OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	RAFFIC CRA	SH REI	ORT *DENOTE	S MANDATORY FI	ELD FOR SUPPLEM	ENT REPORT	·	OCAL REPORT NUMBER	*					
D DHOTOS TAKEN	☐ 0H-2 ☐ 0H	-3 LOCA	L INFORMATION			2 0 2 3	- ₁ 0 ₁ 0 ₁ 0 ₁ 1 ₁ 8	8,3,5,5,						
DHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*						NCIC*	HIT/SKIP	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR						
SECONDARY CRASH	y of Kent Pol	ice	$\lfloor 0 \rfloor$	6,7,0,3	0 1 9	1 9 8 98 - ANIMAL 99 - UNKNOWN								
COUNTY* LOCALITY*	LOCATIO	N: CITY, VILL	AGE, TOWNSHIP*			CRASH DATE / TIME* CRASH SEVERITY								
67 1 2-1	VILLAGE TOWNSHIP Kent						11142023	1 1 1 4 2 0 2 3 / 1 7 4 4 5 1 - FATAL						
	JMBER PREFIX N - NO	ORTH LOCA	TION ROAD NAME			ROAD TYPE	2 - SERIOUS INJURY							
ROUTE TYPE ROUTE NU	2 S-S0 E-EA W-W	AST XXIA	TER			$S \setminus T$	41,13,1	0.5.7	- MINOR INJURY					
	RENCE ROAD NAME (R	NAD MILEPOST H	OUSF #)	ROAD TYPE	LONGITUDE		SUSPECTED - INJURY POSSIBLE							
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST			ELOY	JAD, MILLI GOI, II	, , , , , , , , , , , , , , , , , , ,	100000000000000000000000000000000000000			- PROPERTY DAMAGE					
POUR TO THE PROPERTY OF THE PR	<u> </u>	EST	LUI			$R_{\perp}D_{\parallel}$	-8 ₁ 1 ₀ 3 ₁ 5 ₁ 1	1,9,7	ONLY					
1 - INTERSECTION	DIRECTION FROM REFERENCE	seem services.	ROUTE TYPE RSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW-HIGHWAY	RD - ROAD		INTERSECTION RELATE	100mm					
1 2 - MILE POST	1 S-SOUTH	10.00 mm to	RAL US ROUTE	AV - AVENUE		SQ - SQUARE	WITHIN INTE	RSECTION OR ON APPROA	ACH .					
3 - HOUSE #	E - EAST W - WEST	SR - STAT	E ROUTE	BL - BOULEVARD		ST - STREET	WITHIN INTE	RCHANGE AREA NUM	IBER OF APPROACHES					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - NUM	BERED COUNTY ROUTE	CR - CIRCLE CT - COURT		TE - TERRACE TL - TRAIL		ROADWAY						
10/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/	1 - MILES	TR - NUMI	BERED TOWNSHIP	DR - DRIVE		WA - WAY	X ROADWAY DIV	/IDED						
3 0	3 3-YARDS	ROUT	_	HE - HEIGHTS	PL - PLACE		KOADWAT DI	71020						
	N of FIRST HARMFUL		Service Company		H COLLISION/IMPA	CT	DIRECTION OF TRAVE	L MEDIA	NTYPE					
1 - ON ROADWA 2 - ON SHOULD		SOVER 'EWAY/ALLE		NOT COLLISION 4 BETWEEN	4 - REAR-TO-REAR 5 - BACKING		N - NORTH	1 (- A EEET	LUSH MEDIAN					
0 1 3-IN MEDIAN		WAY GRADE		TWO MOTOR	6 - ANGLE		S-SOUTH E-EAST	2 - DIVIDED F	LUSH MEDIAN					
4 - ON ROADSID 5 - ON GORE	DE 12-SHAF TRAI	RED USE PAT			7 - SIDESWIPE, SAM 8 - SIDESWIPE, OPP		W-WEST		(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN					
6 - OUTSIDE TR	30 0145		5000		9 - OTHER / UNKNO			4 - DIVIDED, I	VIDED, RAISED MEDIAN					
7 - ON RAMP	14-T0LL	. BOOTH ER / UNKNOV	/N						ANY TYPE) THER/UNKNOWN					
8 - OFF RAMP	77-01112		COSTA I											
WORK ZONE RELAT	TED		CLOSURE		ON OF CRASH IN WO - BEFORE THE 1ST		CONTOUR	CONDITIONS	SURFACE					
WORKERS PRESEN	NT		SHIFT/CROSSOVER	2300	WARNING SIGN		_1_	_1_						
LAW ENFORCEMEN	NT PRESENT	3 - WORK	ON SHOULDER	V 7	 ADVANCE WARNII TRANSITION AREA 		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE					
			RMITTENT OR MOVING W		- ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,					
ACTIVE SCHOOL ZO	ONE	5 - OTHE	र	5	-TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK					
LIGHT O	CONDITION		WE	ATHER			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	4 - SLAG, GRAVEL,					
1 - DAYLIGHT			1-CLEAR	6 - SNOW	CDOCCUINDC		V- 0-00 0000000000000000000000000000000	OIL, GRAVEL	STONE					
3 2 - DAWN/DUSK 3 - DARK - LIGH	2 - CLOUDY 3 - FOG, SMOG, SM		CROSSWINDS G SAND, SOIL, DIRT	r, snow		6 - WATER (STANDING, MOVING)	5 - DIRT							
4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZI					NG RAIN OR FREEZ	ING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNK	NOWN ROADWAY LIGH KNOWN	HIING	5 - SLEET, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNKNOWN	IOWN					
NARRATIVE									Indicate the north					
		V-1-1/2-0-2-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-							direction with					
UNIT 1 WAS T	RAVELING	NORTI	HBOUND ON	S				V	compass diagram.					
WATER ST W	HEN SHE S	TRUCE	CA DEER					· ·						
CAUSING MI	INOD DAMA	CE DI	EED WAS CO		SWATER	RST								
CAUSING WI	INOK DAMIA	GE. DI	LEK WAS GO	Α.	-		DEER (X)							
								No	ot To Scale					
					1	!	l l l	IT1						
					1									
				1	l i									
				-										
						1		MELOYRD						
CRASH REPORTED I	DATE / TIME	DISPA	TCH DATE / TIME	AR	I RIVAL DATE/TIME		SCENE CLEARED	DATE / TIME R	EPORT TAKEN BY					
1.1.1.4.2.0.2.3	1.1.7.4.4 1	1.1.4.2	.0.2.3./.1.9.0	6.1.1.1.4	2.0.2.3 / 1	9.0.6 1	.1.1.4.2.0.2	3./.1.9.1.3	POLICE AGENCY					
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		2,0,2,3,/,1,9,0,6,1,1,1,4,2,0,2,3,/,1,9,1,3 CHECKED BY OFFICER'S NAME*									
ROADWAY CLOSED INVI	Strebel, Tyle	r Austin	Hadaway, Joseph				SUPPLEMENT (CORRECTION OR ADDITION							
	OFFICER'	S BADGE NUMBER		CHECKED BY OFFICER'S BADGE NUMBER* (CORRE										
0 0 0 0	1 0 0	$1 \cdot 1 \cdot 7$	2 3 :		2 1	6								

