

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*		
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			<b>NCIC*</b> <b>06703</b>		
<b>COUNTY*</b> <b>6 7</b> <b>LOCALITY*</b> <b>1</b> -CITY 2-VILLAGE 3-TOWNSHIP <b>Kent</b>					<b>HIT/SKIP</b> 1-SOLVED <b>0 2</b> <b>NUMBER OF UNITS</b> 2-UNRESOLVED <b>0 2</b> <b>UNIT IN ERROR</b> 98-ANIMAL <b>0 2</b> 99-UNKNOWN		
					<b>CRASH DATE / TIME*</b> <b>05012025/1725</b> <b>5</b>		
					<b>LATITUDE DECIMAL DEGREES</b> <b>41 16 58 49</b>		
					<b>LONGITUDE DECIMAL DEGREES</b> <b>-81 35 57 38</b>		
<b>REFERENCE LOCATION</b> <b>ROUTE TYPE</b> <b>S R</b> <b>ROUTE NUMBER</b> <b>43</b> <b>PREFIX</b> <b>1</b> -NORTH 2-SOUTH 3-EAST 4-WEST <b>LOCATION ROAD NAME</b> <b>MANTUA</b> <b>ROAD TYPE</b> <b>S T</b>					<b>CRASH SEVERITY</b> 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
<b>REFERENCE</b> <b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>PREFIX</b> <b>1</b> -NORTH 2-SOUTH 3-EAST 4-WEST <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> <b>1312 N MANTUA ST</b> <b>ROAD TYPE</b>							
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE # <b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		
<b>DISTANCE FROM REFERENCE</b> <b>5 0</b> <b>DISTANCE</b> 1-MILES 2-FEET 3-YARDS							
<b>LOCATION OF FIRST HARMFUL EVENT</b> 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP		<b>MANNER OF CRASH COLLISION/IMPACT</b> 1-NOT COLLISION 2-BEFORE 3-TWO MOTOR VEHICLES IN TRANSPORT 4-REAR-END 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER/UNKNOWN			<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER			<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		
<b>LIGHT CONDITION</b> <b>1</b> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		<b>WEATHER</b> <b>0 4</b> 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			<b>CONDITiONS</b> <b>1</b> <b>2</b> 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		
					<b>SURFACE</b> <b>2</b> 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
<b>NARRATIVE</b> <p>On May 1, 2025 Unit 1 was traveling from north to south on Mantua St in the curb lane. Unit 2 was traveling from north to south on the left lane. Unit 2 merged over into the curb lane striking Unit 1.</p>							
 <p>Indicate the north direction with an "N" on the compass diagram.</p>							
 <p>Not To Scale</p>							
<b>CRASH REPORTED DATE / TIME</b> <b>05012025/1725</b>		<b>DISPATCH DATE / TIME</b> <b>05012025/1727</b>		<b>ARRIVAL DATE / TIME</b> <b>05012025/1740</b>		<b>SCENE CLEARED DATE / TIME</b> <b>05012025/1802</b>	
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0 0 0</b>		<b>OTHER INVESTIGATION TIME</b> <b>0 3 0</b>		<b>TOTAL MINUTES</b> <b>0 6 3</b>		<b>OFFICER'S NAME*</b> <b>Ellis, Charles</b>	
						<b>CHECKED BY OFFICER'S NAME*</b> <b>Short, Jason M</b>	
						<b>OFFICER'S BADGE NUMBER*</b> <b>2 2 2</b>	
						<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> <b>2 2 8</b>	
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)							

UNIT # <b>0 1</b>	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER <b>UHLER, CHRISTOPHER, ALLAN</b>	OWNER PHONE: <input type="checkbox"/> SAME AS DRIVER REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input type="checkbox"/> SAME AS DRIVER <b>5215 HAHN ST NE, CANTON, OH 44721</b>		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE <b>O H</b>	LICENSE PLATE # <b>KFY8562</b>	VEHICLE IDENTIFICATION # <b>2 T 1 B R 3 2 E 7 4 C 1 8 6 4 4 6</b>	VEHICLE YEAR <b>2 0 0 4</b>	VEHICLE MAKE <b>Toyota</b>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>STATE FARM</b>	INSURANCE POLICY # <b>Q1065111635</b>	COLOR <b>MAR</b>	VEHICLE MODEL <b>COROLLA</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

<b>0 1</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICKUP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - CYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS					
<b>2</b>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN

<b>0 1</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<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 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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<b>1</b>	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
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<b>1</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE
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<b>4</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES	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 99 - OTHER / UNKNOWN
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<b>0 1</b>	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 CHANGE 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 DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS					
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<b>1 2 0</b>	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 MOVEABLE OBJECT
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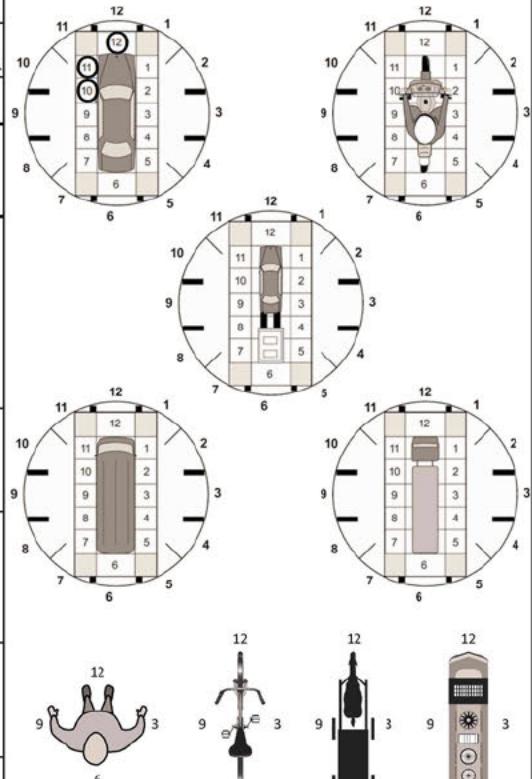
<b>4 1 5 6</b>	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<b>1</b>	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER <b>2 0 2 5 - 0 0 0 0 6 0 1 6</b>
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DAMAGE 4	DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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DAMAGED AREA(S) INDICATE ALL THAT APPLY
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INITIAL POINT OF CONTACT <b>1 1</b>	0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC TRAFFIC WAY FLOW <b>2</b>	TRAFFIC CONTROL 1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>4</b>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	

UNIT / NON-MOTORIST DIRECTION FROM <b>1</b> TO <b>2</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED <b>0 3 5</b>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>3 5</b>	

UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER) **ROGERS, JERALD, JOSEPH**

5295 MEADOW PARK DR ,Brimfield Twp ,OH 44240

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

REDACTED PER ORC 149.43(A)(1)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O H** LICENSE PLATE # **HYP8418**

INSURANCE VERIFIED INSURANCE COMPANY **HANOVER GROUP**

VEHICLE IDENTIFICATION # **3 FA6 P0 HD8 HR1 99247**

INSURANCE POLICY # **ANWJ714538**

VEHICLE YEAR **2017** VEHICLE MAKE **Ford**

COLOR **RED** VEHICLE MODEL **FUSION**

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # **1**

VEHICLE WEIGHT GVWR/GCWR **1 - ≤10K LBS.**

**2 - 10,001 - 26K LBS.**

**3 - >26K LBS.**

#OCCUPANTS **0 1**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT

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VEHICLE IDENTIFICATION # **3 FA6 P0 HD8 HR1 99247**

VEHICLE WEIGHT GVWR/GCWR **1 - ≤10K LBS.**

**2 - 10,001 - 26K LBS.**

**3 - >26K LBS.**

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LOCAL REPORT NUMBER									
2 0 2 5 - 0 0 0 0 6 0 1 6									

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER			
	0 1	LAUCK, SKYLAR, LYNN					0 2 0 4 2 0 0 8		1 7	F			
	ADDRESS: STREET, CITY, STATE, ZIP 3525 ROHRER AVE ,Brimfield Twp ,OH 44240										CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)		
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE ROGERS, ZACHARY, TYLER					DATE OF BIRTH 1 2 2 0 2 0 0 3		AGE 2 1	GENDER M	CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1				
OL STATE O H	OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12		OFFENSE CHARGED 331.08	LOCAL CODE X	OFFENSE DESCRIPTION Driving in Marked La		CITATION NUMBER 29446						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	CONTACT PHONE - INCLUDE AREA CODE			
ADDRESS: STREET, CITY, STATE, ZIP													
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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4		
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1- FATAL	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								
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TEST GIVEN, RESULTS KNOWN								
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOTAPPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY		6- SECOND - RIGHT SIDE	6- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS								
1- NOT TRANSPORTED /TREATED AT SCENE	7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- NOTEJECTED	7- CLASS A	7- EXCEPT TRACTOR-TRAILER									
2- EMS	8- THRD - MIDDLE	8- PARTIALLY EJECTED	8- CLASS B	8- INTERMEDIATE LICENSE RESTRICTIONS									
3- POLICE	9- THRD - RIGHT SIDE	9- TOTALLY EJECTED	9- CLASS C	9- LEARNER'S PERMIT RESTRICTIONS									
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	4- NOTAPPLICABLE	10- CLASS D	10- LIMITED TO DAYLIGHT ONLY									
SAFETY EQUIPMENT		EJECTION		11- LIMITED TO EMPLOYMENT									
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11- NOT EJECTED	11- CLASS E										
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA	12- PARTIALLY EJECTED	12- CLASS F										
3- LAP BELT ONLY USED	13- TRAILING UNIT	13- TOTALLY EJECTED	13- CLASS G										
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14- NOTAPPLICABLE	14- CLASS H										
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST	15- NOTAPPLICABLE	15- CLASS I										
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN	99- OTHER / UNKNOWN	16- CLASS J										
7- BOOSTER SEAT			17- CLASS K										
8- HELMET USED			18- CLASS L										
9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)													
10- REFLECTIVE CLOTHING													
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99- OTHER / UNKNOWN													
ALCOHOL TEST TYPE		DRUG TEST TYPE		CONDITION		DRUG TEST RESULT(S)							
1- NONE	2- BLOOD	1- APPARENTLY NORMAL	1- AMPHETAMINES										
2- BLOOD	3- URINE	2- PHYSICAL IMPAIRMENT	2- BARBITURATES										
3- URINE	4- BREATH	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- BENZODIAZEPINES										
4- BREATH	5- OTHER	4- ILLNESS	4- CANNABINOID										
5- OTHER	6- OTHER	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- COCAINE										
6- OTHER	7- OTHER	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- OPIATES / OPIOIDS										
7- OTHER	8- OTHER	9- OTHER / UNKNOWN	7- OTHER										
8- OTHER			8- NEGATIVE RESULTS										