OHIO DEPARTMENT TR	RAFFIC CR	ASH R	EPORT *DENOT	ES MANDATORY F	IELD FOR SUPPLEM	ENT REPORT	L	OCAL REPORT NU	MBER*	
PHOTOS TAKEN	OH-2	0H-3	LOCAL INFORMATION				2,0,2,1,-,0,0,0,1,1,1,8,8,			
SECONDARY CRASH	OH-1P		REPORTING AGENCY NAMI			NCIC*	HIT/SKIP NUMBER OF UNIT			
SECONDARY CRASH	PRIVATE PR	OPERTY	City of Kent Po	lice	. 0_	6 7 0 3	1 - SOLVED	0 1	98-ANIMAL	
COUNTY* LOCALITY*			VILLAGE, TOWNSHIP*				CRASH DATE / T	IME*	CRASH SEVERITY	
6 7 1 3-T	OWNSHIP Ke	nt					0 7 1 2 2 0 2 1	/ 10 5 2 0 5	1 - FATAL 2 - SERIOUS INJURY	
ROUTE TYPE ROUTE NUM		-NORTH L -SOUTH	OCATION ROAD NAME			ROAD TYPE	LATITUDE DEC	CIMAL DEGREES	SUSPECTED	
S R 2 6 1		- EAST - WEST	<unknown></unknown>				410135	6 2 7	3 - MINOR INJURY SUSPECTED	
ROUTE TYPE ROUTE NUM		- NORTH R	REFERENCE ROAD NAME (ROAD, MILEPOST,	HOUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE	
ROUTE TYPE ROUTE NUM		-EAST 1	1250				81 3 8 6	8 10 17	5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT	DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE		1	INTERSECTION RE	LATED	
1-INTERSECTION 3 2-MILE POST	1 - NORT 2 - SOUT		NTERSTATE ROUTE(TP) EDERAL US ROUTE	AL - ALLEY AV - AVENUE		RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR ON A	PPROACH	
3-HOUSE #	3-EAST 4-WES		TATE ROUTE			ST - STREET	WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	CR - N	IUMBERED COUNTY ROUTE	CR - CIRCLE CT - COURT		OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL ROADWAY				
	1 - MILE 2 - FEET		IUMBERED TOWNSHIP	DR - DRIVE	PI - PIKE					
	3-YARD			HE - HEIGHTS	PL - PLACE		ROADWAY DIV			
LOCATION 1 - ON ROADWAY	OF FIRST HARMI	ROSSOVER	,		SH COLLISION/IMPA 4 - REAR-TO-REAR	СТ	DIRECTION OF TRAVE		MEDIAN TYPE	
0 1 2-ON SHOULDE	R 10-D	RIVEWAY/A	LLEY ACCESS	BETWEEN TWO MOTOR	5 - BACKING		1-NORTH , , 2-SOUTH		DED FLUSH MEDIAN FEET)	
3-IN MEDIAN 4-ON ROADSIDE		AILWAY GRA HARED USE	ADE CROSSING	VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESWIPE, SAM	E DIRECTION	3- EAST		DED FLUSH MEDIAN FEET)	
5 - ON GORE	T AFFIC WAY 13-B	RAILS		- REAR-END	8 - SIDESWIPE, OPP	SITE DIRECTION	4 - WEST	1	DED, DEPRESSED MEDIAN	
7 - ON RAMP	14-T	OLL BOOTH	3	- HEAD-ON	9 - OTHER / UNKNO	WN		(AN	DED, RAISED MEDIAN Y TYPE)	
8 - OFF RAMP	99-0	THER / UNK	NOWN					9 - OTH	ER/UNKNOWN	
WORK ZONE RELAT	ED		WORK ZONE TYPE	ı	ON OF CRASH IN WO		CONTOUR	CONDITIONS		
workers present	т		ANE CLOSURE ANE SHIFT/CROSSOVER		I - BEFORE THE 1ST WARNING SIGN	WORK ZONE	3	_2	2	
LAW ENFORCEMENT	T PRESENT L		ORK ON SHOULDER		2 - ADVANCE WARNIN 3 - TRANSITION AREA			1 - DRY	1 - CONCRETE	
		4 - 11	TERMITTENT OR MOVING	WORK 4	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW	2 - BLACKTOP, BITUMINOUS,	
ACTIVE SCHOOL ZO	NE.	5 - 01	THER		5 - TERMINATION AR	EA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK	
	ONDITION			EATHER			9 - OTHER/UNKNOWN			
1 - DAYLIGHT 2 - DAWN/DUSK			1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVER	E CROSSWINDS			OIL, GRAVEL 6 - WATER (STAND	STONE	
3 - DARK - LIGHT			3 - FOG, SMOG, S		NG SAND, SOIL, DIRT			MOVING)	9 - OTHER/UNKNOWN	
	WAY NOT LIGHTE IOWN ROADWAY I		4 - RAIN 5 - SLEET, HAIL		ING RAIN OR FREEZ R/UNKNOWN	ING DRIZZLE	1	7 - SLUSH 9 - OTHER/UNKNOV		
9 - OTHER / UNKI	NOWN							7 011121001111110		
NARRATIVE									Indicate the north	
Unit 1 was trav	eling W/E	on ST	THY 261. A deer	was					an "N" on the compass diagram.	
