OF PUBLIC SAFETY	RAFFIC C	RASH R	LOCAL REPORT NUMBER*								
X PHOTOS TAKEN	OH-3	EMENT REPORT	2,0,2,1,-,0,0,0,1,2,0,0,0,								
SECONDARY CRASH	OH-1P PRIVATE P		eporting agency name City of Kent Poli		NCIC*	HIT/SKIP 1 - SOLVED	NUMBER OF UNIT:	UNIT IN ERROR			
COUNTY* LOCALITY*			ILLAGE, TOWNSHIP*	L	0 6 7 0 3	CRASH DATE /		CRASH SEVERITY			
2-	VILLAGE TOWNSHIP	ent				0,7,2,4,2,0,2,1,	/11/3/5/0/ 3	1-FATAL			
ROUTE TYPE ROUTE NE	2	- SOUTH	CATION ROAD NAME		ROAD TYPE			2 - SERIOUS INJURY SUSPECTED			
	4	-WEST	IAIN		ST	411,153		3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUTE NU	2	2- SOUTH	FERENCE ROAD NAME (RO 15	OUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE			
REFERENCE POINT		-WEST /	ROUTE TYPE	ROAD TYPE		8:1:0:3:4:7		ONLY			
1 - INTERSECTION 2 2 - MILE POST	FROM REFERENCE 1 - NOR	THE	TERSTATE ROUTE(TP)	HW-HIGHWAY	RD - ROAD		INTERSECTION RI RSECTION OR ON A				
3 3-HOUSE #	4 2-S0U 3-EAS 4-WES	Т 03-72	DERAL US ROUTE ATE ROUTE	AV - AVENUE BL - BOULEVARD	MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	E	MBERED COUNTY ROUTE	OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL		ROADWAY				
2 0	2 2-FEE	X ROADWAY DIV	/ DIVIDED								
	N of FIRST HARM		PACT	DIRECTION OF TRAVE		MEDIAN TYPE					
1-ON ROADWA 2-ON SHOULD		ROSSOVER DRIVEWAY/AL	LEY ACCESS	NOT COLLISION A	4 - REAR-TO-REA 5 - BACKING	R	1 - NORTH	1 - DIV	IDED FLUSH MEDIAN		
0 1 3-IN MEDIAN 4-ON ROADSID		RAILWAY GRAI Shared Use i	DE CROSSING L	VEHICLES IN	6 - ANGLE	AME DIRECTION	2- SOUTH 3- EAST	2-DIV	<4 FEET) DIVIDED FLUSH MEDIAN ≥4 FEET)		
5 - ON GORE 6 - OUTSIDE TR	1	RAILS BIKE LANE	2 - F	REAR-END	7 - SIDESWIPE, S B - SIDESWIPE, G 7 - OTHER / UNKI	PPOSITE DIRECTION	4-WEST	3 - DIV	IDED, DEPRESSED MEDIAN		
7 - ON RAMP	14-1		(AN	IDED, RAISED MEDIAN Y TYPE)							
8 - OFF RAMP		THER / UNKN	ORK ZONE TYPE	LOCATIO	IN OF CRASH IN		CONTOUR		ER/UNKNOWN		
WORK ZONE RELAT		1 - LA	NE CLOSURE		BEFORE THE 1	T WORK ZONE	1 1	CONDITIONS	SURFACE 2		
LAW ENFORCEMEN		, 3-W0	NE SHIFT/CROSSOVER RK ON SHOULDER		WARNING SIGN ADVANCE WAR	VING AREA		1 - DRY	1 - CONCRETE		
		4 - INT	MEDIAN ERMITTENT OR MOVING W	- 1	-TRANSITION AF - ACTIVITY AREA		2-STRAIGHT GRADE 2-WET		2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZO	ONE	5 - OTI	IER	5	- TERMINATION	AREA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT 3 - BRICK/BLOCK		
LIGHT C 1 - DAYLIGHT	CONDITION		WEA 1 - CLEAR	THER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIE	RT, 4 - SLAG, GRAVEL,		
2 - DAWN/DUSK 3 - DARK + LIGH			0 1 2-CLOUDY 3-FOG, SMOG, SM	7 - SEVERE	CROSSWINDS	DT CNOW		6 - WATER (STAND MOVING)	ING, 5 - DIRT		
4 - DARK – ROAD	DWAY NOT LIGHTE	50.00 NOSSEC	4 - RAIN	IG RAIN OR FREI			7 - SLUSH	9 - OTHER/UNKNOWN			
9 - OTHER / UNK		LIGHTING	5 - SLEET, HAIL	99-01HER	/ UNKNOWN			9 - OTHER/UNKNO	VN		
NARRATIVE									Indicate the north		
UNIT 1 WAS 7	TRAVELI	NG WB	ON E MAIN S				<	an "N" on the compass diagram.			
