| OHIO DEPARTMENT OF PUBLIC SAFETY | RAFFIC CRAS | LOCAL REPORT NUMBER* | | | | | | | | | | |
|---|-------------------------------------|----------------------|--------------------------------|-------------------------------|---|--------------------------|---|------------------------------------|---|--|--|--|
| PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION | | | | | | | 2,0,2,1,-,0,0,0,8,1,0,5 | | | | | |
| SECONDARY CRASH | OH-1P OTH | | IRTING AGENCY NAME | | | NCIC* | HIT/SKIP | TS UNIT IN ERROR | | | | |
| | y of Kent Pol | ice | LO 1 | 6 7 0 3 | 1 - SOLVED | 0_2 | 0 2 98 - ANIMAL 99 - UNKNOWN | | | | | |
| COUNTY* LOCALITY* | | l: CITY, VILL | AGE, TOWNSHIP* | | | | CRASH DATE / | CRASH SEVERITY 1 - FATAL | | | | |
| 3-1 | TOWNSHIP TOWNSHIP | TULLOR | | | 1 | 01512112101211 | 2 - SERIOUS INJURY | | | | | |
| ROUTE TYPE ROUTE NU | 2-500 | тн | TION ROAD NAME | | | ROAD TYPE | LATITUDE DE | CIMAL DEGREES | SUSPECTED 3 - MINOR INJURY | | | |
| 177201 | | | TER | | | ST | 4 ₁ 1 ₀ 1 ₁ 5 ₁ 0 | | SUSPECTED | | | |
| ROUTE TYPE ROUTE NU | MBER PREFIX 1-NOF 2-SOU 3-EAS | TH | RENCE ROAD NAME (R | OAD, MILEPOST, F | IOUSE #) | ROAD TYPE | LONGITUDE D | ECIMAL DEGREES | 4 - INJURY POSSIBLE | | | |
| | 4-WE | 3 30 | MMIT | | | ST | 5- PROPERTY DA ONLY | | | | | |
| REFERENCE POINT 1 - INTERSECTION | DIRECTION FROM REFERENCE 1 - NORTH | | ROUTE TYPE RSTATE ROUTE(TP) | AL - ALLEY | ROAD TYPE HW-HIGHWAY R | RD - ROAD | INTERSECTION RELATED | | | | | |
| 1 2-MILE POST 3-HOUSE # | 2-SOUTH | | RAL US ROUTE | AV - AVENUE | LA - LANE S | Q - SQUARE | X WITHIN INTERSECTION OR ON APPROACH | | | | | |
| | 4 - WEST | SR - STAT | EROUTE | BL - BOULEVARD CR - CIRCLE | | WITHIN INTE | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | BERED COUNTY ROUTE | CT - COURT | | E - TERRACE L - TRAIL | ROADWAY | | | | | |
| | 1 - MILES 2 - FEET 3 - YARDS | ROUT | | DR - DRIVE HE - HEIGHTS | PI - PIKE V | VA - WAY | ROADWAY DIVIDED | | | | | |
| LOCATION | OF FIRST HARMFUL | VENT | | | H COLLISION/IMPA | CT | | | | | | |
| 1 - ON ROADWA | Y 9-CROSS | VER | 1- | NOT COLLISION | 4 - REAR-TO-REAR | | DIRECTION OF TRAVE 1 - NORTH | MEDIAN TYPE IVIDED FLUSH MEDIAN | | | | |
| 0 1 2-ON SHOULDS | | WAY/ALLE AY GRADE | CDOCCINC | I WO MOTOR | 5 - BACKING 6 - ANGLE | | 2-SOUTH | <4 FEET) IVIDED FLUSH MEDIAN | | | | |
| 4 - ON ROADSID 5 - ON GORE | E 12-SHARI TRAIL | D USE PAT | 'HS OR | TRANSPORT | 7 - SIDESWIPE, SAMI | | 3- £AST 4- WEST | (: | ≥4 FEET) | | | |
| 6 - OUTSIDE TR | AFFIC WAY 13-BIKE | ANE | I | | 8 - SIDESWIPE, OPPO 9 - OTHER / UNKNOV | | | 4 - DI | VIDED, DEPRESSED MEDIAN VIDED, RAISED MEDIAN | | | |
| 7 - ON RAMP 8 - OFF RAMP | 14-TOLL 99-OTHE | OOTH VUNKNOW | /N | | | | | 1 | NY TYPE) FHER/UNKNOWN | | | |
| | | 300 | K ZONE TYPE | LOCATIO | N OF CDACH IN NO | DV ZONE | CONDITIO | | | | | |
| WORK ZONE RELAT | | | CLOSURE | | ON OF CRASH IN WO - BEFORE THE 1ST \ | | CONTOUR , 1 , | , 1 | | | | |
| WORKERS PRESEN | T | | SHIFT/CROSSOVER ON SHOULDER | 2 | WARNING SIGN - ADVANCE WARNIN | IG AREA | 1 - STRAIGHT LEVEL | | 1 - CONCRETE | | | |
| LAW ENFORCEMEN | IT PRESENT | OR ME | DIAN | L 3 | -TRANSITION AREA | | 2 - STRAIGHT GRADE | 2 - BLACKTOP, | | | | |