		CAL REPORT NUMBER								
_	$\begin{bmatrix} 2 & 0 & 2 & 3 & - \end{bmatrix}$	$0_{\perp}0_{\perp}0_{\perp}1_{\perp}8_{\perp}3_{\perp}$	3							
ORC 149.43(A)(1)		DAMAGE DAMAGE SCALE								
	2 1-NONE	3 - FUNCTIONAL DA	AMAGE							
	2-MINOR		MAGE							
PHONE: INCLUDE AREA CODE	9 - UNKNOWN									
R VEHICLE MAKE		DAMAGED AREA(S) CATE ALL THAT APPLY								
Honda	12	12								
VEHICLE MODEL	11 12	11 12	1							
CRV	10 11 0	2 10 11	1 /2							
NAME	9 9 3	3 9 9	2 -3							
JS MATERIAL	8 4 -	/ - C								
LASS # PLACARD ID #	8 7 5	4 8 7	5 /4							
	7 6 5	11 12 7 6	5							
23 - PEDESTRIAN / SKATER	92	12								
24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	10/	11 1 2								
26-BICYCLE	9	9 3 3								
27 -TRAIN	\ <u></u>	- 8 11 4 -								
99 - UNKNOWN OR HIT/SKIP	8	7 5 5								
	11 12 1	7 6 11 12	- 1							
9 - UNKNOWN	12	12								
	10 1	2 10 11	1 2							
	9 9 3	3 9 10	3 3							
21 - MAIL CARRIER	8 4 -	8	4 -							
99 - OTHER / UNKNOWN	8 7 5	4 8 7	5 /4							
	7 6 5	7 6	5							
	6	6	93							
10. 00000000000000000000000000000000000	2	12 12	12							
12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12	<u> </u>								
14-GARBAGE/REFUSE	8 1 8		N/A							
99-OTHER / UNKNOWN	,003,	9 3 9 3 9								
99 - OTHER / UNKNOWN	6	T .	00							
		6 6	6							
	□-NO DAMAG	[0] UNDERCARRIAGE	[14]							
12 - FIRST RESPONDER		_								
AT INCIDENT SCENE 99 - OTHER / UNKNOWN	∐-TOP [13]	L-ALL AREAS [15]	ı							
	UNIT NOT AT SCENE [16]									
18-APPROACHING	INIT	IAL POINT OF CONTACT								
OR LEAVING VEHICLE	0 - NO DAM		AGE							
19-STANDING 20-OTHER NON-MOTORIST	0 1 1-12 - REFE	RTO UNIT 15 - VEHICLE NOT	AT SCENE							
21 -STANDING OUTSIDE	DIAG	RAM 99 - UNKNOWN								
DISABLED VEHICLE	13-TOP									
99-OTHER / UNKNOWN		TRAFFIC								
21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL								
22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - 5								
ROADWAY	2 2 - TWO-WAY	1 0 1	YIELD SIGN							
99 - OTHER IMPROPER ACTION		10 And Strong of Angles & Continue May Continue (May Continue)	NO CONTROL							
	# OF THROUGH LANES ON ROAD	1 - NOT INVOLVED	NG							
	2	1 - NOT INVOLVED	ROSSING							
22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE C								
EQUIPMENT	111177 / 1	ON MOTODIST PIDEOTION								
23 - STRUCK BY FALLING, SHIFTING CARGOOR	UNIT/N	ON-MOTORIST DIRECTION 1 - NORTH 5 - NORTH	IEAST							
ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTH								
24 - OTHER MOVABLE OBJECT	FROM 2 TO		EAST							
		4 - WEST 8 - SOUTH	WEST							