IN THE LEF	T LANE.	UNIT 1	SWERVED OU	ľΤ				-			
OF HIS LAN	E AND ST	RUCK	THE RAISED					1			
MEDIAN. UN	NIT 1 WAS	S CITEI	FOR FTC AN	D				LINDEN RD	(7)		
AN EXPIREI	OL. UNI	IT 1 WA	S TAKEN TO		715	MAIN ST.	W 25				
AKRON CITY HOSPITAL BY KFD EMS.											
			744	-	DIAN UNIT 1	<u></u>					
E MAIN ST.											
NOT 10 30415											
NOT 15 SCALE											
CRASH REPORTED D	DATE / TIME	DIS	PATCH DATE / TIME	ARE	RIVAL DATE / TIME SCENE CLEARED DATE / TIME			REPORT TAKEN BY			
			2,0,2,1,/,1,3,5,0	0 0 7 2 4	2 ₁ 0 ₁ 2 ₁ 1 ₁ / ₁	1 3 5 3 0	7 ₁ 2 ₁ 4 ₁ 2 ₁ 0 ₁ 2 ₁ 1	__ / __ 1 __ 4 __ 3 __ 4 __	MOTORIST		
	TOTAL TIME OTHER TOTAL OFFICER'S NAME* OADWAY CLOSED INVESTIGATION TIME MINUTES Moore, Matthew J						cer's name*		MOTORIST SUPPLEMENT		
	OFFICER'S BADGE NUMBER*						BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION as ADDITION IT AMELIETIS SERVER VENT TO COPS)				
0 4 4 0	2 0	0,6,4	2 5 2	الــــا	2 2 8						

LOCAL REPORT NUMBER

 $\begin{bmatrix} 2 & 0 & 2 & 1 & - & 0 & 0 & 0 & 1 & 2 & 0 & 0 & 0 \end{bmatrix}$

UNIT #	OWNER NAME: LAST, FIR		1)	DAMAGE						
0 1	1 LAMOVSKY, LARRY, H									
-			4 1 - NONE 3 - FUNCTIONAL DAMAGE							
	TER ST ,Akron ,OH		2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN							
O O I I I I I I I	OTAL OAKKIER. KAME, ADJ	TESS, CITT, STATE, ZIP								
LP STATE	LICENSE PLATE #	VEHIC	E IDENTIFICATION #	1,50,50,00		AMAGED AREA(S) ATE ALL THAT APPLY				
OH	JFO2147		H ₁ 5 ₁ 8 ₁ B ₁ C ₁ 0 ₁ 0 ₁ 2 ₁		HICLE YEAR 10,1,1					
			INSURANCE POLICY #	0151516	COLOR	VEHICLE MODEL	0 0	11 12		
X INSURA	GEICO		4069-66-42-43	BI	LK	FIT	0 11 12 2	12		
	TYPE OF USE		US DOT #	TOWED B	Y: COMPANY N		10 3	10000000		
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	1	City Se	City Service		9 9 3	3 9 9 3		
INTER	Lack		EHICLE WEIGHT GVWR/GCWR		HAZARDOUS		8 4			
DEVIC	E HIT/SKIP UNI		1 - ≤10K LBS 2 - 10,001 - 26K LBS	REL	TERIAL CL EASED	ASS # PLACARD ID #	8 7 5 4	8 7 7 5 4		
EUVIP	PED	0,1	3 - >26K LBS	PLA	CARD L_		7	12 7 5		
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED		18-LIMO (LIVERY	VEHICLE) 2	3 - PEDESTRIAN / SKATER		12		
0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE		19 - BUS (16+ PASS		4-WHEELCHAIR (ANYTYPE)	10	11 2		
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED		20 - OTHER VEHICL 21 - HEAVY EQUIP		5 - OTHER NON-MOTORIST 6 - BICYCLE		10 2		
	5 - CARGO VAN	BICYCLE		22 - ANIMAL WITH		7-TRAIN	-	8 4 3		
	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAW	/N VEHICLE 9	9 - UNKNOWN OR HIT/SKIP	8	7 1 5 /4		
00	# OF TRAILING UNITS	CHIT/UIT/					12	6		
		TONOMOUS	A NA SUTABLATION				11 12 1	6 11 12		
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION			- UNKNOWN	10	10 12 2		
2	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS	A DADTIAL AUTOMATICAL	5 - FULL AUTOMAI			10 2	10 2 2		
		MODE LEVEL					9 9 3	3 9 9 3 3		
	1 - NONE	6 - EUS - CHARTER/TOUR		16-FARM		1 - MAIL CARRIER				
$\begin{bmatrix} 0 & 1 \end{bmatrix}$	2 - TAXI 3 - ELECTRONIC RIDE SHARING	7 - BUS - INTERCITY		17 - MOWING		9-OT-IER/UNKNOWN	8 4	B 7 5 4		
SPECIAL	4 - SCHOOL TRANSPORT	9 - BUS - OTHER		18-SNOW REMOVAL 19-TOWING			7 5	7 5		
1 01101101	5 - BUS -TRANSIT/COMMUTER		15-CONSTRUCTION EQUIPMENT		CE PATROL		3.			
	1 - NO CARGO BODYTYPE	3 - VEHICLE TOWING ANOTHER	R 5 - INTERMODAL CONTAINER	B - POLE	1.	2 - CONCRETE MIXER		12 12 12		
0 1	0 1 / NOT APPLICABLE MOTOR VEHICLE		CHACCIC	9 - CARGO TANK		3 - AUTO TRANSPORTER	12			
CARGO			6 - CARGO VAN/ENCLOSED BOX	10-FLAT BED		4-GARBAGE/REFUSE	9 14 0			
TYPE			7 - GRAIN/CHIPS/GRAVEL	11-DUMP	9	9-OTHER/UNKNOWN	,600, ,	g = 3 9 1 3 9 1 3		
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBL	.E 99	9-OTHER/UNKNOWA	•			
							6 6 6			
DEFECTS	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			_	_		
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSS	ING ISLAND 12	2-FIRST RESPONDER	- NO DAMAGE	0)UNDERCARRIAGE [14]		
HAY MATARIES				10 - DRIVEWAY ACC		AT INCIDENT SCENE	- TOP [13]	- ALL AREAS [15]		
LUCAILUN	DTORIST 2 - INTERSECTION - UNMARKED CROSSWALK ATION CROSSWALK 5 - TRAVELLANE OFFICE		8 - SIDEWALK 11 - SHARED USE PATHS OR		ATHS OR 99	9-OTHER/UNKNOWN				
AT IMPACT	011000171611	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS				I NOT AT SCENE [16]		
	1 - NON-CONTACT	1 - STRAIGHT AHEAD		13-NEGOTIATING		B-APPROACHING	INITIA	L POINT OF CONTACT		
, 3	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - Leaving traffic Lane	14 - ENTERING OR (Specified Loc		OR LEAVING VEHICLE 9-STANDING	0 - NO DAMAG			
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10-PARKED 15-WALKING, RUNNING,			O-OTHER NON-MOTORIST	1 1 1 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN		11 - SLOWING OR STOPPED JOGGING, PLAYING			1 - STANDING OUTSIDE	DIAGRA	AM 99 - UNKNOWN		
	& STRUCK 6 - MAKING LEFT TURN		INTRAFFIG	de «	DISABLED VEHICLE	13 - TOP				
	9-OTHER/UNKNOWN		AL DICTURES	17 - PUSHING VEHI	ULC 95	9-OTHER/UNKNOWN		TRAFFIC		
	1 - NONE	7 - LEFT OF CENTER	DARKED BOCITION	17 - VISION OBSTRU	259	1 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8-FOLLOWING TOO CLOSE / ACD 9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED	18-OPERATING DE EQUIPMENT		2 - NOT DISCERNIBLE	1 - GNE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
11	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY	19-LOAD SHIFTING		3-OPENING DOOR INTO ROADWAY	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN		
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - Wrong Way	SPILLING	99	9-OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL		
	6 - IMPROPER TURN	12-IMPROPER BACKING	10 - HAVING TIME	20 - IN PROPER CRO	ISSING	l	# OF THROUGH LANES	RAIL GRADE CROSSING		
SEQUENCE	OF EVENTS						ON ROAD	1 - NOT INVOLVED		
	1 - OVERTURN/ROLLGVER	6 - EQUIPMENT FAILURE	EVENTS 11-CROSS CENTERLINE —	14 Dallymanner	ne o	1 HODY 70HT 144447	_2_	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 0 9	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEHI(17 - AHIMAL — FAR		2 - WORK ZONE MAINTENANCE EQUIPMENT		3 - 10470E4E0FM3314E GROSSING		
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18-ANIMAL - DEE		3-STRUCK BY FALLING,	UNIT / NOI	N-MOTORIST DIRECTION		
2 3 5	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 ATHER NON, COLLISION	19-ANIMAL - OTH		SHIFTING CARGO OR Anything set in motion		1 - NORTH 5 - NORTHEAST		
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN	20 - MOTOR VEHICL Transport		BY A MOTOR VEHICLE	FROM 3 TO L	4 3 - EAST 7 - SOUTHEAST		