| ACTIVE SCHOOL ZO | NE | 4 - INTER | MITTENT OR MOVING W | i | - ACTIVITY AREA - TERMINATION ARI | EA | 3 - CURVE LEVEL | 3 - SNOW | BITUMINOUS, ASPHALT | | | |
| LIGHT C | ONDITION | | INE | ATHER | | | 4 - CURVE GRADE | 4 - ICE | 3 - BRICK/BLOCK | | | |
| 1 - DAYLIGHT | ondition. | | 1-CLEAR | 6 - SNOW | | | 9 - OTHER/UNKNOWN | OIRT, 4 - SLAG, GRAVEL, STONE | | | | |
| 1 2 - DAWN/DUSK 3 - DARK - LIGH | TED BOADWAY | 0 | 1 2-CLOUDY | | CROSSWINDS | 2010141 | | NDING, 5 - DIRT | | | | |
| | WAY NOT LIGHTED | | 4 - RAIN | | G SAND, SOIL, DIRT, NG RAIN OR FREEZI | | | MOVING) 7 - SLUSH | 9 - OTHER/UNKNOWN | | | |
| 5 - DARK – UNKN 9 - OTHER / UNK | NOWN ROADWAY LIGH: | ING | 5 - SLEET, HAIL | 99 - OTHER | / UNKNOWN | | | 9 - OTHER/UNKN | own | | | |
| NARRATIVE | | | | | <u> </u> | | | | ^ | | | |
| | | | | | | | | Indicate the north direction with | | | | |
| Unit 1 was trav | veling from w | est to | east on Summ | nit ST. | | | | | an "N" on the compass diagram. | | | |
| Unit 2 was tra | aveling from | south 1 | to north on S. | Water | | | | | | | | |
| St. Unit 2 faile | ed to stop for | the re | d traffic light | | | | | | | | | |
| at Summit ST | | | | | - | | | 1 | + 10 SCALE A | | | |
| their drivers | | i, cau | sing Ont I to | - | | S. WATER ST. | 4 | rů | | | | |
| their urivers | side door. | | | ····· | | | W.S. | s | UMMIT ST. | | | |
| | | | | | | ý | - E | <u> </u> | | | | |
| No injuries we | re report and | the di | river of Unit 2 | | Ź | - III | | | | | | |
| issued a citati | on for the re | llight | violation. | - | | de <u>C</u> | % | | | | | |
| | | | | | | i | i | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY | | | | | | | | | | | | |
| 0 5 2 1 2 0 2 1 | / 1 5 2 6 0 | 1 2 1 1 2 | 0,2,1,/,1,5,2 | 2 0 2 1 / 1 | 2 ₁ 0 ₁ 2 ₁ 1 ₁ / ₁ 1 ₁ 5 ₁ 3 ₁ 1 ₁ 1 ₀ 15 ₁ 2 ₁ 1 ₁ 2 ₁ 0 ₁ 2 ₁ 1 ₁ / ₁ 1 ₁ 5 ₁ 5 ₁ 1 ₁ 1 <u>—</u> | | | POLICE AGENCY | | | | |
| TOTAL TIME ROADWAY CLOSED INVE | CHECKED BY OFFICER'S NAME* | | | | MOTORIST | | | | | | | |
| | ,;,, | NUTES | Ellis, Charle | | | | | | | | | |
| 0 0 0 0 | 3 0 0 | 5 4 | 2 6 6 | | 1 | 2 3 | 2 | Лавист | dent 19 abras | | | |



LOCAL REPORT NUMBER 2,0,2,1,-,0,0,0,0,8,1,0,5, UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER! OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) DAMAGE 0 | 1 | HUNT, MARISSA, DAWNE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 28 CAMBRIAN DR , Tallmadge ,OH 44278 ☐ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE OH M408666 5 N M S G 3 A B 3 A H 3 9 4 7 9 4 2 0 1 0 Hyundai INSURANCE COMPANY INSURANCE VERIFIED **INSURANCE POLICY #** COLOR VEHICLE MODEL STATE FARM L702330A2435A SIL SANTA FE TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. DEVICE HIT/SKIP UNIT 2 - 10,001 - 26K LBS 0 1 PLACARD 1 3 - >26K LBS. -11 - 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 - WHEFI CHAIR (ANY TYPE) 0 1 3 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM FOURPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS O - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16-FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS-INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18-SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER B - POLE 12 - CONCRETE MIXER O 1 /NOT I NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER 4 - LOGGING A - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY * 7 - GRAIN/CHIPS/GRAVEL TYPE 11-DUMP 99-OTHER/UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING 8 - TRAILER FOILIPMENT 10 - DISABLED FROM PRIOR DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK 4 - MIDBLOCK - MARKED AT INCIDENT SCENE 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS -TOP [13] - ALL AREAS [15] NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [16] TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 3-STRIKING 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED 15 - WALKING, RUNNING. 20-OTHER NON-MOTORIST 1 1 2 1 DIAGRAM JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 99 - UNKNOWN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13-TOP 16 - WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 13 - IMPROPER START FROM A 7 - LEFT OF CENTER 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL 2 - FAILURE TO YIELD PARKED POSITION 18-OPERATING DEFECTIVE 8-FOLLOWING TOO CLOSE / ACDA 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 3 - RAN RED LIGHT 14 - STOPPED OR PARKED EQUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO [0,1]2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 15 - SWERVING TO AVOID CONTRIBUTING 5 - UNSAFE SPEED 3 - FLASHER 6 - NO CONTROL SPILLING 11 - DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IN PROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING # of THROUGH LANES RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING EVENTS 1 2 0 1 - OVERTURN/ROLLGVER 3 - INVOLVED-PASSIVE CROSSING 6 - FOUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL **UNIT / NON-MOTORIST DIRECTION** 23 - STRUCK BY FALLING. 3 - IMMERSION 18-ANIMAL - DEER 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 19 - ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 1 4 - JACKKNIFF 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10-CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT __ то __3__ 4 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 51 - WALL STRUCTURE 1 - STATED / ESTIMATED SPEED 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 46-FENCE 27 - BRIDGE PIER OR ABUTMENT 0 0 5 40 - UTILITY POLE BARRIER 53-TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE OR SUPPORT 54-OTHER FIXED OBJECT 48.TREE 3 - UNDETERMINED 1 29 - BRIDGE RAIL POSTED SPEED BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 1 MOST HARMFUL EVENT

| OHIO DE | OFF DUBLE BASETY MOTORIST / NON-MOTORIST | | | | | | | | LOCAL REPORT NUMBER | | | | | |
|-------------------------------------|--|---|--|---|--|---------------------------------------|--------------------|---|-------------------------------------|---|--|--------------------------------|-----------------------|--|
| | | | | | | | | | 2.0.2.10.0.0.8.1.0.5. | | | | | |
| | INIT# NAME: LAST, FIRST, MIDDLE D. 1 HILINT MADISSA DAWNE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| | 0,1, HUNT, MARISSA, DAWNE ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | 0 6 / 1, 7, / 1 9 9 7 2 3 F | | | | | |
