

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION				LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* <b>City of Kent Police</b>				NCIC*	<b>2 0 2 6 - 0 0 0 0 0 2 7 9</b>	
								<input type="checkbox"/> HIT/SKIP 1 - SOLVED 2 - UNSOLVED	<input type="checkbox"/> NUMBER OF UNITS <b>0 1</b>	<input type="checkbox"/> UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY* <b>6 7</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Kent</b>				CRASH DATE / TIME* <b>01082026/0958</b>		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>STONEWATER</b>			ROAD TYPE <b>D R</b>	LATITUDE DECIMAL DEGREES <b>41.164272</b>		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>FAIRCHILD</b>			ROAD TYPE <b>A V</b>	LONGITUDE DECIMAL DEGREES <b>-81.376813</b>		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROUTE 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE <b>1 0</b>		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	ROAD TYPE	NUMBER OF APPROACHES <b>2</b>			
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				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON				DIRECTION OF TRAVEL <b>1 - NORTH</b>	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	
<input type="checkbox"/> WORK ZONE RELATED		<input type="checkbox"/> WORKERS PRESENT		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 <b>1</b>	CONDITIONS <b>4</b>	SURFACE <b>2</b>	
<input type="checkbox"/> LAW ENFORCEMENT PRESENT		<input type="checkbox"/> ACTIVE SCHOOL ZONE						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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL						
<p>NARRATIVE</p> <p><b>UNIT 1 SLID ON BLACK ICE AND STRUCK THE CURB EXITING THE ROADWAY ON THE EAST SIDE. UNIT 1 THEN STRUCK A LIGHT POLE.</b></p>										
 <p>Indicate the north direction with an "N" on the compass diagram.</p>										
CRASH REPORTED DATE / TIME <b>01082026/0958</b>		DISPATCH DATE / TIME <b>01082026/0959</b>		ARRIVAL DATE / TIME <b>01082026/1010</b>		SCENE CLEARED DATE / TIME <b>01082026/1043</b>		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED <b>0 0 0</b>		OTHER INVESTIGATION TIME <b>0 1 5</b>		TOTAL MINUTES <b>0 5 9</b>		OFFICER'S NAME* <b>Kunka, Leonard B</b>		<input checked="" type="checkbox"/> POLICE AGENCY		
						CHECKED BY OFFICER'S NAME* <b>Kunka, Leonard B</b>		<input type="checkbox"/> MOTORIST		
						OFFICER'S BADGE NUMBER* <b>2 5 0</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO COPS)		
						CHECKED BY OFFICER'S BADGE NUMBER* <b>2 5 0</b>				

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 )
0 1	KALAMAJKA, DMITRI, DESHAWN	REDACTED PER ORC 149.43(A)(1)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )		
624 LONGMERE DR, Kent, OH 44240		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HRF7787	J M1 BL1 V7 9 D1 8 0 5 0 8 5	2 0 1 3	Mazda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	STATE FARM	4381227SFP35	GRY	Mazda3
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Bakers Towing	
<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 #

0 1	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	
4 - PICKUP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP	

0	# OF TRAILING UNITS				
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
	1 - YES 2 - NO 9 - OTHER/UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION		
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		

0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN	
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL		
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL		

0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTOTRANSPORTER	
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
			11 - DUMP	99 - OTHER / UNKNOWN	

0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT		
3 - TAIL LAMPS	6 - TIRE BLOWOUT				

0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN
	5 - TRAVEL LANE - OTHER LOCATION				

3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING	
3 - STRIKING	0 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	
9 - OTHER/UNKNOWN	6 - MAKING LEFT TURN				

1 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY	
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	
5 - UNSAFE SPEED	11 - DROVE OFF ROAD				
6 - IMPROPER TURN	12 - IMPROPER BACKING				

SEQUENCE OF EVENTS

1 0 8	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE		
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE			

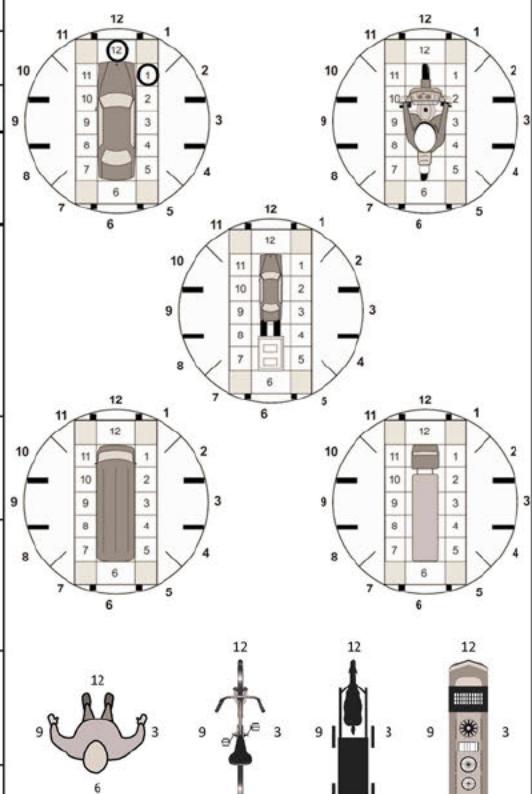
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
2 5	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
2 6	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
2 7	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	46 - FENCE	53 - TUNNEL
2 8	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	48 - TREE
2 9	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - FIRE HYDRANT	54 - OTHER FIXED OBJECT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 2 7 9

DAMAGE		
DAMAGE SCALE		
4	1 - NONE	3 - FUNCTIONAL DAMAGE
	2 - MINOR 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 14 - UNDERCARRIAGE  
1 2 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE  
DIAGRAM 99 - UNKNOWN  
13 - TOP

