\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

OF PUBLIC SAFETY TRAFFIC CRASH REPORT

PHOTOS TAKEN

OH-2 OH-3

LOCAL INFORMATION

LOCAL REPORT NUMBER\*

2,0,2,3,-,0,0,0,0,8,2,6,3

LOCAL REPORT NUMBER

2,0,2,3,-,0,0,0,8,2,6,3,

| $egin{array}{c} UNIT\ \# \\ 0\ 1 \end{array}$ | OWNER NAME: LAST, FIR:<br>PATEL, MAN   | ST, MIDDLE ( SAME AS DRIVER)   |  |  | UDE AREA CODE (□ SAME AS DRIVER)<br>RC 149.43 (A)(1)(miji   | DAMAGE ) DAMAGE SCALE   |   |  |  |  |  |
|---|--|--|--|--|---|---|---|--|--|--|--|
| OWNERAD                                       | DRESS: STREET, CITY, STATE   | , ZIP ( SAME AS DR(VER)  | S OH 44121   |  |   | 1 - NONE 3 - FUNCTIONAL DAMAGE  |   |  |  |  |  |
|   | CIAL CARRIER: NAME, ADDR   |  | 20,UH 44131  | COMMERCIAL CARRIER   | PHONE; INCLUDE AREA CODE  | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN   |   |  |  |  |  |
|   |  |  |  |  |   | J DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |   |  |  |  |  |
| $ \mathbf{O} \mathbf{H} $                     | LICENSE PLATE # GNB4960  | JTHCE1B  | : IDENTIFICATION #<br>8 <u>  L, 0   D, 5   0   1   5   8</u>   |  | 3 Lexus   | 10 12 1   | ALL ITIAL APPLY   |  |  |  |  |
| X INSURAN                                     | INSURANCE COMP<br>TRAVELE  | RS INSURAD   | vsurance policy #<br>02215911-203-1  | GRY  | VEHICLE MODEL GS350   | 10 11 2   | 10 12 12 2  |  |  |  |  |
| Сомме   | TYPE OF USE  COMMERCIAL GOVERNMENT RESPONSE  US DOT # TOWED BY: COMPANY NAME  9  9  9  9  9  9  9  9  9  9  9  9  9                        |  |  |  |   |   |   |  |  |  |  |
| INTERI<br>DEVICE<br>EQUIP                     | OCK HIT/SKIP UNI   | #OCCUPANTS VE  | HICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                            | MATERIAL   | US MATERIAL<br>Class # Placard ID #   | 8 7 6 5   | 8 7 6 5   |  |  |  |  |
| <u>0</u> 1<br>UNIT TYPE                       | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED<br>BICYCLE<br>11 - ALL TERRAIN VEHICLE<br>(ATV / UTV) | 13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR   | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR<br>ANIMAL-ORAWN VEHICLE | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP          | 1 1   | 12<br>11<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10        |  |  |  |  |
| 2   | WAS VEHICLE OPERATING IN AU<br>MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNK  | , 0 ,  | 1 - DRIVER ASSISTANCE  | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION   | 9 - UNKNOWN   | 10 11 1 2 1 9 9 9 9 9 5 5 3 3   | 6 11 12 1 2 2 9 9 3 3 3   |  |  |  |  |
| 0,1<br>SPECIAL<br>FUNCTION                    | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER  | 9 - BUS - OTHER  | 12 - MILITARY<br>13 - POLICE   | 16 - FARM<br>17 - MOWING<br>18 - Snow Removal<br>19 - Towing<br>20 - Safety Service Patrol   | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   | 8 7 6 5   | 8 7 6 5   |  |  |  |  |
| $0_1$   | 1 - NO CARGO BODYTYPE<br>/NOT APPLICABLE<br>2 - BUS  | 3 - VEHICLE TOWING ANOTHER<br>MOTOR VEHICLE<br>4 - LOGGING   | CHASSIS  6 - CARGO VAN/ENCLOSED BOX  | 8 - POLE<br>9 - CARGOTÁNK<br>10 - Flat Bed<br>11 - Dump  | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   | 9 3 9 9   | 3 9 3 3   |  |  |  |  |
| VEHICLE                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   |  | 9 - MOTORTROUBLE<br>10-disabled from Prior<br>Accident   | 99-OTHER/UNKNOWN  | 6   |   |  |  |  |  |
