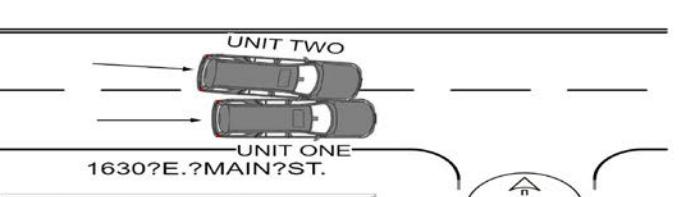




TRAFFIC CRASH REPORT

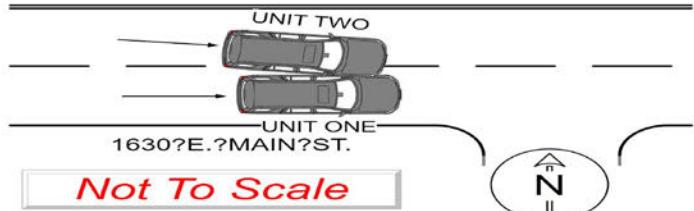
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | |
|---|--|---|--|--|---|--|--|
| <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"/> <input type="checkbox"/> PRIVATE PROPERTY | | | LOCAL INFORMATION | | 2 0 2 5 - 0 0 0 1 7 3 9 9 | | |
| | | | REPORTING AGENCY NAME* City of Kent Police | | NCIC* | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | |
| COUNTY* 6 7 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* Kent | | | NUMBER OF UNITS 0 2 | |
| ROUTE TYPE S R | | ROUTE NUMBER 59 | PREFIX 3 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME MAIN | ROAD TYPE S T | |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1630 | ROAD TYPE | |
| REFERENCE POINT 3 | | DIRECTION FROM REFERENCE 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 - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | LATITUDE DECIMAL DEGREES 41.154145 | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | LONGITUDE DECIMAL DEGREES -81.335149 | |
| LOCATION OF FIRST HARMFUL EVENT 0 1 | | | | MANNER OF CRASH COLLISION/IMPACT 7 | | INTERSECTION RELATED | |
| 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 | 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 | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - 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 | | 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 | |
| WORKERS PRESENT | | | | 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 | |
| LAW ENFORCEMENT PRESENT | | | | | | | |
| ACTIVE SCHOOL ZONE | | | | | | | |
| LIGHT CONDITION 1 | | | WEATHER 0 1 | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | 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 | | | |
| NARRATIVE UNIT ONE WAS DRIVING EB ON E. MAIN ST. IN THE CURB LANE. UNIT TWO WAS DRIVING EB IN THE CENTER EB LANE. UNIT TWO IMPROPERLY CHANGED LANES, MOVING INTO THE CURB LANE, AND STRUCK UNIT ONE IN FRONT OF 1630 E. MAIN ST. PROPERTY DAMAGE TO BOTH VEHICLES. | | | | | | | |
|  Indicate the north direction with an "N" on the compass diagram. | | | | | | | |
|  | | | | | | | |
| Not To Scale | | | | | | | |

| | | | | | | | |
|------------------------------|-----------------------------|-------------------------|---------------------|------------------------------------|----------------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | |
| 12122025 / 1458 | | 12122025 / 1459 | | 12122025 / 1511 | | 12122025 / 1540 | |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | |
| | | | McNulty, Samantha S | | Fuller, James | | |
| | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | |
| 0 0 0 | 0 2 0 | 0 6 1 | 2 3 6 | 2 2 1 | | | |



Indicate the north direction with an "N" on the compass diagram.