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

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

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

UNIT SPEED

0 1 5	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED

POSTED SPEED

2 5
-----

**INJURED TAKEN BY**

1- NOT TRANSPORTED /TREATED AT SCENE

2- EMS

3- POLICE

9- OTHER / UNKNOWN

**SAFETY EQUIPMENT**

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

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 0 2 7 9

DATE OF BIRTH  
0 5 2 6 1 9 9 6 2 9 M

CONTACT PHONE - INCLUDE AREA CODE  
REDACTED PER ORC 149.43(A)(1)

UNIT #	NAME: LAST, FIRST, MIDDLE <b>KALAMAJKA, DMITRI, DESHAWN</b>				INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>0 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b>	<b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>		

ADDRESS: STREET, CITY, STATE, ZIP	624 LONGMERE DR ,Kent ,OH 44240				OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER		
					<b>O H</b>	REDACTED PER ORC 4501:1-12	<b>331.34</b>	<input checked="" type="checkbox"/>	Failure to Control;	<b>29637</b>		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>0 4</b>	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER		
<b>O H</b>	REDACTED PER ORC 4501:1-12	<b>331.34</b>	<input checked="" type="checkbox"/>	Failure to Control;	<b>29637</b>		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
<b>4</b>			<b>1</b>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>1</b>	<b>1</b>	<b>1</b>

UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>0 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b>	<b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<input type="checkbox"/>	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>0 4</b>	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER		
<b>O H</b>	REDACTED PER ORC 4501:1-12	<b>331.34</b>	<input checked="" type="checkbox"/>	Failure to Control;	<b>29637</b>		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
<b>4</b>			<b>1</b>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>1</b>	<b>1</b>	<b>1</b>

UNIT #	NAME: LAST, FIRST, MIDDLE				INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>0 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b>	<b>0 4</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<input type="checkbox"/>	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER
<b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>0 4</b>	<b>0 5 2 6 1 9 9 6</b>	<b>2 9</b>	<b>M</b>
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER		
<b>O H</b>	REDACTED PER ORC 4501:1-12	<b>331.34</b>	<input checked="" type="checkbox"/>	Failure to Control;	<b>29637</b>		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)
<b>4</b>			<b>1</b>	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	<b>1</b>	<b>1</b>	<b>1</b>

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3- TEST GIVEN, RESULTS KNOWN
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TEST GIVEN, RESULTS UNKNOWN	4- TEST GIVEN, RESULTS UNKNOWN
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- TALKING ON HAND-Held COMMUNICATION DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- TALKING ON HAND-Held COMMUNICATION DEVICE	6- TEST GIVEN, RESULTS UNKNOWN
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER	7- LIMITED TO DAYLIGHT ONLY	7- TEST GIVEN, RESULTS UNKNOWN
	8- THIRD - MIDDLE			8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8- TEST GIVEN, RESULTS UNKNOWN
	9- THIRD - RIGHT SIDE			9- LEARNER'S PERMIT RESTRICTIONS	9- PASSENGER	9- TEST GIVEN, RESULTS UNKNOWN
	10- SLEEPER SECTION OF TRUCK CAB			10- LIMITED TO EMPLOYMENT	10- OTHER DISTRACTION INSIDE THE VEHICLE	10- TEST GIVEN, RESULTS UNKNOWN
				11- LIMITED TO DAYLIGHT ONLY	11- OTHER DISTRACTION OUTSIDE THE VEHICLE	11- TEST GIVEN, RESULTS UNKNOWN
				12- LIMITED - OTHER	12- OTHER / UNKNOWN	12- TEST GIVEN, RESULTS UNKNOWN
				13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- OTHER / UNKNOWN	13- TEST GIVEN, RESULTS UNKNOWN
				14- MILITARY VEHICLES ONLY	14- OTHER / UNKNOWN	14- TEST GIVEN, RESULTS UNKNOWN
				15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- OTHER / UNKNOWN	15- TEST GIVEN, RESULTS UNKNOWN
				16- OUTSIDE MIRROR	16- OTHER / UNKNOWN	16- TEST GIVEN, RESULTS UNKNOWN
				17- PROSTHETIC AID	17- OTHER / UNKNOWN	17- TEST GIVEN, RESULTS UNKNOWN
				18- OTHER	18- OTHER / UNKNOWN	18- TEST GIVEN, RESULTS UNKNOWN

EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE
1- NOT EJECTED	H- HAZMAT	1- NONE
2- PARTIALLY EJECTED	M- MOTORCYCLE	2- BLOOD
3- TOTALLY EJECTED	P- PASSENGER	3- URINE
4- NOT APPLICABLE	N- TANKER	4- BREATH
	Q- MOTOR SCOOTER	5- OTHER
	R- THREE-WHEEL MOTORCYCLE	
	S- SCHOOL BUS	
	T- DOUBLE & TRIPLE TRAILERS	
	X- TANKER / HAZMAT	

TRAPPED	GENDER	DRUG TEST TYPE
1- NOT TRAPPED	F- FEMALE	1- NONE
2- EXTRICATED BY MECHANICAL MEANS	M- MALE	2- BLOOD
3- FREED BY NON-MECHANICAL MEANS	U- OTHER / UNKNOWN	3- URINE
		4- OTHER

CONDITION	DRUG TEST RESULT(S)
1- APPARENTLY NORMAL	1- AMPHETAMINES
2- PHYSICAL IMPAIRMENT	2- BARBITURATES
3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- BENZODIAZEPINES
4- ILLNESS	4- CANNABINOID
5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- COCAINE
6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- OPIATES / OPIOIDS
9- OTHER / UNKNOWN	7- OTHER
	8- NEGATIVE RESULTS