|   | 1 - INTERSECTION - MARKED<br>CROSSWALK<br>2 - INTERSECTION - UNMARKED<br>CROSSWALK   | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED GROSSWALK 5 - TRAVEL LANE - OTHER LOCATION  | 7 - SHOULDER / ROADSIDE  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR<br>TRAILS   | 12-FIRST RESPONDER<br>AT INCIDENT SCENE<br>99-OTHER/UNKNOWN   | ☐ - NO DAMAGE [ 0 ] ☐ - TOP [ 13 ] ☐ - UNIT N   | - UNDERCARRIAGE [14] - ALL AREAS [15] OT AT SCENE [16]                                  |  |  |  |  |
| 3<br>ACTION                                   | 2-NÖN-COLLISION 0 1  | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN                                    | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED<br>INTRAFFIC | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOCGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE            | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLEO VEHICLE 99 - OTHER / UNKNOWN | 0 - NO DAMAGE 1-12 - REFERTO DIAGRAM 13 - TOP   | OINT OF CONTACT<br>14 - UNDERCARRIAGE<br>UNIT 15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN |  |  |  |  |
|   | 2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT  | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE   | PARKED POSITION  14 - STOPPED OR PARKED  | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/  | 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY   | TRAFFICWAY FLOW  1 - ONE-WAY  2 - TWO-WAY   | TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  6 2 - SIGNAL 5 - YIELD SIGN              |  |  |  |  |
| CONTRIBUTING<br>CIRCUMSTANCES                 |  | 10-IMPROPER PASSING<br>11-DROVE OFF ROAD   | 15 - SWERVING TO AVOID   | SPILLING  20-IMPROPER CROSSING   | 99 - OTHER IMPROPER ACTION  | # of THROUGH LANES  | 3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING   |  |  |  |  |
| SEQUENCE                                      |  | 12-IMPROPER BACKING  |  |  |   | ON ROAD   | 1 - NOT INVOLVED  2 - INVOLVED-ACTIVE CROSSING  |  |  |  |  |
| 1 4 7   | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION   | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT   | OPPOSITE DIRECTION OF<br>Travel  | 16-RAILWAY VEHICLE<br>17-ANIMAL — FARM<br>18-ANIMAL — DEER   | 22 - WORK ZONE MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY FALLING,  | UNIT/NON-N  | 3 - INVOLVED-PASSIVE CROSSING  MOTORIST DIRECTION                                       |  |  |  |  |
| 2   | 4 - JACKKNIFE  | 9 - RAN OFF ROAD LEFT<br>10 - Cross Median   | 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE                               | 19-ANIMAL — OTHER<br>20-MOTOR VEHICLE IN<br>Transport<br>21-Parked Motor Vehicle   | SHIFTING CARGO OR<br>ANYTHING SET IN MOTION<br>BY A MOTOR VEHICLE<br>24-OTHER MOVABLE OBJECT  | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST FROM 1 1 TO 2 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST |   |  |  |  |  |
| 4   | 25 - IMPACT ATTENUATOR   | 31-GUARDRAIL END   | N WITH FIXED OBJECT<br>37 - TRAFFIC SIGN POST  | 43 - CURB  | 50 - WORK ZONE MAINTENANCE  |   | 9 - OTHER/UNKNOWN   |  |  |  |  |
| 51 1 1  | / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT  | 32 - PORTABLE BÁRRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER  | 39 - LIGHT / LUMINARIES<br>SUPPORT   | 44 - DITCH<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox  | EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL  | UNIT SPEED  | DETECTED SPEED  1 - STATED / ESTIMATED SPEED  |  |  |  |  |
| ·   | 28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE   | 35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER BARRIER   | 41 - OTHER POST, POLE  | 49 - MRILDOX<br>48 - TREE<br>49 - FIRE HYDRANT   | 54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN   | POSTED SPEED  | 3 - UNDETERMINED  |  |  |  |  |
|   | FIRST HARMFUL EVEN   | T MOST HA  | ARMFUL EVENT   |  |   |   |   |  |  |  |  |

