CHIED CHARLES TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER*				
PHOTOS TAKEN	0H-3		2,0,2,1,-,0,0,0,1,8,9,5,0,										
OH-1P OTHER REPORTING AGENCY NAME*							NCIC*	HIT/SKIP	NUMBER OF UNITS				
JECONDART CRASI	PRIVATE P	ROPERTY	City of K	ent Polic	ce	_0_	6   7   0   3	1-SOLVED 0,2 98-ANIMAL 2-UNSOLVED 0,1 99-UNKNOV					
COUNTY* LOCALITY	VILLAGE, TOWNSH	lb*		CRASH DATE / TIME*				CRASH SEVERITY					
	VILLAGE Ke					$\lfloor 1_1 1_1 1_1 4_1 2_1 0_1 2_1 1_1 /_1 1_1 4_1 $				1 - FATAL 2 - SERIOUS INJURY			
ROUTE TYPE ROUTE N	ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH S - SOUTH							LATITUDE DE	SUSPECTED				
	A-AAE21	FAIRCH				$A_1V$	(4:1) <sub>e</sub> (1:5:8:	3   5   5	3 - MINOR INJURY SUSPECTED				
ROUTE TYPE ROUTE N	- SOUTH	REFERENCE RO	AD NAME (ROA	D, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE OF	CIMAL DEGREES	4 - INJURY POSSIBLE				
	-EAST /-WEST	WATER				ST	-8 <sub>1</sub> 1 <sub> •</sub> 3 <sub>1</sub> 5 <sub>1</sub> 8 <sub>1</sub>	2,7,0	5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT 1 - INTERSECTION	10 1	ROUTE TYP		ALLEY	ROAD TYPE		INTERSECTION RELATED						
2 - MILE POST	2-MILE POST 4 S-SOUTH US-FEDERAL US ROUTE AVENUE						HW-HIGHWAY RD - ROAD WITHIN INTERSECTION OR ON APPRO						
3-HOUSE #	E-EAS W-WES		TATE ROUTE		BL - BOULEVARD	WITHIN INTERCHANGE ARI				NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	E	IUMBERED COU	NTY ROUTE	CR - CIRCLE CT - COURT	OV - OVAL PK - PARKWAY							
, 1 , 0 , 0 ,	1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE						PI - PIKE WA - WAY ROADWAY DIVIDED						
	3-YARE				HE - HEIGHTS	PL - PLACE							
1 - ON ROADW	N of FIRST HARM AY 9-C	ROSSOVER		i .		<b>H COLLISION/IMPA</b> 4 - Rear-to-Rear	CT	DIRECTION OF TRAVE	1	MEDIAN TYPE			
0 1 2-ON SHOULD			LLEY ACCESS ADE CROSSING	1, 2 , T\	NO MOTOR	5 - BACKING		N - NORTH S - SOUTH	(<4	DED FLUSH MEDIAN FEET)			
4 - ON ROADSI	DE 12-5	HARED USE		— VI	-IIIOLLU III	6 - ANGLE 7 - SIDESWIPE, SAM	E DIRECTION	E - EAST W - WEST		DED FLUSH MEDIAN FEET )			
5 - ON GORE 6 - OUTSIDE TO	10.5	RAILS SIKE LANE		ì		B - SIDESWIPE, OPPO B - OTHER / UNKNOV			1	DED, DEPRESSED MEDIAN DED, RAISED MEDIAN			
7 - ON RAMP		OLL BOOTH	ALOWAN			, omen bund			(AN	Y TYPE)			
8-OFF RAMP					1					ER/UNKNOWN			
WORK ZONE RELA	TED		WORK ZONE TY ANE CLOSURE	PE		IN OF CRASH IN WO - BEFORE THE 1ST		CONTOUR	CONDITIONS				
WORKERS PRESE	NT		ANE SHIFT/CROS			WARNING SIGN - ADVANCE WARNIN		L CTRAIGHT I SYSTEM	3	2			
LAW ENFORCEME	NT PRESENT L	01	ORK ON SHOULE R MEDIAN		3.	TRANSITION AREA			1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP			
ACTIVE SCHOOL Z	ONE		NTERMITTENT O THER	R MOVING WO		- ACTIVITY AREA - TERMINATION AR	FΔ		3 - SNOW	BITUMINOUS, ASPHALT			
LICHT	CONDITION							4 - CURVE GRADE	4 - ICE	3 - BRICK/BLOCK			
1 - DAYLIGHT	CONDITION		1-CL	WEAT EAR	6-SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIF OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
1 2- DAWN/DUSK	( HTED ROADWAY		0 6 2-CL			CROSSWINDS			6 - WATER (STAND				
4 - DARK - ROA	4-RA			G SAND, SOIL, DIRT IG RAIN OR FREEZI			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 9 - OTHER / UNKNOWN					99-OTHER	/ UNKNOWN			9 - OTHER/UNKNOV	VN			
NARRATIVE			<del></del>	_						^			
							<	Indicate the north direction with					
UNIT 2 WAS	AFFIC C	OING I	EB					an "N" on the compass diagram.					
