OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3	2.0,2,1,-,0,0,0,1,3,8,4,5									
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME* City of Kent Police	NCIC* HIT/SKIP NUMBER OF			UNIT IN ERROR					
PRIVATE PROPERTY	0 6 7 0 3	1 - SOLVED 0 2 98 - ANIMAL 99 - UNKNOWN								
COUNTY* LOCALITY* LOCATION: CI		CRASH DATE / TIME* CRASH SEVERITY								
3-TOWNSHIP	10181216121012111/1115101 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 2-SOUTH 2-SOUTH 2-SOUTH 2-SOUTH 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES SUSPECTED 3 - MINOR INJURY							
	WATER	ST	4 ₁ 1 ₀ 1 ₃ 4 ₁	6 2 3	SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		- INJURY POSSIBLE					
	DEVON	PL	-8 ₁ 1 ₁₀ 3 ₁ 5 ₁ 3 ₁	1,0,2,	- PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE 1 - NORTH IR	ROUTE TYPE ROAD TYPE - INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWAY	RD - ROAD	mm	INTERSECTION RELATE						
4 2-MILE POST O COUTU	- FEDERAL US ROUTE AV - AVENUE LA - LANE	SQ - SQUARE	X WITHIN INTER	RSECTION OR ON APPRO	ACH 3					
4 - WEST SR	- STATE ROUTE BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPR							
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY	TL - TRAIL		ROADWAY						
1-MILES TR 2-FEET 13-YARDS	- NUMBERED TOWNSHIP ROUTE DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIV	IDED						
LOCATION OF FIRST HARMFUL EVE		PACT	DIDECTION TO AVE							
1 - ON ROADWAY 9 - CROSSOVE	1 - NOT COLLISION 4 - REAR-TO-REA		DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN							
Land Control of the C	RADE CROSSING TWO MOTOR VEHICLES IN 6-ANGLE		2-SOUTH	(< 4 FEE						
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS	SE PATHS OR TRANSPORT 7 - SIDESWIPE, S		3- EAST 4- WEST	(≥4 FEE	Γ)					
6-OUTSIDE TRAFFIC WAY 13-BIKE LAN	J- 11 2- 11 3- 11 3- 01 11 11 11 11 11 11 11 11 11 11 11 11			4 - DIVIDED,	DEPRESSED MEDIAN RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOO' 8 - OFF RAMP 99-OTHER / U				9 - OTHER/UI						
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF CRASH IN	WORK ZONE	CONTOUR	CONDITIONS	SURFACE					
1	LANE CLOSURE 1 - BEFORE THE 1:	T WORK ZONE	1	, 1 ,	2					
	LANE SHIFT/CROSSOVER WARNING SIGI WORK ON SHOULDER 2 - ADVANCE WAR		1 — 1	1 - DRY	1 - CONCRETE					
LAW ENFORCEMENT PRESENT	OR MEDIAN 3 - TRANSITION AI INTERMITTENT OR MOVING WORK 4 - ACTIVITY ARE		2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP,					
The service of the se	OTHER 5-TERMINATION			3 - SNOW	BITUMINOUS, ASPHALT					
LIGHT CONDITION	WEATHER		4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE	3 - BRICK/BLOCK					
1 - DAYLIGHT	1-CLEAR 6-SNOW		7 - OTTE LODIER (NOW)	OIL, GRAVEL	4 - SLAG, GRAVEL, STONE					
2 - DAWN/DUSK 3 - DARK – LIGHTED ROADWAY	2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DI	RT, SNOW		6-WATER (STANDING, MOVING)	5 - DIRT					
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 9 - FREEZING RAIN OR FRE	•		7 - SLUSH	9 - OTHER/UNKNOWN					
9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE		· · · · · · · · · · · · · · · · · · ·			Indicate the north					
UNIT #1 WAS STOPPED IN	THE TURN LANE				direction with an "N" on the					
					compass diagram.					
FACING SOUTH ON SOUT										
DEVON PLACE. UNIT #2 T			1	1						
SOUTH WATER IN THE C	URB LANE. UNIT #1			W	Merennestell					
FAILED TO YIELD AND TURNED IN FRONT OF										
UNIT #2 CAUSING THE CO	DLLISION.			<u> </u>						
		OUTH WATER S	TREET	*						
	-			UNIT 2						
		J. D. J.								
				_						
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY										
0,8,2,6,2,0,2,1,/,1,1,5,0,0,8,2,6,2,0,2,1,/,1,1,5,0,0,8,2,6,2,0,2,1,/,1,1,5,9,0,8,2,6,2,0,2,1,/,1,2,2,7										
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*										
WIND.	ranka, Deonard D	Short, Jason M SUPPLEMENT (CORRECTION OR ADDITION								
0 0 0 0 1 5 0 5	OFFICER'S BADGE NUMBER* 5 0	2 2 2	BY OFFICER'S BADGE NUMBER* TO AN EXISTING REPORT SENT TO 2095)							