			t 1 struck the do		-					
		id OIII	L I SHUCK HIC U							
the W/B lane.										
					_					
						in the same of the				
							STHY 261			
	n de de							77		
				-	-		1250 STHY 261 KENT, OH 44240	- 1	OT TO SOALE	
			M. M. L.	··········						
			· · · · · · · · · · · · · · · · · · ·							
				***************************************	-					
CRASH REPORTED D	ATE / TIME	Di	ISPATCH DATE / TIME	A	RRIVAL DATE / TIME		SCENE CLEARED I	DATE / TIME	REPORT TAKEN BY	
,0,7,1,2,2,0,2,1,	/,0,5,2,3	,0,7.1.2	2,2,0,2,1,/,0,5,2	. 2 . 0 . 2 . 1 . / . 0	5.3.0			POLICE AGENCY		
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*		2 0 2 1 / 0 5 3 0 0 7 1 2 2 0 2 1 / 0 5 4 2 CHECKED BY DEFFICER'S NAME*					
ROADWAY CLOSED INVE	STIGATION TIME	MINUTE	Schmitt, Be	-	Nelson, Josh					
	3 0	0.4		'S BADGE NUMBE	R*	2 GHECKED	BY OFFICER'S BADGE N	IUMBER*	TO AM EXISTING REPORT SENT TO COPS)	
		V 1	· 4 J	<u> </u>		<u> </u>	4		1	

:	12,1,-,0,0,0,1,1,1,8,	2 . 0 . 2	. 2
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UNIT#	OWNER NAME: LAST, FIRE		R	OWNE	ER PHONE: no	LZE AREA 500E (📆 SAME AS DRIVER)	DAMAGE					
	WINER ADDRESS: STREET CITY STATE 719 (VICANE AS DRIVER)											
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 4177 WHITESTONE RD , Brimfield Twp ,OH 44240 1 - NONE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE												
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN												
				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								
LP STATE	LICENSE PLATE #	VEHICI	VEHICLE IDENTIFICATION #			AR VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY					
OH	HBM2808	2 H G F C 1	F ₁ 3 ₁ 6 ₁ L ₁ H ₁ 6 ₁ 8 ₁ 1 ₁ 6	1,5	2 0 2		0	12				
INSURA VERIFI	NCE INSURANCE COMP	ANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL	11 12	11 12 1				
△ VERIFI	ED GEICO		4381132804		GRY	CIVIC	10 11 1 2	10 11 1 2				
<u></u>	TYPE OF USE	IN EMERGENCY	US DOT #	TOWE	D BY: COMPAN	YNAME	10 2	10,100,2				
COMME	RCIAL GOVERNMENT	RESPONSE L		\vdash	WATADDO	US MATERIAL	9 9 3	3 9 9 3				
INTER	LOCK	#UCCUPANIS	EHICLE WEIGHT GVWR/GCWR 1 - <10K LBS	$ \Box $		CLASS # PLACARD ID #	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	7.7				
DEVIC	E HIT/SKIP UNI PED	T 0 1 .	2 - 10,001 - 26K LBS		RELEASED PLACARD _I		6					
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS 12-GOLF CART 19			22 DEDECTRIAN LEWITER	6 5	12 7 6				
	2 - PASSENGER VAN (MINIVAN)				VERY VEHICLE) PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12				
0 1	3 - SPORT DITH ITY VEHICLE	9 - AUTOCYCLE		O-OTHER VE		25 - OTHER NON-MOTORIST		11 1 2				
UNIT TYPE	4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR 21	- HEAVY E	QUIPMENT	26 - BICYCLE	9	0 = 3				
	5 - CARGO VAN	BICYCLE 11 - ALL TERRAIN VEHICLE			WITH RIDER OR DRAWN VEHICLE	27 - TRAIN	-	0 11 4				
g	6 - VAN (9-15 SEATS)	(ATV/UTV)	17-MOTORHOME	Animat-	DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4				
	# OFTRAILING UNITS						12	7 5 12				
3	WAS VEHICLE OPERATING IN AU		0 - NO AUTOMATION 3	- CONDITIO	NAL AUTOMATION	9 - UNKNOWN	12	12				
, 2	MODE WHEN CRASH OCCURRED	1 U 1		- HIGH AUT			10 11 2	10 11 1 2				
	1-YES 2-NO 9-OTHER/UNK	NOWN AUTONOMOUS MODE LEVEL	9	- FULL AUT	OMATION		9 9 3	3 9 9 3				