Not To Scale

| | | |
|-------------------------------|--|--|
| OWNER UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MATHEWS, JOHN, MACKLON | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 5158 POWDER MILL RD ,Brimfield Twp ,OH 44240 | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |
| | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | | | | | | | | |
|--|------------------------|---------------|---|-----------------------|---------------------|---|---------------|--|--|--|--|
| V E H I C L E | LICENSING STATE # | | VEHICLE IDENTIFICATION # | | VEHICLE YEAR | | VEHICLE MAKE | | | | |
| | OH | | KNA1414 | | 3.GNAXTEG1S.L127361 | | 2025 | | Chevrolet | | |
| E V E N T (s) | INSURANCE COMPANY | | INSURANCE POLICY # | | COLOR | | VEHICLE MODEL | | | | |
| | X VERIFIED PROGRESSIVE | | 950385263 | | GRY | | EQUINOX | | | | |
| TYPE OF USE | | | US DOT # | | | TOWED BY: COMPANY NAME | | | | | |
| COMMERCIAL | | GOVERNMENT | | IN EMERGENCY RESPONSE | | | | | | | |
| INTERLOCK DEVICE EQUIPPED | | HIT/SKIP UNIT | | #OCCUPANTS | | VEHICLE WEIGHT GVWR/GCWR | | | | | |
| 0 3 | | | | 0 1 | | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | |
| UNIT TYPE | | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 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 | | |
| 00 # OF TRAILING UNITS | | | | | | | | | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | 0 AUTONOMOUS MODE LEVEL | | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | | | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | |
| 2 1-YES 2-NO 9-OTHER/ UNKNOWN | | | | | | | | | 9 - UNKNOWN | | |
| 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING | | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE | | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY | | | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING | | |
| SPECIAL FUNCTION | | | 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | 9 - BUS - OTHER 10 - AMBULANCE | | | 20 - SAFETY SERVICE PATROL | | |
| 0 1 CARGO BODY TYPE | | | 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 | | |
| V E H I C L E D E F E C T S | | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | | | 8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP | | |
| 1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED NON-MOTORIST LOCATION AT IMPACT | | | 1 - CROSSWALK 2 - CROSSWALK | | | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION | | | 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | | |
| 1 - NON-CONTACT 2 - NON-COLLISION ACTION | | | 1 - STRIKING 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | | | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | | |
| 0 1 CONTRIBUTING CIRCUMSTANCES | | | 1 - 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 | | |
| SEQUENCE OF EVENTS | | | | | | | | | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING | | |
| 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION | | | | | | | | | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | | |
| 2 1 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS/ SHIFT | | | | | | | | | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | | |
| 3 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | | | | | | | | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | |
| 4 1 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER | | | | | | | | | 25 - WORK ZONE MAINTENANCE EQUIPMENT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | | |
| 5 1 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | | | | | | | | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | |
| 1 1 FIRST HARMFUL EVENT | | | 1 1 MOST HARMFUL EVENT | | | | | | | | |

| | | |
|---|---|---|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) |
| INMAN, CHARLI, JANE | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 10367 WENTWORTH RD , Shalersville , OH 44241 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | |

| | | | | |
|--|--|--|--|---------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| O H | KUG8310 | 1 J 4 F T 2 8 A 2 9 D 2 2 2 9 1 | 2 0 0 9 | Jeep |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL |
| | STATE FARM | 4405241-SFP-35 | SIL | PAT |
| TYPE OF USE | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | HAZARDOUS MATERIAL | |
| | | 0 1 | <input type="checkbox"/> MATERIAL RELEASED | CLASS # |
| | | | <input type="checkbox"/> PLACARD | PLACARD ID # |

| | | | | |
|-----------|--|--|---|--|
| UNIT TYPE | 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 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
| 0 3 | | | | |
| 00 | # OF TRAILING UNITS | | | |

| | | | |
|---|--|--|-------------|
| 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 |
| 2 | 1 - YES 2 - NO 9 - OTHER/UNKNOWN | 0 | |
| AUTONOMOUS MODE LEVEL | | | |

| | | | | |
|------------------|---|---|---|--|
| SPECIAL FUNCTION | 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 |
| 0 1 | | | | |

| | | | | | |
|-----------------|--|---|--|--|--|
| CARGO BODY TYPE | 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 |
| 0 1 | | | | | |

| | | | | | |
|-----------------|--|--|--|--|----------------------|
| 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 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSECTION - OTHER 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 99 - OTHER / UNKNOWN |
| | | | | | |

| | | | | | | |
|--------|---|--|---|--|---|---|
| ACTION | 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 |
| 3 | 0 3 | | | | | |

| | | | | | |
|----------------------------|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES | 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 |
| 0 9 | | | | | |

| | |
|--------------------|--|
| SEQUENCE OF EVENTS | |
|--------------------|--|

| | | | | | |
|-------|--|--|---|---|---|
| 1 2 0 | 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 |
| 2 1 1 | | | | | |
| 3 1 1 | | | | | |