LOCAL REPORT NUMBER $2 \cdot 0 \cdot 2 \cdot 1 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 3 \cdot 8 \cdot 4 \cdot 5$ UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER) OWNER PHONES IN SECTION OF THE PROPERTY OF THE DAMAGE 0 | 1 | SPECK, RICKY, BOYD DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 350 SUMMIT ST B, Kent, OH 44240 J 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) LP STATE LICENSE PLATE # INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE EJY9917 $3 + G_1 N_1 A_1 X_1 K_1 E_1 X_1 8_1 J_1 L_1 3_1 8_1 2_1 4_1 8_1 4$ O H 2 1 0 1 1 1 8 1 Chevrolet INSURANCE COMPANY INSURANCE VERIFIED **INSURANCE POLICY #** COLOR VEHICLE MODEL **GIMBLE** APV6218335 RED **EQUINOX** TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGI IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK #OCCUPANTS MATERIAL RELEASED CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS HIT/SKIP UNIT DEVICE PLACARD 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLE CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 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 EQUIPMENT 22 - ANIMAL WITH RIDER OF 27 - TRAIN 11 - ALL TERRAIN VEHICLE 6 - VAN (9-15 SEATS) ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) 00 # OFTRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION 2 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 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 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED BODY 14-GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OT-IER/UNKNOWN 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER FOUIPMENT 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] ION-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 2 - NON-COLLISION 2 - BACKING OR LEAVING VEHICLE 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4 3-STRIKING 0 6 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 16 - WORKING 13 - TOP DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 12 - DRIVERLESS TRAFFIC 1-NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0 2 ILLEGALLY 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY CONTRIBUTING 15 - SWERVING TO AVOID CIRCUMSTANCES 5 - UNSAFE SPEED 3 - FLASHER 6 - NO CONTROL SPILLING 11-DROVE OFF ROAD 99 - OTHER IMPROPER ACTION 16 - WRONG WAY 20 - IM PROPER CROSSING 6-IMPROPERTURN # OF THROUGH LANES 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED **SEQUENCE OF EVENTS** 3 2 - INVOLVED-ACTIVE CROSSING EVENTS 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -22 - WORK ZONE MAINTENANCE 3 - INVOLVED-PASSIVE CROSSING 16 - RAILWAY VEHICLE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - AHIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING. **UNIT / NON-MOTORIST DIRECTION** 3 - IMMERSION B - RAN OFF ROAD RIGHT 18-ANIMAL - DEER 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR I 4 - JACKKNIFF 19-ANIMAL - OTHER 1 - NORTH 5 - NORTHEAST 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 2 - SOUTH 6 - NORTHWEST 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT 1 ₁₀ 3 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24 - OTHER MOVABLE CRIFCT 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 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 52-BUILDING 46-FENCE $\lfloor 0 \mid 1 \mid 0 \mid$ 40 - UTILITY POLE 53-TUNNEL 47 - MAILBOX 2 - CALCHLATED / EDR 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48 - TREE 29 - BRIDGE RAIL OR SUPPORT POSTED SPEED 3 - UNDETERMINED 99-OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 3 5 MOST HARMFUL EVENT J FIRST HARMFUL EVENT