| 28 CAMBRIAN DR ,Tallmadge ,OH 44278 | | | | | | | | | CONTACT | PHONE - INCLUDE AREA O | 00E | | | |
| INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED | TAKENTO | MEDICAL FACILITY | (HAME, CITY) | SAFETY EQUIPMENT | | SEATING POSITIO | N AIR BAG US | AGE EJECTION | TRAPPED | |
| 5 | TAKEN BY | | | USED 0 4 | | | | DOT-COMPLIANT 0 1 1 1 | | | | 1 | | |
| OL STATE | OL STATE OPERATOR LICENSE NUMBER | | | | OFFENSE CHARGED LOCAL OF | | | OFFENSE DESC | CRIPTION C | | | TATION NUMBER | | |
| O, H, | | | | _ | | | | | | | | | | |
| ≥ OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIS | VER TRACTED | - | DHOL / DRUG SUSPI | | CONDITION | AL STATUS 1 | COHOL TEST TYPE VALUE | | RUG TEST(S YPE RESULT |) T SELECT UP TO 4 | |
| 4 | | | | | 1 OTHER DRUG | | | 1 1 | | | | 1 | | |
| UNIT # | NAME: LAST, | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | |
| 0,2 | HEIDE | | | | 0 5 | / 1 ₁ 0 ₁ / 1 1 | 960 | 6 1 | F | | | | | |
| ADDRESS: | STREET, CITY, ST | • | | | | | | | CONTACT | PHONE - INCLUDE AREA C | ODE | | | |
| 0 | | VE ,Munroe Fall | ls ,OH | | | | _ | | <u>_</u> | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIP | | | | DOT-C | | N AIR BAG US | AGE EJECTION | TRAPPED | |
| OL STATE | السا أ | ICENSE NUMBER | | OFFEN | OFFENSE CHARGED LOCA | | | 0,4 | MC HE | LMET 0 1 | | | | |
| O. H. | | | | 1 | 212 0201 | | | | nse description Affic Control Sign | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV | | | VER | 313.03C1 X | | | CONDITION | | COHOLTEST | | 61478 DRUG TEST(S) | | |
| | SELECT UP TO 2 | | | TRACTED | | | RLIUANA | | STATUS | YPE VALUE | | | SELECT UPTO 4 | |
| | 4 | | | 1 OTHER DRUG | | | | 1 | | | | 1 1 | | |
| UNIT# | NAME: LAST, | FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | AGE | GENDER | |
| ADDRESS. | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | | | |
| ADDRESS: | JIREEI, GIII, JI | AIL, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES | | EMS AGENCY (NAME) | | INJURED | TAKEN TO | MEDICAL FACILITY | (NAME: CITY) | SAFETY EQUIPMENT | 1 | SEATING POSITION | N AIR BAC US | ACE EIECTION | TRAPPED | |
| NON | TAKEN | | | | USED | | | | DOT-C | JWLUY4! | AIR BAG 03 | NOL ESECTION | INAFFED | |
| OL STATE | STATE OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED LOCAL | | | OFFENSE DESC | RIPTION | | CITATIO | N NUMBER | | | |
| 010 | | | | | | | CODE | | | | | | | |
| S OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIS | VER Tracted | _ | COHOL / DRUG SUSPE | ECTED RIJUANA | CONDITION | ALI STATUS T | OHOL TEST YPE VALUE | | RUG TEST(S YPE RESULT | SELECT UP 104 | |
| | | | BY | 1. | | THER DRUG | ANAUUI | ļ. , | | | | | | |
| CITTAGO PANISONA | RIES | SEATING POSITION | and the latest and th | IR BAG | | OL CLASS | S | OL RESTRIC | TION(S) | DRIVER DISTRACT | TION | TEST STA | | |
| 1 - FATAL 2 - SUSPECTED | SERIOUS INJURY | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEP 2 - DEPLOY | | | 1 - CLASS A 2 - CLASS B | | 1 - ALCOHOL INTER | | 1 - NOT DISTRACTED | | NONE GIVEN | | |
| 3- SUSPECTED | 3- SUSPECTED MINOR INJURY 2- FRONT - MIDDLE 3-DE | | | PLOYED SIDE 3 - CLASS C | | | | 3 - CORRECTIVE LE | | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, | | | | |