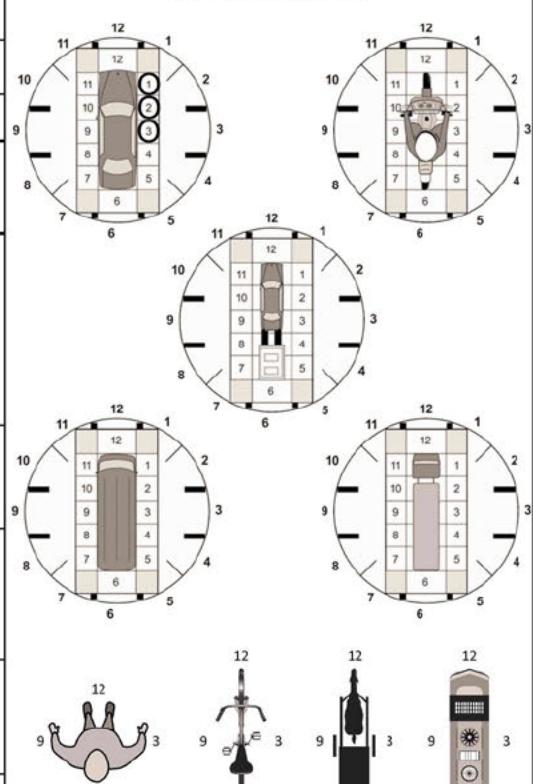
| | | | | | |
|-------|--|--|---|--|--|
| 4 1 1 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 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 |
| 5 1 1 | | | | | |
| 6 1 1 | | | | | |

| | | | |
|---|---------------------|---|--------------------|
| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|---|---------------------|---|--------------------|

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 7 3 9 9

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

TRAFFIC
TRAFFIC WAY FLOW
1 - ONE-WAY
2 - TWO-WAY
6 - 6
OF THROUGH LANES ON ROAD
4 - 4
1 - 1
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED
0 2 5 - 0 1
DETECTED SPEED
1 - 1
2 - 2
3 - 3
POSTED SPEED
3 5 - 3 5