IN THE LEF	T LANE (	N FAI	RCHILD	AVE.									
UNIT 1 WAS	TRAVEL	ING E	B IN THE	ELEFT									
LANE ON FA	AIRCHILI	) AVE	BEHIND	UNIT 2						( N T			
UNIT 1 FAIL					-		Ŷ.	3					
				Î	•								
TIME AND S	SEHIND		S - INNES		-								
UNIT 1 WAS			r ANCISED A		&;								
				18 E.W.									
				24.7		Not To Serve							
							1	1 1	Not To Scale				
CRASH REPORTED	TIME	RVAL DATE (TILL	<del>-                                    </del>	COPME ALESSES									
10.1	SPATCH DATE /			[ <del>7</del> 2]				REPORT TAKEN BY  POLICE AGENCY					
1 1 1 1 4 2 0 2 1 TOTAL TIME	1/11414191 OTHER	1 1 1 1 4 TOTAL			111114				1/1508	MOTORIST			
TOTAL TIME OTHER TOTAL OFFICER'S NAME*  ROADWAY CLOSED INVESTIGATION TIME MINUTES Moore, Matthew J						Bowen, Jared				X SUPPLEMENT			
OFFICER'S BADGE NUMBER						CHECKED BY OFFICER'S BADGE NUMBER*  (CORRECTION TO AN EXERCISE				(CORRECTION OR ADDITION TO ARE EXISTING REPORT SENT TO COPS)			
0,0,0	<u> </u>	0.3	9 2	5   2	1		2 1	4					



LOCAL REPORT NUMBER 2<sub>1</sub>0<sub>1</sub>2<sub>1</sub>1<sub>1</sub>-10<sub>1</sub>0<sub>1</sub>0<sub>1</sub>1<sub>1</sub>8<sub>1</sub>9<sub>1</sub>5<sub>1</sub>0<sub>1</sub> UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X)SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (XI SAME AS DRIVER DAMAGE 1 | SPRAGUE, KIRSTEN, TAYLOR DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 1722 TREETOP TRL, Akron, OH 44313 → 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** INDICATE ALL THAT APPLY VEHICLE YEAR **VEHICLE MAKE** O H JAL7039 J | H| M G| K| 5 | H| 7 | 7 | H| S | 0 | 1 | 7 | 0 | 5 | 8 | 2 0 1 7 Honda INSURANCE COMPANY INSURANCE VERIFIED INSURANCE POLICY # COLOR VEHICLE MODEL ERIE Q035908505 BLK FIT TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE 2 - 10,001 - 26K LBS  $\begin{bmatrix} 0 & 1 \end{bmatrix}$ PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 00 # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX BODY 10-FLAT RED 14-GARBAGE/REFUSE \* 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE [ 0 ] - UNDERCARRIAGE [ 14 ] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS T-TOP [ 13 ] 1 - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS - UNIT NOT AT SCENE [ 16 ] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION OR LEAVING VEHICLE 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3-STRIKING 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 10-PARKED 20 - OTHER NON-MOTORIST 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 16-WORKING 13 - TOP & STRUCK INTRAFFIC DISABLED VEHICLE 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL 2 - FAILURE TO YIELD PARKED POSITION 8 - FOLLOWING TOO CLOSE / ACDA 18 - OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 0 8 23 - OPENING DOOR INTO 2 - TWO-WAY ILLEGALLY 2 - SIGNAL 5 - VIELD SIGN 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 15 - SWERVING TO AVOID CIRCUMSTANCES 5 - UNSAFE SPEED 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IMPROPER CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD SEQUENCE OF EVENTS 1 - NOT INVOLVED \_1 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 3 - INVOLVED-PASSIVE CROSSING 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 1 2 0 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - AHIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING, **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION B - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12-DOWNHILL RUNAWAY SHIFTING CARGO OR 1 4 - JACKKNIFF 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 2 - SOUTH 6 - NORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT \_\_\_\_ то \_\_\_3\_\_\_ LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE OBJECT 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST B - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43-CURB 50-WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38-OVERHEAD SIGN POST 44 - DITCH **EQUIPMENT UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 51 - WALL STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL 1 - STATED / ESTIMATED SPEED SUPPORT 52-BUILDING 46-FENCE ,0,0,5 40 - HTH ITY POLE 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 4R-TREE 29 - BRIDGE RAIL OR SUPPORT POSTED SPEED 3 - UNDETERMINED 99-OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 5

1 MOST HARMFUL EVENT

☐ FIRST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

HSY8304 OH1U 1/19 [760-0820]

OFFICIAL SAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
							2.0.2.10.0.0.1.8.9.5.0.								
UNIT#								DATE OF BIRTH AGE GENDER							
	0, 1 SPRAGUE, KIRSTEN, TAYLOR  ADDRESS: STREET, CITY, STATE, ZIP									0 8 / 0 7 / 1 9 9 6 2 5 F					
1722 TREETOP TRL, Akron, OH 44313									CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	TAKEN				TAKENTO	O: MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLIANT				N TRAPPED		
OLSTATE		ICENSE NUMBER		JOEER	SE CHA	DOED	Lincal	OFFENSE DESC	MC HEL	MET 0 1	1	11	_11		
O H		TOTAL HOMBER		333.0		RGED	CODE	Maximu		Limite	21509	ON NUMBER			
OL CLASS	ENDORSEMENT SELECTUPTO2	RESTRICTION SELECT		DRIVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC	OHOL TEST	D	ORUG TEST(S				
1	SELECT OF 102		BY	STRACTED 1		ALCOHOL MARIJUANA					100	_	T SELECT UP TO 4		
UNIT #	NAME: LAST, F	LILL LILL L	<u> </u>	1	1 OTHER DRUG			1			_1	1			
0.2		first, middle MAN, GARY, WI	ТТТА	M	<b>1</b>				, , ,	DATE OF BIRTH	^ n =	AGE	GENDER		
	: STREET, CITY, ST.		- Liling	.,,1				<del></del>	CONTACT P	2 9 / 1 9		3 5	<u>M</u>		
3984 I	KLEIN A	NE ,Stow ,OH 4	4224						. CONTROL	HOME . INCERDS BEAR	nnr				
		EMS AGENCY (NAME)		INJURED	TAKEN TO	0: MEDICAL FACILITY	(NAME, CITY)		DOT-Com	SEATING POSITION	N AIR BAG US	SAGE EJECTION	TRAPPED		
	BY L							USED 0 4	MC HELI		1_	1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	1-	CITATION NUMBER				
OL STATE O, H	THEORETHE		las												
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED		OHOL / DRUG SUSPE		CONDITION	STATUS TYP	DHOLTEST PE VALUE		RUG TEST(S	T SELECT UP TO 4		
_4			1	1 OTHER DRUG			_ 1	1 1		1	1 1 1				
UNIT#	NAME: LAST, F	FIRST, MIDDLE			-					DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, STA	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	IMUDED TO	EME ACENCY (MANE)		Taxanan i		MEDICAL PACK THE		T	LL	<del></del>	<del></del>				
INSORIES	TAKEN BY	EMS AGENCY (NAME) INJURE			JURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COM	PLIANT MET	AIR BAG US	AGE EJECTION	TRAPPED			
OL STATE	OPERATOR L	RATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC				N NUMBER	<u> </u>		
ADDRESS:  INJURIES  OL STATE				CODE											
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		DISTRACTED		OHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO A				
			BY			LCOHOL MAR	RIJUANA								
INJU	IRIES	SEATING POSITION	A	AIR BAG		OL CLASS	6	OL RESTRIC	TION(S)	DRIVER DISTRACT	ION	TEST STA	ATUS		
1 - FATAL 2 - SUSPECTED S	SERIOUS-INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 1 - CLASS A 2 - DEPLOYED FRONT 2 - CLASS B				1 - ALCOHOL INTER	ERLOCK DEVICE 1 - NOT DISTRACTED 1 - NONE GIVEN							
3 - SUSPECTED I	- SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE		3 - DEPLOYED SIDE			3 - CLASS C		2 - CDL INTRASTAT		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		3-1E31 GIVEN, CUNTAMINATED			
	4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE		4 - DEPLOYED BOTH FRONT / SIDE 4 - REGULAR CLASS 5 - NOT APPLICABLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS	Due	DIALING)		SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
	(MOTORCYCLE PASSENGER)  INJURED TAKEN BY  5-SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY			6 - EXCEPT CLASS		3 - TALKING ON HANDS-FRI COMMUNICATION DEVI	EL _	TEST GIVEN, RES					
1 - NOT TRANSPO	- NOTTRANSPORTED 6 - SECOND - RIGHT SIDE		6 - NO VALID OL				& CLASS B BUS 7 - EXCEPT TRACTO		4 - TALKING ON HAND-HELL COMMUNICATION DEVICE	CF	UNKNOWN				
/TREATED AT 2 - EMS	/TREATED AT SCENE 7 - THIRD - LEFT SIDE - EMS (MOTORCYCLE SIDE CAR)		EJECTION OL ENDOI 1-NOTEJECTED H-HAZMAT			OL ENDORSEM	IENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH . ELECTRONIC DEVICE	AN	ALCOHOL TEST TYPE 1-NONE			
3 - POLICE	- POLICE 8-THIRD - MIDDLE		2 - PARTIALLY EJECTED N			M - MOTORCYCLE 9 - LEARNER'S PER			MIT	6-PASSENGER		2 - BLOOD			
10-SLEEPER SECTION					P - PASSENGER	P - PASSENGER RESTRICTIONS N - TANKER 10 - LIMITED TO DAY		7 - OTHER DISTRACTION LIGHT ONLY INSIDE THE VEHICLE			3 - URINE 4 - Breath				
SAFETY EQUIPMENT UF INCOCK CAB  1NONF USED 11-PASSENGER IN OTHER				Q - MOTOR SCOOTER 11				11 - LIMITED TO EMP	#2500 A 44	8 - OTHER DISTRACTION OF THE VEHICLE	UTSIDE 5-	5-OTHER			
2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, 1				K-INKEE-WHEEL MOTORCYCLE				12 - LIMITED - OTHE 13 - MECHANICAL DE	VICES	9 - OTHER / UNKNOWN		DRUG TEST	TYPE		
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T DOUBLE & TRIPLE T	CONTROLS, OR O	THER	CONDITION		1 - NONE 2 - Blood					
5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		ADAPTIVE DEVIC 14 - MILITARY VEHIC		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT	C102.00	3 - URINE 4 - OTHER				
6 - CHILD RESTR	5 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	CHUTHAUT	3 - EMÓTIONAL (E.G., DEPRES	SSED,				
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST					M - MALE		16-OUTSIDE MIRRO	R	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S)  1-AMPHETAMINES			
8 - HELMET USE	8 - HELMET USED 99 - OTHER / UNKNOWN		U			U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	Self School Second	2 - BARBITURATES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							10-UINER		6 - UNDER THE INFLUENCE	4	3 - BENZODIAZEPINES 4 - CANNABINOIDS				
	0 - REFLECTIVE CLOTHING 1 - Lighting – Pedestrian									OF MEDICATIONS / DRUGS / ALCOHOL		5 - COCAINE			
/ BICYCLE ON	NLY									9-OTHER/UNKNOWN		OPIATES/OPIOID OTHER	21		
99 - OTHER / UNKNOWN										NEGATIVE RESUL	LTS				