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER OWNED DHONE. Redacted per ORC 149.43(A)(DEMPSEY, STACIĒ, MARIE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)

7268 KENSSINGTON DR ,N RIDGEVILLE ,OH 44039 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **VEHICLE IDENTIFICATION #** LP STATE LICENSE PLATE # VEHICLE YEAR VEHICLE MAKE 2 0 1 4 Honda 2 HKR M4 H3 X E H6 0 0 5 2 2 O H HDP1361 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL STATE FARM BLK3066232SFP CRV TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK DEVICE EQUIPPED MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS. HIT/SKIP UNIT 2 - 10,001 - 26K LBS. $0_{\perp}1$ PLACARD J 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 0 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 3-WHEELED 13 - SNOWMOBILE 14 - SINGLE UNITT 19-BUS (16+ PASSENGERS) 24 - WHEFI CHAIR (ANY TYPE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM EQUIPMENT 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) 00 # OF TRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-0THER/UNKNOWN 5 - FULL AUTOMATION MODE LEVEL 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 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 0.1 / NOT APPLICABLE MOTORVEHICLE CHASSIS 9 - CARGO TANK 13-AUTOTRANSPORTER CARGO 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 99 - OTHER / UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR VEHICLE 2 - HEAD LAMPS 5 - STEERING DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER 9 - MEDIAN/CROSSING ISLAND 1 - INTERSECTION - MARKED 6 - BICYCLE LANE 12 - FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99 - OTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 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 0 1 3 - CHANGING LANES 4 19-STANDING SPECIFIED LOCATION 3-STRIKING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 10-PARKED JOGGING, PLAYING 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 -LYING IN ROADWAY 1-NONE 7 - LEFT OF CENTER PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 14 - STOPPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 0_1 ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING SEQUENCE OF EVENTS NON-COLLISION