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 7 3 9 9

| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE 0 1 MATHEWS, RACHEL, A | | | | | DATE OF BIRTH 1 2 0 4 1 9 8 2 | AGE 43 | GENDER F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | ADDRESS: STREET, CITY, STATE, ZIP 5158 POWDER MILL RD ,Brimfield Twp ,OH 44240 | | | | | CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY (NAME) <input type="checkbox"/> | INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> 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 <input type="checkbox"/> | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION <input type="checkbox"/> | | CITATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> | RESTRICTION SELECT UP TO 3 <input type="checkbox"/> | 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 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE INMAN, CHARLI, JANE | | | | | DATE OF BIRTH 1 0 2 0 2 0 0 7 | AGE 18 | GENDER F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 10367 WENTWORTH RD ,Shalersville ,OH 44241 | | | | | CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OL STATE O H | OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12 | | OFFENSE CHARGED 331.08 | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION Driving in Marked La | | CITATION NUMBER 30321 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> | RESTRICTION SELECT UP TO 3 <input type="checkbox"/> | 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 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY (NAME) <input type="checkbox"/> | INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER <input type="checkbox"/> | | OFFENSE CHARGED <input type="checkbox"/> | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION <input type="checkbox"/> | | CITATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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> </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- TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>5- NO APPARENT INJURY</td> <td>5- SECOND - MIDDLE</td> <td>5- NOTAPPLICABLE</td> <td>5- M/C MOPED ONLY</td> <td>5- EXCEPT CLASS A BUS</td> <td>5- TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td colspan="10">INJURED TAKEN BY</td> </tr> <tr> <td>1- NOT TRANSPORTED /TREATED AT SCENE</td> <td>6- SECOND - RIGHT SIDE</td> <td>9- DEPLOYMENT UNKNOWN</td> <td>6- NO VALID OL</td> <td>6- EXCEPT CLASS A & CLASS B BUS</td> </tr> <tr> <td>2- EMS</td> <td>7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8- THIRD - MIDDLE</td> <td>8- THIRD - RIGHT SIDE</td> <td>7- EXCEPT TRACTOR-TRAILER</td> </tr> <tr> <td>3- POLICE</td> <td>9- THIRD - RIGHT SIDE</td> <td>10- SLEEPER SECTION OF TRUCK CAB</td> <td>10- SLEEPER SECTION OF TRUCK CAB</td> <td>8- INTERMEDIATE LICENSE RESTRICTIONS</td> </tr> <tr> <td>9- OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td>9- LEARNER'S PERMIT RESTRICTIONS</td> </tr> <tr> <td colspan="10">SAFETY EQUIPMENT</td> </tr> <tr> <td>1- NONE USED</td> <td>11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>10- LIMITED TO DAYLIGHT ONLY</td> </tr> <tr> <td>2- SHOULDER BELT ONLY USED</td> <td>12- PASSENGER IN UNENCLOSED CARGO AREA</td> <td>2- PARTIALLY EJECTED</td> <td>M- MOTORCYCLE</td> <td>11- LIMITED TO EMPLOYMENT</td> </tr> <tr> <td>3- LAP BELT ONLY USED</td> <td>13- TRAILING UNIT</td> <td>3- TOTALLY EJECTED</td> <td>P- PASSENGER</td> <td>12- LIMITED - OTHER</td> </tr> <tr> <td>4- SHOULDER & LAP BELT USED</td> <td>14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td>4- NOTAPPLICABLE</td> <td>N- TANKER</td> <td>13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> </tr> <tr> <td>5- CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>15- NON-MOTORIST</td> <td></td> <td>Q- MOTOR SCOOTER</td> <td>14- MILITARY VEHICLES ONLY</td> </tr> <tr> <td>6- CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>99- OTHER / UNKNOWN</td> <td></td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>15- MOTOR VEHICLES WITHOUT AIR BRAKES</td> </tr> <tr> <td>7- BOOSTER SEAT</td> <td></td> <td></td> <td>S- SCHOOL BUS</td> <td>16- OUTSIDE MIRROR</td> </tr> <tr> <td>8- HELMET USED</td> <td></td> <td></td> <td>T- DOUBLE & TRIPLE TRAILERS</td> <td>17- PROSTHETIC AID</td> </tr> <tr> <td>9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)</td> <td></td> <td></td> <td>X- TANKER / HAZMAT</td> <td>18- OTHER</td> </tr> <tr> <td>10- REFLECTIVE CLOTHING</td> <td></td> <td></td> <td colspan="2">GENDER</td> </tr> <tr> <td>11- LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td></td> <td></td> <td>F- FEMALE</td> <td>1- APPARENTLY NORMAL</td> </tr> <tr> <td>99- OTHER / UNKNOWN</td> <td></td> <td></td> <td>M- MALE</td> <td>2- PHYSICAL IMPAIRMENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>U- OTHER / UNKNOWN</td> <td>3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>4- ILLNESS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>5- FELL ASLEEP, FAINTED, FATIGUED, ETC.