	1 - NONE	6 - EUS - CHARTER/TOUR		-FARM		21 - MAIL CARRIER	8 4 -	8 4				
10.11	2 - TAXL	7 - BUS - INTERCITY	12-MILITARY 17	-MOWING		99-OTHER/UNKNOWN	B 7 5 4	B 7 5 4				
SPECIAL	3 - ELECTRONIC RIDE SHARING			S-SNOW RE	MOVAL		7	7 6				
FUNCTION	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER		-TOWING			6	G				
			15-CONSTRUCTION EQUIPMENT 23		SERVILE PAIRUL			12 12 12				
1011	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	CHARRIE	- POLE	b114	12 - CONCRETE MIXER	12					
CARGO	2 - BUS	4 - LOGGING	7	- CARGO TA) - Flat bed		13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	· M ·					
BODY TYPE			7 CRAINICHTROLORANCE	-DUMP	,	99-OTHER/UNKNOWN	1	6 3 9 11 3 9 🛞 3				
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES 9	- MOTOR TR	ONUR E		0					
VEHICLE	2 - HEAD LAMPS	5 - STEERING			D FROM PRIOR	99-OTHER/UNKNOWA	6	W. 11.30				
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDEN				6 6 6				
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE 9	_ AMEDIAN/C	ROSSING ISLAND	12-FIRST RESPONDER	- NO DAMAGE [01 - UNDERCARRIAGE (14)				
	CROSSWALK	4 - MIDBLOCK - MARKED		- DRIVEWA		AT INCIDENT SCENE	☐-TOP [13]	- ALL AREAS [15]				
LOCATION	2 - INTERSECTION - UNMARKED CROSSWALK	CROSSWALK			USE PATHS OR	99 - OTHER / UNKNOWN	_	_				
AT IMPACT	UNDED HALK	5 - TRAVEL LANE - OTHER LOCATE	3Y	TRAILS			□ - UNI	T NOT AT SCENE [16]				
	1 - NON-CONTACT	1 - STRAIGHT AHEAD			TING A CURVE	18-APPROACHING	INITIA	L POINT OF CONTACT				
, 3	2-NON-COLLISION 3-STRIKING 0 1	2 - BACKING 3 - CHANGING LANES			G OR CROSSING D LOCATION	OR LEAVING VEHICLE 19-Standing	0 - NO DAMAG					
ACTION		4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED 15	-WALKING		20 - OTHER NON-MOTORIST		TO UNIT 15 - VEHICLE NOT AT SCENE				
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING,		21 - STANDING OUTSIDE	DIAGRA	AM 99 - UNKNOWN				
	& STRUCK	6 - MAKING LEFT TURN	IN THAT I IG	- WORKING - PUSHING		DISABLED VEHICLE 99-OTHER / UNKNOWN	13-TOP					
	9-OTHER/UNKNOWN		12 011,10110100	-1001111110	YEMGEE	77-OTHER? UNKNOWN		TRAFFIC				
	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC	DADVED BOCITION		BSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL				
0 1	3 - RAN RED LIGHT	9 - FOLLOWING TOU CLOSE / ACT	14 - STOPPED OR PARKED	OPERATI! EQUIPME	NG DEFECTIVE Int	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
0,1	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 19		FTING/FALLING/	ROADWAY	2 2 - TW0-WAY	2 SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY 20	SPILLING	R CROSSING	99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL				
	6 - IMPROPER TURN	12-IMPROPER BACKING		I-IN-HOPE	K CRUSSING		# OF THROUGH LANES	RAIL GRADE CROSSING				
SEQUENCE	OF EVENTS						2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING				
1 0	1 - OVERTURN/ROLLGVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE — 16	- RAILWAY	VEHICLE	22 - WORK ZONE MAINTENANCE		3 - INVOLVED-PASSIVE CROSSING				
1 1 8		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF 17	-ANIMAL -		EQUIPMENT						
1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12 - DOWNHILL BUNAWAY	- ANIMAL -		23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/NOI	N-MOTORIST DIRECTION				