31	2000 on ond 1			21 - PARKED MOTOR	RVEHICLE	4-OTHER MOVABLE CBJECT	rkum 10 L	4 - WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJECT			INODIA ZONE AZAMO		9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION	32 - PORTABLE BARRIER		43 - CURB 44 - Ditch	50) - WORK ZONE MAINTENANCE EQUIPMENT	UNIT COCCA	DETECTED COSES		
	26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39-LIGHT/LUMINARIES	45 - EMBANKMENT		L-WALL	UNIT SPEED	DETECTED SPEED		
5	27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL BARRIER		46-FENCE		2-BUILDING	0 3 5	1 1- STATED/ESTIMATED SPEED		
	28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	47 - MAILBOX 48 - Tree		I - TUNNEL I - OTHER FIXED OBJECT		2 - CALCULATED / EDR		
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	OR SUPPORT	49 - FIRE HYDRANT		-OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
, 1		2					3 , 5 ,			
	FIRST HARMFUL EVEN	T I # I MOST N	ADMEIN EVENT				1 - 1 - 1	1		

OFFICE SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
							\(\begin{aligned} \begin{aligned} 2 & 0 & 2 & 1 & - & 0 & 0 & 0 & 1 & 2 & 0 & 0 & 0 \end{aligned} \]								
UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER						
0,1 LAMOVSKY, LARRY, H								0 3 / 2 5 / 1 9 4 6 7 5 M							
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
323 WATER ST , Akron , OH 44308 INJURED I EMS AGENCY (NAME) INJURED LAKEN TO MEDICAL FACILITY OF THE CITY SAFETY FOUNDMENT.												<u> </u>			
INJURIES 3	TAKEN					o: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT USED 0.4			DOT-COMPLIANT						
OL STATE		ICENSE NUMBER		OFFENS			LOCAL	OFFENSE DESC		MET 0 , 1	CITATION NUMBER				
O, H,	J. LIMION C	TOLITOL HOMBER		1		RUED	CODE	Failure to		al.		NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELEC	TUPTO3 DRI	331.34 X			CONDITION		OHOL TEST	15589	DRUG TEST(S)				
	SELECT UPTO 2		TRACTED ALCOHOL MARIJUAN				00110111011	STATUS TY		STATUS TYP		T SELECT UP TO 4			
4			<u> </u>	1 OTHER DRUG				9	1 1		1 1				
UNIT #	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
S INHIDITE	INJURED	Pile Action was		T				10							
INJUNIES	TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION			TRAPPED		
	OPERATOR L	ICENSE NUMBER		OFFENS	E CHAI	RGEN	LOCAL	OFFENSE DESC		MEI L	077471011	<u> </u>			
OL STATE		TO THOMBEN		OTTENS	IL UNA	NULD	CODE	OLLEWSE DESC	KIPIIUN		CITATION	NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DRIV	VER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALCO	OHOL TEST	DRI	JG TEST(S)		
	SELECT UP TO 2		DIST BY	TRACTED		A	RUUANA		STATUS TY	PE VALUE	STATUS TYP		SELECT UPTO 4		
نــــا			<u> </u>	OTHER DRUG							نصالحاك				
UNIT#	NAME: LAST, I	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
4999599															
SI ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED	EMS AGENCY (NAME)		I MILLIANCE T		MEDION CANTITY	Secretaria Sanci	Teres =							
ADDRESS:	TAKEN BY	EMS AGENCT (NAME)		INJUREDE	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED				DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
				OFFENSE CHARGED LOCAL OFFENSE DI			OFFENSE DESC								
OL STATE				CODE						CITATION	NOMIDER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	OHOL / DRUG SUSPE	CTED	CONDITION		HOL TEST		IG TEST(S)			
	36166. 00 102		BY	TRACTED	☐ Al	LCOHOL MAF	ANAULIS		STATUS TYP	PE VALUE	STATUS TYP	RESULT	SELECT UP TO 4		