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>9- OTHER / UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1- AMPHETAMINES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>2- BARBITURATES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>3- BENZODIAZEPINES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>4- CANNABINOID</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>5- COCAINE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>6- OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>7- OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>8- NEGATIVE RESULTS</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 | 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 | | | | | | | | | | 1- NOT TRANSPORTED /TREATED AT SCENE | 6- SECOND - RIGHT SIDE | 9- DEPLOYMENT UNKNOWN | 6- NO VALID OL | 6- EXCEPT CLASS A & CLASS B BUS | 2- EMS | 7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 8- THIRD - MIDDLE | 8- THIRD - RIGHT SIDE | 7- EXCEPT TRACTOR-TRAILER | 3- POLICE | 9- THIRD - RIGHT SIDE | 10- SLEEPER SECTION OF TRUCK CAB | 10- SLEEPER SECTION OF TRUCK CAB | 8- INTERMEDIATE LICENSE RESTRICTIONS | 9- OTHER / UNKNOWN | | | | 9- LEARNER'S PERMIT RESTRICTIONS | SAFETY EQUIPMENT | | | | | | | | | | 1- NONE USED | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1- NOT EJECTED | H- HAZMAT | 10- LIMITED TO DAYLIGHT ONLY | 2- SHOULDER BELT ONLY USED | 12- PASSENGER IN UNENCLOSED CARGO AREA | 2- PARTIALLY EJECTED | M- MOTORCYCLE | 11- LIMITED TO EMPLOYMENT | 3- LAP BELT ONLY USED | 13- TRAILING UNIT | 3- TOTALLY EJECTED | P- PASSENGER | 12- LIMITED - OTHER | 4- SHOULDER & LAP BELT USED | 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 4- NOTAPPLICABLE | N- TANKER | 13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | 15- NON-MOTORIST | | Q- MOTOR SCOOTER | 14- MILITARY VEHICLES ONLY | 6- CHILD RESTRAINT SYSTEM - REAR FACING | 99- OTHER / UNKNOWN | | R- THREE-WHEEL MOTORCYCLE | 15- MOTOR VEHICLES WITHOUT AIR BRAKES | 7- BOOSTER SEAT | | | S- SCHOOL BUS | 16- OUTSIDE MIRROR | 8- HELMET USED | | | T- DOUBLE & TRIPLE TRAILERS | 17- PROSTHETIC AID | 9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.) | | | X- TANKER / HAZMAT | 18- OTHER | 10- REFLECTIVE CLOTHING | | | GENDER | | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | F- FEMALE | 1- APPARENTLY NORMAL | 99- OTHER / UNKNOWN | | | M- MALE | 2- PHYSICAL IMPAIRMENT | | | | U- OTHER / UNKNOWN | 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- AMPHETAMINES | | | | | 2- BARBITURATES | | | | | 3- BENZODIAZEPINES | | | | | 4- CANNABINOID | | | | | 5- COCAINE | | | | | 6- OPIATES / OPIOIDS | | | | | 7- OTHER | | | | | 8- NEGATIVE RESULTS |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1- NOT TRANSPORTED /TREATED AT SCENE | 6- SECOND - RIGHT SIDE | 9- DEPLOYMENT UNKNOWN | 6- NO VALID OL | 6- EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2- EMS | 7- THRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 8- THIRD - MIDDLE | 8- THIRD - RIGHT SIDE | 7- EXCEPT TRACTOR-TRAILER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3- POLICE | 9- THIRD - RIGHT SIDE | 10- SLEEPER SECTION OF TRUCK CAB | 10- SLEEPER SECTION OF TRUCK CAB | 8- INTERMEDIATE LICENSE RESTRICTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9- OTHER / UNKNOWN | | | | 9- LEARNER'S PERMIT RESTRICTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1- NONE USED | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1- NOT EJECTED | H- HAZMAT | 10- LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2- SHOULDER BELT ONLY USED | 12- PASSENGER IN UNENCLOSED CARGO AREA | 2- PARTIALLY EJECTED | M- MOTORCYCLE | 11- LIMITED TO EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3- LAP BELT ONLY USED | 13- TRAILING UNIT | 3- TOTALLY EJECTED | P- PASSENGER | 12- LIMITED - OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4- SHOULDER & LAP BELT USED | 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 4- NOTAPPLICABLE | N- TANKER | 13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | 15- NON-MOTORIST | | Q- MOTOR SCOOTER | 14- MILITARY VEHICLES ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6- CHILD RESTRAINT SYSTEM - REAR FACING | 99- OTHER / UNKNOWN | | R- THREE-WHEEL MOTORCYCLE | 15- MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7- BOOSTER SEAT | | | S- SCHOOL BUS | 16- OUTSIDE MIRROR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8- HELMET USED | | | T- DOUBLE & TRIPLE TRAILERS | 17- PROSTHETIC AID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.) | | | X- TANKER / HAZMAT | 18- OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10- REFLECTIVE CLOTHING | | | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | F- FEMALE | 1- APPARENTLY NORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99- OTHER / UNKNOWN | | | M- MALE | 2- PHYSICAL IMPAIRMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | U- OTHER / UNKNOWN | 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- AMPHETAMINES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 2- BARBITURATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 3- BENZODIAZEPINES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 4- CANNABINOID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 5- COCAINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 6- OPIATES / OPIOIDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 7- OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 8- NEGATIVE RESULTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |