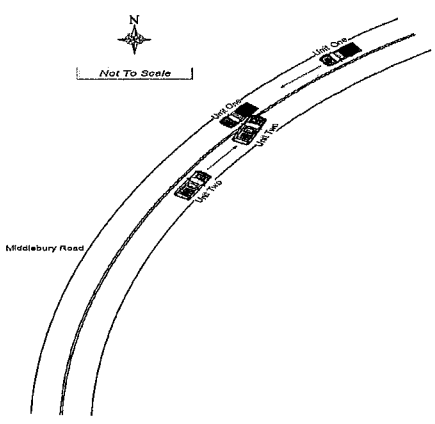
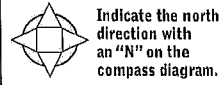


|                                                                                                                                                                                                    |                                   |                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY                                                                     |                                   | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                                                                                             | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>City of Kent Police</b>                                                                                        |                                                                                                                                                     | NCIC*<br><b>0,6,7,0,3</b>                                                                                                                        |                                                                                                                                                          | <b>2 0 2 3 - 0 0 0 0 1 3 2 6</b>                                                                                                                                                                                                                                                |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| COUNTY*<br><b>6 7</b>                                                                                                                                                                              | LOCALITY*<br>1 - CITY<br><b>1</b> | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Kent</b>                                                                                                                                                                                              |                                                                                                                                                                  | CRASH DATE / TIME*<br><b>01252023/0955</b>                                                                                                          |                                                                                                                                                  | CRASH SEVERITY<br>1 - FATAL<br><b>5</b><br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| ROUTE TYPE<br><input type="checkbox"/>                                                                                                                                                             |                                   | ROUTE NUMBER<br><input type="checkbox"/>                                                                                                                                                                                                       |                                                                                                                                                                  | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST                                                                                            |                                                                                                                                                  | LOCATION ROAD NAME<br><b>MIDDLEBURY</b>                                                                                                                  |                                                                                                                                                                                                                                                                                 | ROAD TYPE<br><b>R D</b>                                                                                                                                                   |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| ROUTE TYPE<br><input type="checkbox"/>                                                                                                                                                             |                                   | ROUTE NUMBER<br><input type="checkbox"/>                                                                                                                                                                                                       |                                                                                                                                                                  | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST                                                                                            |                                                                                                                                                  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>1313</b>                                                                                             |                                                                                                                                                                                                                                                                                 | ROAD TYPE<br><input type="checkbox"/>                                                                                                                                     |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| REFERENCE POINT<br>1 - INTERSECTION<br><b>3</b><br>2 - MILE POST<br>3 - HOUSE #                                                                                                                    |                                   | DIRECTION FROM REFERENCE<br>N - NORTH<br><b>2</b><br>S - SOUTH<br>E - EAST<br>W - WEST                                                                                                                                                         |                                                                                                                                                                  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |                                                                                                                                                  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                      |                                                                                                                                                                                                                                                                                 | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                        |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| DISTANCE FROM REFERENCE<br><b>4 0 0</b>                                                                                                                                                            |                                   | DISTANCE UNIT OF MEASURE<br><b>2</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                                                                                                     |                                                                                                                                                                  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA             |                                                                                                                                                  | NUMBER OF APPROACHES<br><input type="checkbox"/>                                                                                                         |                                                                                                                                                                                                                                                                                 | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                       |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| LOCATION OF FIRST HARMFUL EVENT<br><b>0,1</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP    |                                   |                                                                                                                                                                                                                                                | MANNER OF CRASH COLLISION/IMPACT<br><b>7</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON                         |                                                                                                                                                     |                                                                                                                                                  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                |                                                                                                                                                                                                                                                                                 | DIRECTION OF TRAVEL<br>N - NORTH<br><input type="checkbox"/> S - SOUTH<br><input type="checkbox"/> E - EAST<br><input type="checkbox"/> W - WEST                          |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><b>2</b><br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |                                   |                                                                                                                                                                                                                                                | WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |                                                                                                                                                     | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |                                                                                                                                                          | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| LIGHT CONDITION<br><b>1</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN         |                                   | WEATHER<br><b>0,6</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL                                                                                                                                        |                                                                                                                                                                  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN            |                                                                                                                                                  | CONTOUR<br><b>4</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                               |                                                                                                                                                                                                                                                                                 | CONDITIONS<br><b>3</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN                                            |                                   | NARRATIVE<br><b>Both units were on Middlebury Road near 1313. Unit one was traveling southwest, and Unit two was traveling northeast. As Unit two operated his vehicle through heavy snow and slush, he slid northwest, striking Unit one.</b> |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |
| CRASH REPORTED DATE / TIME<br><b>01252023/0955</b>                                                                                                                                                 |                                   |                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                  |                                                                                                                                                          | DISPATCH DATE / TIME<br><b>01252023/0958</b>                                                                                                                                                                                                                                    |                                                                                                                                                                           | ARRIVAL DATE / TIME<br><b>01252023/1001</b> |                                                                                                 | SCENE CLEARED DATE / TIME<br><b>01252023/1057</b> |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>                                                                                                                                                          |                                   | OTHER INVESTIGATION TIME<br><b>0 1 0</b>                                                                                                                                                                                                       |                                                                                                                                                                  | TOTAL MINUTES<br><b>0 6 9</b>                                                                                                                       |                                                                                                                                                  | OFFICER'S NAME*<br><b>Butcher, Matthew</b>                                                                                                               |                                                                                                                                                                                                                                                                                 | CHECKED BY OFFICER'S NAME*<br><b>Ennemoser, James</b>                                                                                                                     |                                             | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |                                                   |  |                                                                                                           |  |
| OFFICER'S BADGE NUMBER*<br><b>2 3 4</b>                                                                                                                                                            |                                   | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>2 5 5</b>                                                                                                                                                                                             |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |                                             |                                                                                                 |                                                   |  |                                                                                                           |  |