L. IN III	PIES	SEATING DOCUMEN		10.040	01	THER DRUG									
1 - FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED		OL CLASS 1-CLASS A		OL RESTRIC	DW Syrvey Common and a second	1-NOT DISTRACTED	The same of the same of	TEST STAT	TUS		
The second second	2 - SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 3 - SUSPECTED MINOR IN HIPY 2 - FRONT - MIDDLE		2 - DEPLOYED FRONT Z - CLASS B			Z-CLASS B		2 - COL INTRASTATI		2 - MANUALLY OPERATING	AN 2-TE	STREFUSED			
Chieffer University and	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE			3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE	NSES	DEVICE (TEXTING, TYP	3-1E	ST GIVEN, CON MPLE / UNUSA			
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)				5 - EXCEPT CLASS A	BUS	DIALING) 3 -TALKING ON HANDS-FR	A TE	ST GIVEN, RESI	TYLL EXPLOSE			
INJURED TAKEN BY 5-SECOND - MIDDLE			9 - DEPLOYMENT UNKNOWN 5 - MC MOPED ONLY 6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEVI	CE 5-TE	ST GIVEN, RESI Known	ULTS			
1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE /TREATED AT SCENE 7 - THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT			7 - EXCEPT TRACTO		COMMUNICATION DEVI	CE ALC	OHOL TES	T TYPE					
2 - EMS	2 - EMS (MOTORCYCLE SIDE CAR)		1-NOT EJECTED H-HAZMAT				8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	1 - NO					
3-POLICE 8-THIRD-MIDDLE 9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE					M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER	2 - BL 3 - UR					
10 - SLEEPER SECTION		3 - TOTALLY EJECTED P - PASSENGE 4 - NOT APPLICABLE N - TANKER					10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	4 - BR					
1 - NONE USED 11 - PASSENGER IN OTHER			TR	Q - MOTOR SCOOTER			11 - LIMITED TO EMP 12 - LIMITED - OTHE		8 - OTHER DISTRACTION OF THE VEHICLE	JTSIDE 5-0T	HER	25.5			
ROSSINIVATIONS	2 - SHOULDER BELT ONLY USED ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,			1 - NOTTRAPPED R - THREE-WHEEL MOTORCYCLE 1 - NOTTRAPPED S - SCHOOL BUS			13 - MECHANICAL DE	VICES	9 - OTHER / UNKNOWN	The second second	RUG TEST	TYPE			
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED		2 - EXTRICATED BY MECHANICAL MEANS			T DOUBLE & TRIPLE TRAILERS CON		(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		CONDITION		1 - NONE 2 - Blood				
5 - CHILD RESTRAINT SYSTEM - CARGO AREA		3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT		ADAPTIVE DEVIC		1 - APPARENTLY NORMAL 2 - Physical impairment	3 - UR					
6 - CHILD RESTR	FORWARD FACING 13-TRAILING UNIT - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR					GENDER		15 - MOTOR VEHICLE	a luteru au w	3 - EMOTIONAL (E.G., DEPRE	PRESSED				
REAR FACING 7 - BOOSTER SEA		(NON-TRAILING UNIT) 15 - NON-MOTORIST				F - FEMALE M - MALE	- FEMALE - MALE 1		ANCRY DISTURBED) 4 - ILLNESS		DRUG TEST RESULT(S)				
8 - HELMET USE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID			1 - AMPHETAMINES 2 - BARBITURATES				
9 - PROTECTIVE (ELBOW, KNE								18-OTHER		6- UNDER THE INFLUENCE		3 - BENZODIAZEPINES			
10 - REFLECTIVE	CLOTHING								OF MEDICATIONS / DRUGS 4 - CF			NABINOIDS CAINE			
11 - LIGHTING - P / BICYCLE ON										9 - OTHER / UNKNOWN		ATES / OP IOIDS	S		
99 - OTHER / UNKNOWN											7 - OT 8	IER Gative resul	TS		