1 8 1 - OVERTURNIROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -OPPOSITE DIRECTION OF 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS

36 - MEDIAN OTHER BARRIER

3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN LOSS OR SHIFT

15-PEDALCYCLE COLLISION WITH FIXED OBJECT - STRUCK 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 39-LIGHT/LUMINARIES 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL SUPPORT BARRIER 40 - UTILITY POLE 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE OR SUPPORT

TRAVEL

14-PEDESTRIAN

42 - CULVERT

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

43 - CURB 44 - DITCH 45 - EMBANKMENT 46-FENCE 47 - MAILBOX 48-TREE 49-FIRE HYDRANT

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52 - BUILDING 53-TUNNEL 54 - OTHER FIXED OR JECT 99 - OTHER / UNKNOWN

UNIT SPEED 0,4,0, POSTED SPEED

3 5

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

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

26-BRIDGE OVERHEAD

27 - BRIDGE PIER OR ABUTMENT

STRUCTURE

28-BRIDGE PARAPET

30 - GUARDRAIL FACE

29-BRIDGE RAIL

9 - OTHER / UNKNOWN

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER								
A THE AND AND INTO INTO INTO INTO INTO INTO INTO INTO								2 + 0 + 2 + 3 + - + 0 + 0 + 0 + 1 + 8 + 3 + 5 + 5								
UNIT#									DATE OF BIRTH AGE GENDER							
0,1	DEMPSEY, STEPHANIE, CATHERINE								0 + 2 + 1 + 6 + 2 + 0 + 0 + 1 2 2 F							
7268 KENSSINGTON DR ,N RIDGEVILLE ,OH 44039									Redacted per ORC 149.43(A)(1)							
INJURIES	INJURED INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMI							SAFETY EQUIPMENT	T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
⁰ _5	BY							0_4_	DOT-COMPLIANT 0 1			1	1 1 1			
OLSTATE OL H		LICENSE NUMBER CTED PER ORC 450	OFFENS	OFFENSE CHARGED LOCAL OFFENSE DESC			CRIPTION CITATION NUMBER									
OL CLASS	ENDORSEMEN SELECT UP TO 2				_	HOL / DRUG SUSPI		CONDITION	STATUS T	YPE			DRUG TYPE	TEST(S) RESULT	SELECTUPTO4	
. 4 .	BY			1	=	LCOHOL MAI	ANAUUS	. 1	1	1		1	1.			
UNIT #	NAME: LAST	FIRST, MIDDLE			- OTHER DROS					DAT	E OF BIRTH			AGE	GENDER	
															15 21	
ADDRESS:	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
TOR										1		1 1	1_	1	1 1	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE			SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION			AIR BAG U	ISAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC				CITATI	CITATION NUMBER			
OTORI	/	_					CODE									
≥ OL CLASS	SELECT UP TO 2			VER TRACTED	_	CHOL / DRUG SUSPI	E CTED RIJUANA	CONDITION	STATUS T	YPE				RESULT	SELECTUPT04	
	1 16	1		9	=	THER DRUG	10071111				E E E 10	101	1		11 11 1	
UNIT#	NAME: LAST	FIRST, MIDDLE								DAT	E OF BIRTH		T	AGE	GENDER	
										1 1	1 1				نـــــــا	
	STREET, CITY, S	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OTORI																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDI	AKEN TO	O: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT SEATING POSITION AT			AIR BAG U	R BAG USAGE EJECTION TRAPPED			
OLSTATE	OPERATOR	LICENSE NUMBER		OFFENSE CHARGED LOCAL OFFENSE DE			OFFENSE DESC	CRIPTION CIT				ATION NUMBER				
TORI				CODE												
