M - MOTORCYCLE		11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		5 - OTHER					
9 - OTHER / UNKNOWN	13 - TRAILING UNIT		4 - NOT APPLICABLE		P - PASSENGER		12 - LIMITED - OTHER		9 - OTHER / UNKNOWN		ALCOHOL TEST TYPE					
SAFETY EQUIPMENT	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		1 - NOT TRAPPED		N - TANKER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE					
1 - NONE USED	15 - NON-MOTORIST		2 - EXTRICATED BY MECHANICAL MEANS		Q - MOTOR SCOOTER		14 - MILITARY VEHICLES ONLY		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		2 - BLOOD					
2 - SHOULDER BELT ONLY USED	99 - OTHER / UNKNOWN		3 - FREED BY NON-MECHANICAL MEANS		R - THREE-WHEEL MOTORCYCLE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		9 - OTHER / UNKNOWN		3 - URINE					
3 - LAP BELT ONLY USED	16 - FORWARD FACING		1 - APPARENTLY NORMAL		S - SCHOOL BUS		16 - OUTSIDE MIRROR		10 - OTHER		4 - OTHER					
4 - SHOULDER & LAP BELT USED	17 - REAR FACING		2 - PHYSICAL IMPAIRMENT		T - DOUBLE & TRIPLE TRAILERS		17 - PROSTHETIC AID		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		DRUG TEST TYPE					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	18 - OTHER		3 - PROSTHETIC AID		X - TANKER / HAZMAT		18 - OTHER		4 - ILLNESS		1 - NONE					
6 - CHILD RESTRAINT SYSTEM - REAR FACING	19 - OTHER		4 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		F - FEMALE		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BLOOD					
7 - BOOSTER SEAT	20 - OTHER		5 - CANNABINOID		M - MALE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		3 - BENZODIAZEPINES					
8 - HELMET USED	21 - OTHER		6 - OTHER / UNKNOWN		U - OTHER/UNKNOWN		7 - OTHER		7 - OTHER		4 - CANNABINOID					
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	22 - OTHER		8 - NEGATIVE RESULTS				8 - OTHER / UNKNOWN		8 - NEGATIVE RESULTS		5 - COCAINE					
10 - REFLECTIVE CLOTHING	23 - OTHER										6 - OPIATES / OPIOIDS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	24 - OTHER										7 - OTHER					
99 - OTHER / UNKNOWN	25 - OTHER										8 - NEGATIVE RESULTS					
GENDER											DRUG TEST RESULT(S)					
F - FEMALE											1 - AMPHETAMINES					
M - MALE											2 - BARBITURATES					
U - OTHER/UNKNOWN											3 - BENZODIAZEPINES					
											4 - CANNABINOID					
											5 - COCAINE					
											6 - OPIATES / OPIOIDS					
											7 - OTHER					
											8 - NEGATIVE RESULTS					