99-OTHER/UNKNOWN

49-FIRE HYDRANT

1 - STATED / ESTIMATED SPEED POSTED SPEED 3 - UNDETERMINED 3 5

1 29 - BRIDGE RAIL

30 - GUARDRAIL FACE

☐ FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

42 - CULVERT

1 MOST HARMFUL EVENT

OF PUBLIC SAFETY MOTORIST / NON-MOTORIST					LOCAL REPORT NUMBER									
						2,0,2,1,-,0,0,0,1,3,8,4,5,								
UNIT#	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER							
	<u>-1 </u>							0 1 / 2 3 / 1 9 4 9 7 2 M						
	ADDRESS: STREET, CITY, STATE, ZIP 350 E SUMMIT ST B, Kent, OH 44240								CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	JRIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT							T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
² 5	BY L							USED 0 4	DOT-Co	LMET 0 1	11	_ 1_	_1_	
OL STATE				SE CHARGED LOCAL OFFENSE DESC						TATION NUMBER				
O, H,					337.17 X Foxu			Foxue an			14821			
≥ OL CLASS	SELECT UP TO 2			VER TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARGUAN			CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4				
4,			,	1		THER DRUG	VED DANK	1	1	1	1 1			
UNIT#	NAME: (AST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
0 2	RIDEN	OUR, DEVON,	JAME	S					0 8	/ 0, 9, / ,2 (0 0 2	1 9	M	
ADDRESS:	STREET, CITY, ST	1								PHONE - INCLUDE AREA CO			212	
ADDRESS: 2637 Z INJURIES 5	ZESIGE	R AVE ,Akron ,O	H 443	12					ι					
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED T	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-Co	SEATING POSITION	AIR BAG USA	AIR BAG USAGE EJECTION TRAPPED			
	BY L							0,4	MC HEI	LMET 0 1	1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAF	RGED	LOCAL CODE	OFFENSE DESC	RIPTION	<u>.</u>	CITATION	CITATION NUMBER		
O, H	ENDORSEMENT	DECEMBER OF THE PROPERTY OF TH		150						Allal TEST				
OL OLASS	SELECTUP TO 2	RESTRICTION SELECT		TRACTED		DHOL/DRUG SUSPE LCOHOL MAR		CONDITION	STATUS TY	OHOL TEST PE VALUE :	STATUS TY	UG TEST(S PE RESULT	SELECT UPTO 4	
4	بالـــا			_1	01	THER DRUG		1	1,	1	1 1	L	1 1 1	
UNIT#	NAME: LAST, F	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
010														
ADDRESS:	TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Cor		AIR BAG USAG	E EJECTION	TRAPPED	
		OPERATOR LICENSE NUMBER OFFENSE (E CHAR	ARGED LOCAL OFFENSE DESC			-MEI	CTTATION				
OL STATE	OFFENSE C			L OHA	CODE			CRIPTION CITATION NUM!			NOMBEK			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT			ALCO	DHOL / DRUG SUSPE	CTED	CONDITION		OHOL TEST	DR	UG TEST(S)		
	SELECT DP : 02		BY	TRACTED	AL AL	LCOHOL MAF	RIJUANA		STATUS TY	PE VALUE	STATUS TY	PE RESULT	SELECT UPTO4	
	DIES.	SEATING DOSITION			01	THER DRUG							لــالــالــ	
1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1-CLASS A		OL RESTRIC		DRIVER DISTRACT 1-NOT DISTRACTED		TEST STA	TUS	
BORDES STORY	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE					2 - CDL INTRASTAT	ITRASTATE ONLY 2 - MANUALLY OPERATING AN 2 - TEST RE			ST REFUSED		
	3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOYE 4 - POSSIBLE INJURY 3 - FRONT - RIGHT SIDE 4 - DEPLOYE				70101 NF 1915 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE			3 - CORRECTIVE LE 4 - FARM WAIVER	DEVICE (TEXTING, TYPING, SAMPLE			ST GIVEN, CON		
A SECOND LEFT SIDE			5 - NOT APP	LICABLE (OHIO = D) 5 - EXCEPT CLASS			UIAL (NG)				ULTS KNOWN			
5 - SECOND - MIDDLE 9 - DEPLOYMENT UNKNOWN 5 - MIC MOYEU UNLY 6 - EXCEPT CL.						6 - EXCEPT CLASS & CLASS B BUS	4	COMMUNICATION DEVICE 4 - TALKING ON HAND-HEL	10	EST GIVEN, RES NKNOWN	ULTS			
1 - NOT TRANSPO		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE	F.I	ECTION		OL ENDORSEM	AENT.	7 - EXCEPT TRACTO		COMMUNICATION DEVICE	DE AL	COHOLTES	T TYPE	
2 - EMS		(MOTORCYCLE SIDE CAR)	1 - NOT EJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	1 - N			
3-POLICE 9-OTHER/UNK	NOWN	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY			M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION	2 - Bi 3 - Ui			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N-TANKER		10 - LIMITED TO DAY	LIGHT ONLY	INSIDE THE VEHICLE	4 - BI	REATH		
1-NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	TF	RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION OF THE VEHICLE	JTSIDE 5-01	HER		
2 - SHOULDER BI		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAI			S - SCHOOL BUS	TURCTULE	13 - MECHANICAL DE	VICES	9-OTHER/UNKNOWN	1 - N	RUG TEST	TYPE	
3 - LAP BELT ON 4 - SHOULDER &		PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY ICAL MEANS		T DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER	CONDITION	2 - BI			
5 - CHILD RESTR FORWARD FAI	RAINT SYSTEM -	CARGO AREA 13 - TRAILING UNIT	3 - FREED B'	Y Chanical Me	ANS	X-TANKER/HAZMAT		ADAPTIVE DEVI		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT	3 - UI 4 - 01			
6- CHILD RESTR	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G. DEPRES	SSED	39350	CILLTAGE	
7 - BOOSTER SEA		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		4 - ILLNESS	Control of the latest	IG TEST RE	301(2)	
8 - HELMET USE	ED	99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC ALL 18 - OTHER)	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		ARBITURATES		
9 - PROTECTIVE (ELBOW, KNE								SW WITH		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUG	4 0	ENZODIAZEPINE Innabinolos	:3	
10 - REFLECTIVE										/ALCOHOL	5-00	CAINE		
11 - LIGHTING - P / BICYCLE ON	ILY									9-OTHER/UNKNOWN	6 - OF 7 - O1	PIATES / OPIOID: Ther	S	
99 - OTHER / UNKI	NOWN											EGATIVE RESUL	.TS	