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	_	HOL / DRUG SUSPI		CONDITION	STATUS I	YPE				TEST(S)	SELECT UP TO 4	
	2500		BY		=		RIJUANA				23 - 25 - 26 - A					
INJU	JRIES	SEATING POSITION	L	IR BAG	Цο	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIV	ER DISTRAC	ION	TE	ST STA	TUS	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOTDEP			1 - CLASS A		1 - ALCOHOL INTER			T DISTRACTED		- NONE			
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE	LOYED FRONT 2 - CLASS B LOYED SIDE 3 - CLASS C			2 - CDL INTRASTAT 3 - CORRECTIVE LE		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE		YED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNU SABLE				
(M0TORCYCLE PASSENGER)			5-NOTAPP	E MAC MODED ONLY				J INCIDIO ON THAT OF THE				4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS				
INJURED TAKEN BY 5- SECOND - MIDDLE 9- DEPLOTMENT ON NO WAY					6 - NO VALID OL		& CLASS B BUS		4 - TAI	KING ON HAND-HEL						
1 - NOT TRANSP /TREATED A	Part Control of the Control	7 - THIRD - LEFT SIDE	EJ	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			MMUNICATION DEVI HER ACTIVITY WITH	AN	0.000	HOL TES	TTYPE	
2 - EMS		(M0TORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOTEJE			H - HAZMAT		RESTRICTIONS 9-LEARNER'S PER			ECTRONIC DE VICE SSENGER		- NONE - BLOOD			
3 - POLICE 9 - OTHER / UNK	CNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY	LY EJECTED EJECTED		M - MOTORCYCLE P - PASSENGER		RESTRICTIONS		7 - OTI	HER DISTRACTION		- URINE			
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4-NOTAPP	LICABLE		N-TANKER		10 - LIMITED TO DAY 11 - LIMITED TO EMI			IDE THE VEHICLE HER DISTRACTION O		- BREAT			
1 - NONE USED	Charles and the second con-	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE			E VEHICLE HER / UNKNOWN		DRU	G TEST	TYPE	
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL DI (SPECIAL BRAK)		9-011		1	- NONE			
	& LAP BELT USED	12 - PASSENGER IN UNENCLOSED	MECHAN	IICAL MEANS		T - DOUBLE & TRIPLE X - TANKER / HAZMAT		CONTROLS, OR O ADAPTIVE DEVI		1 - API	PARENTLY NORMAL		- BLOOD - URINE			
5 - CHILD RESTRAINT SYSTEM – CARGO AREA FORWARD FACING 13 - TRAILING UNIT			3- FREED BY NON-MECHANICAL MEANS			14 - MILITARY VE			ICLES ONLY 2 - PHYSICAL IMPAIRME			IT 4-OTHER				
6 - CHILD REST	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR		GENDER F-FEMALE				15 - MOTOR VEHICLE AIR BRAKES	2 M11H00 I	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) DRUG TEST				TEST RE	SULT(S)		
	REAR FACING (NON-TRAILING UNIT) 7 - BOOSTER SEAT 15 - NON-MOTORIST		M - MALE			16 - OUTSIDE MIRRO	4 - ILLNESS 1 - AMPHETAMINI 5 - FELL ASLEEP, FAINTED, 2 - BARBITURATE									
8 - HELMET US		99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII 18 - OTHER			L ASLEEP, FAINTED Igued, etc.	100 mm		TURATES DIAZEPINE	S	
9 - PROTECTIVE (ELBOW, KNI										0F I	ERTHE INFLUENCE MEDICATIONS / DRU	GS 4	- CANNA	ABINOIDS		
10 - REFLECTIVE 11 - LIGHTING -											COHOL ER/UNKNOWN		- COCAI	NE ES / OPIOID	S	
/ BICYCLE OF	NLY.									7-018	E.O. OHIMO WIL		-OTHER			
99 - OTHER / UNK	CNOWN											8	- NEGAT	TIVE RESUL	TS	

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