21	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 OTHER NON COLLISION) - ANIMAL -) - MOTOR VI		ANYTHING SET IN MOTION		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14-PEDESTRIAN	TRANSPO		BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM 3 TO L	4 3-EAST 7-SOUTHEAST				
3 📖		861.11			WOTOR VEHICLE		,,,,	4 - WEST 8 - SOUTHWEST				
la	25 - IMPACT ATTENUATOR	31-GUARDRAIL END	DN WITH FIXED OBJECT - 37-TRAFFIC SIGN POST 43	- STRU - CURB	CK	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN				
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST 44	-DITCH		EQUIPMENT	UNIT SPEED	DETECTED SPEED				
	26-BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	CUDBART	- EMBANKI	MENT	51 - WALL 52 - BUILDING		1 - STATED / ESTIMATED SPEED				
5	27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 UTU ITV 001 F	-FENCE '-MAILBOX		53 - TUNNEL	0 3 5	2 - CALCULATED / EDR				
,	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE 48	-TREE		54-OTHER FIXED OBJECT	POSTED SPEED	3 - UNDETERMINED				
61	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	OR SUPPORT 49	FIRE HYD	RANT	99-OTHER / UNKNOWN	. 43160 35669					
_1	FIRST HARMFUL EVEN	1	HARMFIII. EVENT				_ 5 , 0					

OF PUBLIC BAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
								2.0.2.10.0.1.1.1.1.8.8.							
	UNIT# NAME: LAST, FIRST, MIDDLE O 1 UICKS DOMINICK AND DEW								DATE OF BIRTH AGE GENDER 1 0 / 2 8 / 1 9 9 8 2 2 M						
100000	0, 1 HICKS, DOMINICK, ANDREW												<u> M</u>		
	4177 WHITESTONE RD ,Brimfield Twp ,OH 44240									CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY					: MEDICAL FACILITY	SAFETY EQUIPMENT	DOT-COMPLIANT							
OL STATE		ICENSE NUMBER							MC HELI	MET 0 1	CITATI		_11		
O H			OFFENSE CHARGED LOCAL CODE				OTT ENSE DESC	RIPTION CITATION NUMBER							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DISTRACTED			DHOL / DRUG SUSPI	USPECTED CONDITION MARIJUANA		STATUS TYP	HOL TEST E VALUE		TYPE RESUL	T SELECT UP TO 4		
4			1	0	THER DRUG		1	1 1		1_	1				
UNIT #	NAME: LAST,	FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ADDRESS:	STREET, CITY, ST	ATE 710													
TORIS	STREET, GITT, ST	ALEZIP							CONTACT PHONE - INCLUDE AREA CODE						
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (HAME, CITY)					DOT-COMPLIANT SEATING POSITION AIR BAG USAG			SAGE EJECTION	TRAPPED		
<u> </u>	<u> </u>	ICENSE NUMBER		OFFENS	E CHAP	RGED	LOCAL	OFFENSE DESC			CITATION NUMBER				
OF STATE							CODE								
≥ OL CLASS	ENDORSEMENT SELECTUPTO2	RESTRICTION SELECT		TRACTED		DHOL / DRUG SUSPE LCOHOL	E CTED Rijuana	CONDITION	STATUS TYP	HOL TEST E VALUE		TYPE RESUL	T SELECT UPTO 4		
					OTHER DRUG										
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
ADDRESS:	STREET CITY ST	ATE ZIP							CONTACT D						
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	ES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
	BY							USED	MC HELN		ı				
OL STATE	OPERATOR L	ICENSE NUMBER	OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION	RIPTION CITATION NUMBER						
OL CLASS	ENDORSEMENT	RESTRICTION SELECT					CONDITION	ALCOHOL TEST			DRUG TEST(S)				
	SELECT UP TO 2				LCOHOL MARIJUANA			STATUS TYPE VALUE S		STATUS	TATUS TYPE RESULT SELECT UP TO				
INJU	RIES	SEATING POSITION		AIR BAG	<u></u> □ 01	THER DRUG OL CLASS	;	OL RESTRIC	TION(S)	DRIVER DISTRACT	LION	TELET	THE		
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED		1 - CLASS A		1 - ALCOHOL INTER	THE RESERVE OF THE PARTY OF THE	1 - NOT DISTRACTED	Annual Control of the last	-NONE GIVEN	1105		
2 - SUSPECTED:	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOY			2 - CLASS B 3 - CLASS C		2 - COL INTRASTAT. 3 - CORRECTIVE LE		2 - MANUALLY OPERATING ELECTRONIC COMMUN	CATION	-TEST REFUSED	NTABAINATED		
4 - POSSIBLE IN		A SECOND LECT SIDE			ED BOTH FRONT / SIDE 4 - REGULAR CLASS			4 - FARM WAIVER	11023	DEVICE (TEXTING, TYP DIALING)	ING,	SAMPLE / UNUS	ABLE		
5 - NO APPAREN	(MOTORCY		5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			5 - M/C MOPED ONLY		5 - EXCEPT CLASS A		3 - TALKING ON HANDS-FR COMMUNICATION DEVI	tt.	-TEST GIVEN, RES	ES#EDACIO/05/04		
	INJURED TAKEN BY 5 - SECOND - MIDDLE 1 - NOTTRANSPORTED 6 - SECOND - RIGHT SIDE			6 - NO VALID OL						4 - TALKING ON HAND-HEL	.0	UNKNOWN			
/TREATED AT	/TREATED AT SCENE 7-THIRD - LEFT SIDE		EJECTION OL ENDORSEMENT				7 - EXCEPT TRACTO 8 - INTERMEDIATE		SE 5 - OTHER ACTIVITY WITH AN		ALCOHOL TE	ST TYPE			
	2 - EMS (MOTORCYCLE SIDE CAR) 3 - POLICE B - THIRD - MIDDLE		1 - NOT EJECTED			H - HAZMAT RESTRICT			ELECTRONIC DEVICE		1 - NONE 2 - BLOOD				
A	9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE			2 - PARTIALLY EJECTED M - MOTORCYCLE 3 - TOTALLY EJECTED P - PASSENGER				9 - LEARNER'S PER RESTRICTIONS		7 - OTHER DISTRACTION 3		- URINE			
SAFETY E	10 - SLEEPER SECTION SAFETY EQUIPMENT OF TRUCK CAB			4 - NOT APPLICABLE N - TANKER				10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE		4 - BREATH 5 - OTHER			
1 - NONE USED	1 - NOME USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA			TRAPPED Q - MOTOR SCOOTER TRAPPED R - THREE WHEEL MOTORCYCLE				12 - LIMITED - OTHE	R	THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST	TYPE		
CONTRACT VOICE	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		2 CVTDICATED DV			S - SCHOOL BUS	TDAII EDC	13 - MECHANICAL DE (SPECIAL BRAKE	S, HAND		1015	1 - NONE			
4 - SHOULDER &		12 - PASSENGER IN UNENCLOSED CARGO AREA	ICAL MEANS I - DOUBLE & IRIPLE IRAILERS			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL		2-BLOOD 3-URINE					
5 - CHILD RESTR FORWARD FA		13-TRAILING UNIT	J-1 KCLU D			CHANICAL MEANS GENDER			a lateral acces	- PHYSICAL IMPAIRMEN	Γ 4	-OTHER			
6 - CHILD RESTR REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		B - EMOTIONAL (E.G., DEPRE ANCRY, DISTURBED)		RUG TEST RE	ESULT(S)		
7 - 800STER SE.		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC ALL		I - ILLNESS 5 - Fell Asleep, Fainted,		-AMPHETAMINES			
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN				a commerciation		18 - OTHER		FATIGUED, ETC.	3	- BARBITURATES - BENZODIAZEPIN	ies .		
(ELBOW, KNE 10 - REFLECTIVE	ES, ETC.)									OF MEDICATIONS / DRUG	35 4	-CANNABINOIDS			
11 - LIGHTING - P	EDESTRIAN							(/ ALCOHOL) - OTHER / UNKNOWN		- COCAINE - OPIATES / OPIOIO	20			
or the last the same of the same	/ BICYCLE ONLY 9- Other / Unknown									7	-OTHER				
						15 14 15 15					8	8 - NEGATIVE RESULTS			