| SELECTION OF THE | A SECOND LETTEIDE | | 4 - DEPLOY 5 - NOT APP | YED BOTH FRONT / SIDE 4 - REGULAR CLASS ONLY ARE (OHIO = 0) | | | 4 - FARM WAIVER | Due | DIALING) SAMPLEY UNUSA | | | の方に日本の一個 | | |
| (MOTORCYCLE PASSENGER) | | | MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLA | | | | 6 - EXCEPT CLASS A | A COMMUNICATION DEVICE | | | 5 - TEST GIVEN, RESULTS | | | |
| 1 - NOT TRANSP | ORTED | 6 - SECOND - RIGHT SIDE | | | | 6 - NO VALID OL | | & CLASS B BUS 7 - EXCEPT TRACTO | R-TRAILER | 4 - TALKING ON HAND-HEL COMMUNICATION DEVI | CF | UNKNOWN | | |
| /TREATED AT 2 - EMS | SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 1 - NOT EJE | CTED | | OL ENDORSEM | MENT | 8 - INTERMEDIATE RESTRICTIONS | | 5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE | AN | LCOHOL TES None | ST TYPE | |
| 3 - POLICE | 3- POLICE 8-THIRD - MIDDLE 2- | | | 2 - PARTIALLY EJECTED M - MOTORCYCLE | | | | 9 - LEARNER'S PER | MIT | 6 - PASSENGER 2 - BLOOD | | | | |
| 9-OTHER/UNK | NOWN | 10 - SLEEPER SECTION | 3-TOTALLY 4-NOT APP | | | P - PASSENGER N - TANKER | | RESTRICTIONS 10 - LIMITED TO DAY | LIGHT ONLY | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | BREATH | | |
| SAFETY E | QUIPMENT | OF TRUCK CAB 11 - Passenger in Other | | | hoe t | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP | | 8 - OTHER DISTRACTION O THE VEHICLE | UTSIDE 5- | OTHER | | |
| 2 - SHOULDER B | ELT ONLY USED | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | 1-NOTTRA | RAPPED PPED | | R - THREE-WHEEL MO S - SCHOOL BUS | TORCYCLE | 12 - LIMITED - OTHE 13 - MECHANICAL DE | | 9-OTHER/UNKNOWN | THE RESERVE OF THE PARTY OF | DRUG TEST | TYPE | |
| 3 - LAP BELT ON | | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICA MECHAN | TED BY | | T - DOUBLE & TRIPLE | TRAILERS | CONTROLS, OR OT | HER | CONDITION | 200 | NONE BLOOD | | |
| 5 - CHILD RESTRAINT SYSTEM - CARGO | | CARGO AREA | 3 - FREED BY Non-Mechanical Means | | | X - TANKER / HAZMAT | | ADAPTIVE DEVICE 14 - MILITARY VEHICE | | T - MITANCHIEF HORMAL | | 3 - URINE | | |
| 6 - CHILD RESTR | FORWARD FACING 13 - TRAILING UNIT 6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXT | | | | | GENDER | | 15 - MOTOR VEHICLE AIR BRAKES | | WITHOUT 3 - EMOTIONAL (E.G. DEPRESSED | | 4-OTHER | | |
| REAR FACING | | (NON-TRAILING UNIT) 15 - NON-MOTORIST | F - FEMALE M - Male | | | 16 - OUTSIDE MIRRO | 1 | ANCRY DISTURBED) 4 - ILLNESS | AND DESCRIPTION OF THE PARTY. | RUG TEST RE AMPHETAMINES | SULT(S) | | | |
| 8 - HELMET USED 99 - OTHER / I | | 99 - OTHER / UNKNOWN | | | | U - OTHER / UNKNOWN | | 17 - PROSTHETIC AID 18 - OTHER | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 2 - | BARBITURATES | | |
| 9 - PROTECTIVE (ELBOW, KNE | | | | | | | | TO-VINER | | 6- UNDER THE INFLUENCE | | BENZODIAZEPINE Cannabinoids | ES | |
| 10 - REFLECTIVE | | | | | | | | | | OF MEDICATIONS / DRUG /ALCOHOL | 5- | COCAINE | | |
| 11 - LIGHTING - F / BICYCLE ON | ILÝ | | | | | | | | | 9-OTHER/UNKNOWN | STATE OF THE PARTY | OPIATES/OPIOID OTHER | 2 | |
| 99-OTHER/UNK | NOWN | | | | | | | | | | | NEGATIVE RESUL | TS | |