| OFF DULLS AFARTY MOTORIST / NON-MOTORIST |  |   |  |   |   |  |  |  | LOCAL REPORT NUMBER                  |  |   |   |  |                         |                   |                     |  |
|--|--|---|--|---|---|--|--|--|--------------------------------------|--|---|---|--|-------------------------|-------------------|---------------------|--|
|  |  |   |  |   |   |  |  |  | 2 0 2 3 - 0 0 0 0 8 2 6 3            |  |   |   |  |                         |                   |                     |  |
| ١.                                       | UNIT # NAME: LAST, FIRST, MIDDLE PATEL, JAY, H                           |   |  |   |   |  |  |  |                                      | DATE OF BIRTH AGE GENDER 1 1 1 4 1 9 9 6   |   |   |  |                         |                   |                     |  |
| IST                                      |  | DDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |  |                                      | CONTACT PHONE - INCLUDE AREA CODE  |   |   |  |                         |                   |                     |  |
| OTOR                                     |  | UNIVERSITY DR ,Kent ,OH 44240   |  |   |   |  |  |  |                                      | Redacted per QRC 149.43  |   |   |  |                         |                   |                     |  |
| / NON-MOTOR                              | injuries   | TAKEN   |  |   |   | AJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0   4 |  |  | DOT-COMPLIANT OF 1                   |  |   | AIR BAG U                                 | JSAGE   E  | EJECTION                | TRAPPED           |                     |  |
| S  | OL STATE   | OPERATOR L  | ICENSE NUMBER  |   | OFFENS  | E CHAR   | RGED                                       | LOCAL<br>CODE  | OFFENSE DESC                         |  |   |   |  | TION NUMBER             |                   |                     |  |
| OTOR                                     | <u>O</u> , H,  | 3  I  |  |   |   |  |  |  |                                      |  |   |   |  |                         |                   |                     |  |
| Σ  | OL CLASS   | SS ENDORSEMENT RESTRICTION SELECT UP TO 3 DISSELECT UP TO 2 BY                |  |   | VER TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA                |  |  | CONDITION  | STATUS                               | ALCOHO<br>TYPE   |   |   | TYPE   | RESULT                  | SELECT UPTO 4     |                     |  |
|  | 4  |   |  |   | 1   | 01   | THER DRUG                                  |  | 1                                    | _1_  | _1_   | •   | _1   | 1                       |                   |                     |  |
|  | UNIT #   | NAME: LAST, I   | FIRST, MIDDLE  |   |   |  |  |  | DATE OF BIRTH AGE GENDER             |  |   |   |  |                         |                   |                     |  |
| IST                                      | ADDRESS:   | STREET, CITY, ST  | ATE, ZIP   |   |   |  |  |  |                                      |  | CONTACT PHONE - INCLUDE AREA CODE                       |   |  |                         |                   |                     |  |
| OTOR                                     |  |   |  |   |   |  |  |  |                                      |  |   |   |  |                         |                   |                     |  |
| NON-MI                                   | INJURIES   | INJURIES INJURED TAKEN BY EMS AGENCY (NAME)                                   |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED  |  |  |  |                                      |  | F-Complian  |   | N AIR BAG (  | USAGE E                 | EJECTION          | TRAPPED             |  |
| ST / N                                   | OL STATE   |   |  |   |   | OFFENSE CHARGED LOCAL OFFENSE DESC   |  |  |                                      |  |   |   |  | TATION NUMBER           |                   |                     |  |
| MOTORI                                   |  |   |  |   |   |  |  | CE<br>DE   | ODE                                  |  |   |   |  |                         |                   |                     |  |
| Z  | OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT                                     |   | ER<br>RACTED  |  | DHOL / DRUG SUSPE                          | CTED<br>RIJUANA  | CONDITION                            | STATUS   | ALCOHO<br>TYPE  |   |  | DRUG<br>TYPE            | TEST(S)<br>RESULT | SELECT UPTO 4.      |  |
|  |  |   |  |   |   | 01   | THER DRUG                                  |  | L                                    |  | نـــا   | السلساء                                   |  |                         |                   |                     |  |