**OWNER**  
**UNIT #** 0 1 **OWNER NAME:** LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**BAGLIA, BRENDAN, LEE**  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (X SAME AS DRIVER)  
**850 BENTLEY BLVD, TALLMADGE, OH 44278**  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**OWNER PHONE:** INCLUDE AREA CODE (X SAME AS DRIVER)

**DAMAGE**  
**DAMAGE SCALE**  
**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
**LP STATE** OH **LICENSE PLATE #** JJG7478 **VEHICLE IDENTIFICATION #** 1C6SRFBT9MN571558 **VEHICLE YEAR** 2021 **VEHICLE MAKE** Ram  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** TRAVELERS **INSURANCE POLICY #** 6106828442031 **COLOR** RED **VEHICLE MODEL** 1500  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 0 1 **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 **MATERIAL RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

**UNIT TYPE** 0 4  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF 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)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
**# OF TRAILING UNITS** 00

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**SPECIAL FUNCTION** 0 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**CARGO BODY TYPE** 0 1  
 1 - NO CARGO BODY TYPE /NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE  
 11 - DUMP 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**ACTION** 4  
 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 SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 0 1  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
 1 2 0  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**TRAFFICWAY FLOW**  
 1 - ONE-WAY  
 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAIL BOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

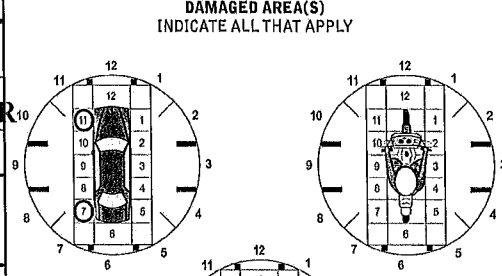
**UNIT / NON-MOTORIST DIRECTION**  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

LOCAL REPORT NUMBER  
**2 0 2 3 - 0 0 0 0 1 3 2 6**

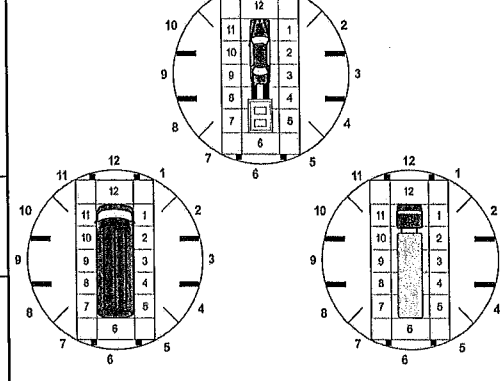
**OWNER**  
 UNIT # **0 2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**LECAT, FRANCES, E**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**7440 HUDSON RD, Franklin Twp, OH 44240**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**  
 DAMAGE SCALE  
**3** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
 LP STATE **OH** LICENSE PLATE # **HXZ6061** VEHICLE IDENTIFICATION # **1 F M S K 8 D 8 2 H G A 5 8 2 1 9** VEHICLE YEAR **2 0 1 7** VEHICLE MAKE **Ford**  
 INSURANCE VERIFIED INSURANCE COMPANY **HOME OWNERS** INSURANCE POLICY # **4632277301** COLOR **RED** VEHICLE MODEL **EXPLORER**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT #  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **0 1** VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 TOWED BY: COMPANY NAME  
 City Service  
 HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD



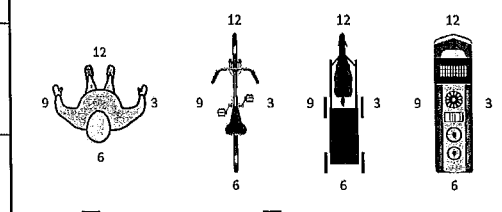
**UNIT TYPE**  
**0 3**  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP  
 # of TRAILING UNITS **0**



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
**2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0**  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION**  
**0 1**  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
**0 1**  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 11 - DUMP



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**ACTION**  
**3**  
 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 SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**  
**1 1**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**CONTRIBUTING CIRCUMSTANCES**  
**0 7**  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**TRAFFIC**  
**TRAFFICWAY FLOW**  
**2** 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL**  
**5** 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
**1 2 0**  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**# of THROUGH LANES ON ROAD**  
**2**  
**RAIL GRADE CROSSING**  
**1**  
 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**FIRST HARMFUL EVENT** **1** **MOST HARMFUL EVENT** **1**  
**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAIL BOX 48 - TREE 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

**UNIT / NON-MOTORIST DIRECTION**  
 FROM **8** TO **5**  
 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  
**UNIT SPEED**  
**0 0 5**  
**DETECTED SPEED**  
**1** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
**POSTED SPEED**  
**2 5**



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 - 0 0 0 0 1 3 2 6

|               |                                                   |                                  |           |             |
|---------------|---------------------------------------------------|----------------------------------|-----------|-------------|
| UNIT #<br>0 1 | NAME: LAST, FIRST, MIDDLE<br>BAGLIA, BRENDAN, LEE | DATE OF BIRTH<br>0 3 0 6 1 9 9 9 | AGE<br>23 | GENDER<br>M |
|---------------|---------------------------------------------------|----------------------------------|-----------|-------------|

ADDRESS: STREET, CITY, STATE, ZIP  
850 BENTLEY BLVD, TALLMADGE, OH 44278

CONTACT PHONE - INCLUDE AREA CODE

|               |                  |                   |                                                 |                              |                                                  |                         |                    |               |              |
|---------------|------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|

|                 |                         |                 |                                        |                     |                 |
|-----------------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|
| OL STATE<br>O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|-----------------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|

|               |                            |                            |                           |                                                                                                                                        |                |                                            |  |  |                                                            |  |  |
|---------------|----------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|--|--|------------------------------------------------------------|--|--|
| OL CLASS<br>4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 . |  |  |
|---------------|----------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|--|--|------------------------------------------------------------|--|--|

|               |                                          |                                  |           |             |
|---------------|------------------------------------------|----------------------------------|-----------|-------------|
| UNIT #<br>0 2 | NAME: LAST, FIRST, MIDDLE<br>LECAT, PAUL | DATE OF BIRTH<br>0 7 0 6 1 9 6 3 | AGE<br>59 | GENDER<br>M |
|---------------|------------------------------------------|----------------------------------|-----------|-------------|

ADDRESS: STREET, CITY, STATE, ZIP  
7440 HUDSON RD, Franklin Twp, OH 44240

CONTACT PHONE - INCLUDE AREA CODE

|               |                  |                   |                                                 |                              |                                                  |                         |                    |               |              |
|---------------|------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|

|                 |                         |                 |                                        |                     |                 |
|-----------------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|
| OL STATE<br>O H | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|-----------------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|

|               |                            |                            |                           |                                                                                                                                        |                |                                            |  |  |                                                            |  |  |
|---------------|----------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|--|--|------------------------------------------------------------|--|--|
| OL CLASS<br>4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 . |  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 . |  |  |
|---------------|----------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|--|--|------------------------------------------------------------|--|--|

|        |                           |               |     |        |
|--------|---------------------------|---------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|--------|---------------------------|---------------|-----|--------|

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

|          |                  |                   |                                                 |                       |                                                  |                  |               |          |         |
|----------|------------------|-------------------|-------------------------------------------------|-----------------------|--------------------------------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|-------------------------------------------------|-----------------------|--------------------------------------------------|------------------|---------------|----------|---------|

|          |                         |                 |                                        |                     |                 |
|----------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|----------------------------------------|---------------------|-----------------|

|          |                            |                            |                      |                                                                                                                                        |           |                                   |  |  |                                                   |  |  |
|----------|----------------------------|----------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|--|--|---------------------------------------------------|--|--|
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE |  |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |  |  |
|----------|----------------------------|----------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|--|--|---------------------------------------------------|--|--|

| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                              | SEATING POSITION                                                                                                                                                                                                                                                                                                                 | AIR BAG                                                                                                                                       | OL CLASS                                                                                                                                                                                                         | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                             | TEST STATUS                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO - D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL                                                                                                | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                      | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN                                                                      | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                  | <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                         | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |