

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 3 - 0 0 0 1 6 7 0 1

PHOTOS TAKEN  OH-2  OH-3  
 SECONDARY CRASH  OH-1P  OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**0 2**

COUNTY\* **6 7** LOCALITY\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
**1**  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Kent**

CRASH DATE / TIME\*  
**10162023 / 2129**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE **S R** ROUTE NUMBER **59** PREFIX **3**  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 LOCATION ROAD NAME  
**MAIN**  
 ROAD TYPE **S T**

LATITUDE DECIMAL DEGREES  
**41.153873**

ROUTE TYPE ROUTE NUMBER PREFIX  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**805**  
 ROAD TYPE

LONGITUDE DECIMAL DEGREES  
**-81.347290**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**3**  
 DIRECTION FROM REFERENCE  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - 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 HW - HIGHWAY RD - ROAD  
 AV - AVENUE LA - LANE SQ - SQUARE  
 BL - BOULEVARD MP - MILEPOST ST - STREET  
 CR - CIRCLE OV - OVAL TE - TERRACE  
 CT - COURT PK - PARKWAY TL - TRAIL  
 DR - DRIVE PI - PIKE WA - WAY  
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
**ROADWAY**  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 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  
 9 - CROSSOVER  
 10 - DRIVEWAY/ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED USE PATHS OR TRAILS  
 13 - BIKE LANE  
 14 - TOLL BOOTH  
 99 - OTHER / UNKNOWN  
**0 1**

MANNER OF CRASH COLLISION/IMPACT  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN  
**6**

DIRECTION OF TRAVEL  
 N - NORTH  
 S - SOUTH  
 E - EAST  
 W - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

CONTOUR  
**1**  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN

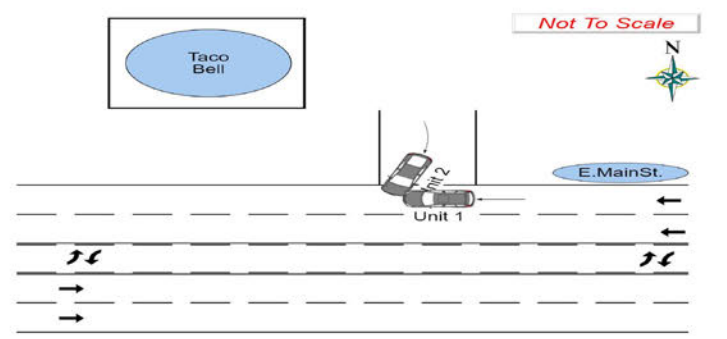
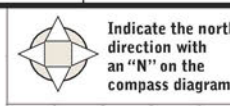
CONDITIONS  
**2**  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

SURFACE  
**2**  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**3**

WEATHER  
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE  
 4 - RAIN  
 5 - SLEET, HAIL  
 6 - SNOW  
 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN  
**0 2**

NARRATIVE  
**Unit 1 was traveling in the curb lane W/B in front of 805 E. Main St. Unit 2 was entering the roadway from 805 E. Main St. to W/B E. Main St. Unit 2 failed to yield to traffic and was struck by Unit 1.**



CRASH REPORTED DATE / TIME  
**10162023 / 2129**

DISPATCH DATE / TIME  
**10162023 / 2129**

ARRIVAL DATE / TIME  
**10162023 / 2136**

SCENE CLEARED DATE / TIME  
**10162023 / 2222**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**0 0 0**

OTHER INVESTIGATION TIME  
**0 6 0**

TOTAL MINUTES  
**1 1 3**

OFFICER'S NAME\*  
**Fuller, James**  
 OFFICER'S BADGE NUMBER\*  
**2 2 1**

CHECKED BY OFFICER'S NAME\*  
**Gaydosh, Ryan**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**2 1 3**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

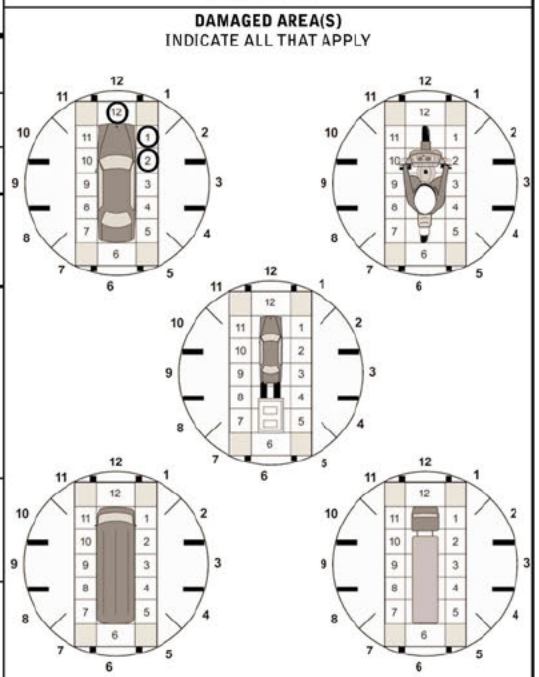
**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (NAME AS DRIVER) **MCKISIC, JUSTIN, L**  
**OWNED PHONE:** INCLUDE AREA CODE / CELL OR HOME PHONE  
 Redacted per ORC 149.43(A)(1)  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (NAME AS DRIVER)  
**6918 WHITE PINE DR, Ravenna Twp, OH 44266**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
 2023 - 00016701

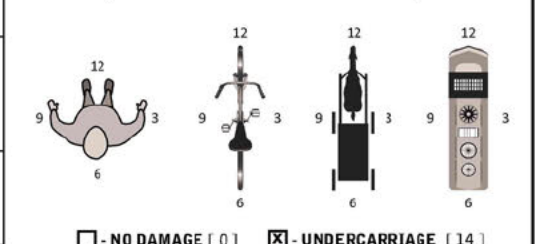
**LP STATE** OH **LICENSE PLATE #** HHQ9607 **VEHICLE IDENTIFICATION #** 3GKALVEV2KL225012 **VEHICLE YEAR** 2019 **VEHICLE MAKE** GMC  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** 4381116336 **COLOR** SIL **VEHICLE MODEL** TERRAIN  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **TOWED BY: COMPANY NAME** City Service  
 **MATERIAL RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**DAMAGE**  
**DAMAGE SCALE**  
 4 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**UNIT TYPE** 03  
**# OF TRAILING UNITS** 00  
**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2  
**AUTONOMOUS MODE LEVEL** 0  
 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 22 - CONCRETE MIXER 23 - AUTOTRANSPORTER 24 - GARBAGE/REFUSE 25 - OTHER / UNKNOWN  
 26 - BICYCLE 27 - TRAIN 28 - PEDESTRIAN / SKATER 29 - WHEELCHAIR (ANY TYPE) 30 - OTHER NON-MOTORIST 31 - BICYCLE 32 - TRAIL



**SPECIAL FUNCTION** 01  
**CARGO BODY TYPE** 01  
**VEHICLE DEFECTS** 01  
**NON-MOTORIST LOCATION AT IMPACT** 01  
**ACTION** 03  
**CONTRIBUTING CIRCUMSTANCES** 01  
**SEQUENCE OF EVENTS** 120  
**NON-COLLISION** 11  
**COLLISION WITH FIXED OBJECT - STRUCK** 31  
**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1



**VEHICLE IDENTIFICATION #** 3GKALVEV2KL225012  
**VEHICLE YEAR** 2019  
**VEHICLE MAKE** GMC  
**VEHICLE MODEL** TERRAIN  
**COLOR** SIL  
**INSURANCE COMPANY** GEICO  
**INSURANCE POLICY #** 4381116336  
**HAZARDOUS MATERIAL CLASS #**  
**PLACARD ID #**

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - UNKNOWN  
 13 - TOP

**VEHICLE IDENTIFICATION #** 3GKALVEV2KL225012  
**VEHICLE YEAR** 2019  
**VEHICLE MAKE** GMC  
**VEHICLE MODEL** TERRAIN  
**COLOR** SIL  
**INSURANCE COMPANY** GEICO  
**INSURANCE POLICY #** 4381116336  
**HAZARDOUS MATERIAL CLASS #**  
**PLACARD ID #**

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

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**VEHICLE YEAR** 2019  
**VEHICLE MAKE** GMC  
**VEHICLE MODEL** TERRAIN  
**COLOR** SIL  
**INSURANCE COMPANY** GEICO  
**INSURANCE POLICY #** 4381116336  
**HAZARDOUS MATERIAL CLASS #**  
**PLACARD ID #**

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

**VEHICLE IDENTIFICATION #** 3GKALVEV2KL225012  
**VEHICLE YEAR** 2019  
**VEHICLE MAKE** GMC  
**VEHICLE MODEL** TERRAIN  
**COLOR** SIL  
**INSURANCE COMPANY** GEICO  
**INSURANCE POLICY #** 4381116336  
**HAZARDOUS MATERIAL CLASS #**  
**PLACARD ID #**

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 3 TO 4  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**VEHICLE IDENTIFICATION #** 3GKALVEV2KL225012  
**VEHICLE YEAR** 2019  
**VEHICLE MAKE** GMC  
**VEHICLE MODEL** TERRAIN  
**COLOR** SIL  
**INSURANCE COMPANY** GEICO  
**INSURANCE POLICY #** 4381116336  
**HAZARDOUS MATERIAL CLASS #**  
**PLACARD ID #**

**UNIT SPEED** 035  
**POSTED SPEED** 35  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **ROTIMI OJO, TONIMI, EMMANUEL** **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER) Redacted per ORC 149.43(A)(1)

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER) **333 TONKIN CT, Kent, OH 44240**

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

**LP STATE** OH **LICENSE PLATE #** KCY5355 **VEHICLE IDENTIFICATION #** 1G8ZS57N27F183371 **VEHICLE YEAR** 2007 **VEHICLE MAKE** Saturn

**INSURANCE VERIFIED** **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** 3963985 SFP 35 **COLOR** BLU **VEHICLE MODEL** AURA

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR** 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. **TOWED BY:** COMPANY NAME City Service

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD** **CLASS #** **PLACARD ID #**

**UNIT TYPE** 01 **# OF TRAILING UNITS** 00

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0

**SPECIAL FUNCTION** 01

**CARGO BODY TYPE** 01

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT** 01

**ACTION** 04

**CONTRIBUTING CIRCUMSTANCES** 02

**SEQUENCE OF EVENTS**

**NON-COLLISION**

**COLLISION WITH FIXED OBJECT - STRUCK**

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**LOCAL REPORT NUMBER** 2023-00016701

**DAMAGE**

**DAMAGE SCALE** 3

1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

**DAMAGED AREA(S)** INDICATE ALL THAT APPLY

**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]

**TOP** [ 13 ]  **ALL AREAS** [ 15 ]

**UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

**TRAFFICWAY FLOW** 2

**TRAFFIC CONTROL** 6

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING** 1

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 1 **TO** 4

**UNIT SPEED** 005

**POSTED SPEED** 35

**DETECTED SPEED** 1

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 3 - 0 0 0 1 6 7 0 1**

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> MCKISIC, JUSTIN, L		<b>DATE OF BIRTH</b> 1 1 1 6 1 9 8 2		<b>AGE</b> 4 0	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6918 WHITE PINE DR ,Ravenna Twp ,OH 44266				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> REDACTED PER ORC 4501:1-12		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> ROTIMI OJO, TONIMI, EMMANUEL		<b>DATE OF BIRTH</b> 0 2 0 7 1 9 9 9		<b>AGE</b> 2 4	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 333 TONKIN CT ,Kent ,OH 44240				<b>CONTACT PHONE - INCLUDE AREA CODE</b> Redacted per ORC 149.43(A)(1)						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b> REDACTED PER ORC 4501:1-12		<b>OFFENSE CHARGED</b> 331.22	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Driving onto Roadway		<b>CITATION NUMBER</b> 26222			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 1 TYPE: 1 VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1 1 TYPE: 1 RESULT: SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: TYPE: VALUE:		<b>DRUG TEST(S)</b> STATUS: TYPE: RESULT: SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHID = D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	SAFETY EQUIPMENT	EJECTION	OL ENDORSEMENT	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
INJURED TAKEN BY	SAFETY EQUIPMENT	EJECTION	TRAPPED	CONDITION	DRUG TEST TYPE	DRUG TEST RESULT(S)
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