|  | UNIT#  | UNIT # NAME: LAST, FIRST, MIDDLE  |  |   |   |  |  |  |                                      | DATE OF BIRTH AGE GENDER   |   |   |  |                         |                   |                     |  |
| ST                                       | ADDRESS:   | ADDRESS: STREET, CITY, STATE, ZIP   |  |   |   |  |  |  |                                      | CONTACT PHONE - INCLUDE AREA CODE  |   |   |  |                         |                   |                     |  |
| OTORI                                    |  |   |  |   |   |  |  |  |                                      |  |   |   |  |                         |                   |                     |  |
| MONEN                                    | INJURIES   | JURIES INJURED TAKEN BY   EMS AGENCY (NAME)  .STATE   OPERATOR LICENSE NUMBER |  |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, GITY) SAFETY EQUIPMENT USED |  |  |  |                                      | F-Complia<br>HELME   | SEATING POSITIO   | N AIR BAG (                               | USAGE E  | EJECTION                | TRAPPED           |                     |  |
| ST / N                                   | OL STATE   |   |  |   |   |  |  | OFFENSE DESC   |                                      |  |   | CITATI                                    | CITATION NUMBER  |                         |                   |                     |  |
| OTORI                                    |  |   |  |   |   | CODE   |  |  |                                      |  |   |   |  |                         |                   |                     |  |
| Ξ  | OL CLASS   | CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRY DIS' BY                      |  |   | /ER ALCOHOL / DRUG SUSPECTED RACTED ALCOHOL MARIJUANA                 |  |  | CONDITION  | STATUS TYPE VALUE                    |  | STATUS TYPE RESULT SELECT UP TO 4                       |   |  |                         |                   |                     |  |
|  |  | L   | 1 1 1 1 1 1  |   |   |  | THER DRUG                                  |  | <u></u> 1                            |  |   | •   |  |                         |                   | :<br>لـــالـــالـــ |  |
|  | INUU<br>1> FATAL   | JRIES   | SEATING POSITION 1-FRONT-LEFT SIDE                     | A<br>1 - NOT DEP                                  | IR BAG<br>Loyed   |  | OL CLASS<br>1-CLASS A                      |  | OL RESTRIC                           |  | نقص سے  | NOT DISTRACTED                            | 1.00   | TI⊇<br>1 - NONE (       | ST STAT           | 1US                 |  |
|  |  | SERIOUS INJURY  | (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE                 | Z - DEPLUTED FRU                                  |   |  |  | 이 경험하다 그리는 이 기를 가고셨다고 있습니다. 그리고 있다고 있다.                    |                                      |  | E ONLY 2 - MANUALLY OF<br>NSES ELECTRONIC O             |   | RATING AN 2 - TEST REFUSED MMUNICATION 3 - TEST GIVEN, CONTA |                         |                   | FAMINATEN           |  |
|  | 3 - SUSPECTED MINOR INJURY<br>4 - Possible injury                        |   | 3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE       | IGHT SIDE 4 - DEPLOYED BOTH FRONT / SIDE          |   |  | 4 - REGULAR CLASS 4 - FARMWAIVER           |  |                                      | DEVICE (TEXTING, TYPING, SAMPL<br>DIALING)   |   |   |  | E / UNUSAI              | BLE               |                     |  |
|  | 5:-NO APPARENT INJURY  |   | (MOTORCYCLE PASSENGER) 5 - SECOND = MIDDLE             | NGER) 5 - NOTAPPLICABLE<br>9 - DEPLOYMENT UNKNOWN |   |  | 5 - M/C MOPED ONLY 6 - EXCEPT CL           |  |                                      | S A COMMUNICATION DEV  |   |   |  |                         |                   |                     |  |
|  | 1 - NOT TRANSP   |   | 6 - SECOND - RIGHT SIDE                                |   |   |  | 6 - NO VALID OL                            |  | & CLASS B BUS<br>7 - EXCEPT TRACTO   | R-TRAILER  | Section 20 to the                                       | TALKING ON HAND HE<br>COMMUNICATION DEV   | ice 🗀  |                         | IOL TES           | TTYPE               |  |
|  | 2.EMS (MOTORCYCLE SIE  |   | 7 - THÍRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)         | EJECTION OL ENDORSEMENT 1 NOTEJECTED H-HAZMAT     |   |  |  |  | 8 - INTERMEDIATE<br>RESTRICTIONS     | INTERMEDIATE LICENSE 5 - OTHER ACTIVITY WITH AN 1 - NON RESTRICTIONS ELECTRONIC DEVICE 1 - NON |   |   |  | 1 - NONE                |                   |                     |  |
| 3.5                                      | 3 - POLICE   |   | 8-THIRD - MIDDLE<br>9-THIRD - RIGHT SIDE               | 2 - PARTIALLY EJECTED                             |   |  | DECTRICATION                               |  | 9-LEARNER'S PER<br>RESTRICTIONS      |  |   |   | 2 - BLOOD<br>3 - Urine                                       |                         |                   |                     |  |
|  | 9 - OTHER / UNKNOWN  |   | 10 - SLEEPER SECTION OF TRUCK CAB                      | 3 TOTALLY EJECTED 4 - NOT APPLICABLE              |   |  | N-TANKER 10-LIMITED                        |  | 10 - LIMITED TO DAY                  | DAYLIGHT ONLY INSIDE T   |   | INSIDE THE VEHICLE<br>OTHER DISTRACTION ( | EHICLE 4-BREATH  |                         |                   |                     |  |
|  | SAFETY EQUIPMENT  1 NONE USED  11 PASSENGER IN OTHER ENCLOSED CARGO AREA |   |  | 2 - motor according                               |   |  |  | 11 - LIMITED TO EMP  | 4.8                                  |  | THE VEHICLE   | JOISIDE                                   |  | 4-6-76                  | TVDE              |                     |  |
| Ι.                                       | 2 - SHOULDER BELT ONLY USED<br>3 - Lap Belt only USED                    |   | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)          | 1 - NOT TRAPPED 2 - EXTRICATED BY                 |   |  | S - SCHOOL BUS 13 - MECHANIC<br>(Special i |  | 13 - MECHANICAL DI<br>(SPECIAL BRAKI | RAKES, HAND  |   |   | 1-NONE   |                         |                   |                     |  |
| 100                                      | 4 - SHOULDER & LAP BELT USED   |   | 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA             |   |   | T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER/HAZMAT                          |  | CONTROLS, OR O<br>ADAPTIVE DEVI                            |                                      | S) 1 - APPARENTLY NORMAL   |   |   | 2 - BLOOD<br>3 - URINE                                       |                         |                   |                     |  |
|  | 5 - CHILD RESTRAINT SYSTEM -<br>Forward Facing                           |   | 13 - TRAILING UNIT                                     | NON-MECHANICAL MEANS                              |   |  |  | 14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT |                                      | Sec. 18 12 11  | 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, |   | 4-OTHER  |                         |                   |                     |  |
|  | 6 - CHILD RESTRAINT SYSTEM<br>Rear facing                                |   | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) | -RIOK   |   |  | F-FEMALE                                   |  | AIR BRAKES<br>16-OUTSIDE MIRRO       | ANGRY, DISTURBED)  |   | DRUG TEST RESULT(S)  1-AMPHETAMINES       |  |                         |                   |                     |  |
|  | 7 - BOOSTER SEAT<br>8 - HELMET USED                                      |   | 15 - NON-MOTORIST<br>99 - Other / Unknown              |   |   | M - MALE<br>U - OTHER / UNKNOWN  |  |  | 17 - PROSTHETIC AID                  |  | 5 - FELL ASLEEP, FAINTED,                               |   |  | 2 - BARBITURATES        |                   |                     |  |
|  | 9 - PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)                         |   |  |   |   |  |  | . 18±OTHER   |                                      | FATIGUED, ETC.  6 - UNDER THE INFLUENCE OF MEDICATIONS ( DDIES                                 |   |   | 3 - BENZODIAZEPINES<br>4 - Cannabinoids                      |                         |                   |                     |  |
| 3.3                                      | 10 - REFLECTIVE CLOTHING   |   |  |   |   |  |  |  |                                      |  |   | F MEDICATIONS / DRU<br>Alcohol            | Jua  | 5 - COCAN               | NE                |                     |  |
|  | 1 - LIGHTING - I<br>/ Bicycle or   | NLY   |  |   |   |  |  |  |                                      |  | 9-(   | THER / UNKNOWN                            |  | 6 - OPIATI<br>7 - OTHER | ES/0P1010:<br>}   |                     |  |
| - 9                                      | 9-OTHER/UNK  | KNOWN   | 新国的中国的 计图形数据 医多流溢                                      |   |   |  | YOU 등 하는 사람들은 사람                           |  | 主教机图改变图图》                            | 1.   | A STATE OF  |   | 4、慈雄等6   | 8 - NECAT               | TIVE RESILL       | TS                  |  |