OHIO DEPARTMENT OF PUBLIC SAFETY HARTH - SERVICE - POPTECTION	RAFFIC C	RASH R	LOCAL REPORT NUMBER*									
*DENOTES MANDATORY FIELD FOR SUPPLEMENT    WE PHOTOS TAKEN							2.0.2.10.0.0.1.3.4.6.6.					
SECONDARY CRASH	OH-1P		REPORTING AGENCY NAME		HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
	PRIVATE PE	l	City of Kent Po	lice	_0_	6 7 0 3	1 - SOLVED 0 1 98 - ANIMAL 99 - UNKNOW					
COUNTY* LOCALITY*			VILLAGE, TOWNSHIP*				CRASH DATE / TIME * CRASH SEVERITY					
3-1	TOWNSHIP						0.8.2.0.2.0.2.1./.0.3.1.2. 2 - SERIOUS INJUR					
ROUTE TYPE ROUTE NU	2	- SOUTH	OCATION ROAD NAME			ROAD TYPE	LATITUDE DEC	SUSPECTED  3 - MINOR INJURY				
	<u> </u>	-WEST	MAIN			S,T	411,1531		SUSPECTED			
ROUTE TYPE ROUTE NU	2	- SOUTH	EFERENCE ROAD NAME (I	ROAD, MILEPOST, H	OUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 4 - INJURY POSSI					
	4	- EAST 6	523									
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCE 1 - NOR	TH IR - IN	NTERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE HW-HIGHWAY F	RD - ROAD		NTERSECTION RELA				
3 2-MILE POST 3-HOUSE #	4 2 · SOUT	H US.F	EDERAL US ROUTE	AV - AVENUE	LA - LANE S	Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
	4 - WES		TATE ROUTE	BL - BOULEVARD		T - STREET	WITHIN INTER	RCHANGE AREA N	UMBER OF APPROACHES			
DISTANCE FROM REFERENCE	EFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CT - COURT PK -						PK - PARKWAY TL - TRAIL ROAD WAY					
.0	2 - FEET	R	UMBERED TOWNSHIP OUTE	DR - DRIVE HE - HEIGHTS	PI - PIKE V	VA - WAY	X ROADWAY DIVIDED					
LOCATION	OF FIRST HARM				H COLLISION/IMPA	CT	DIRECTION OF TRAVEL	laser 1	TAN TVDE			
1 - ON ROADWA		ROSSOVER	l l	- NOT COLLISION	4 - REAR-TO-REAR	•	1 - NORTH	1	MEDIAN TYPE IVIDED FLUSH MEDIAN			
0 1 2-ON SHOULDE			ADE CROSSING	TWO MOTOR	5 - BACKING 5 - ANGLE		4 2-SOUTH	4 (<4 FE	ET) D FLUSH MEDIAN			
4 - ON ROADSID		HARED USE		TRANSPORT	7 - SIDESWIPE, SAM		3- EAST 4- WEST	(≥4 FE	ET)			
5 - ON GORE 6 - OUTSIDE TR	AFFIC WAY 13-B	IKE LANE	1		3 - SIDESWIPE, OPPO 7 - OTHER / UNKNO\			4 - DIVIDE	D, DEPRESSED MEDIAN D, RAISED MEDIAN			
7 - ON RAMP 8 - OFF RAMP		OLL BOOTH THER / UNKI	Nown					9-OTHER	YPE) 'UNKNOWN			
WORK ZONE RELAT	TED.	1	WORK ZONE TYPE	LOCATIO	N OF CRASH IN WO	DK 70NF	CONTOUR	CONDITIONS	IONS SURFACE			
	}	1-LA	ANE CLOSURE	1	BEFORE THE 1ST		n_1_7	1	2			
WORKERS PRESEN			ANE SHIFT/CROSSOVER ORK ON SHOULDER	2	WARNING SIGN - ADVANCE WARNIN	IG AREA		1 - DRY	1 - CONCRETE			
LAW ENFORCEMEN	IT PRESENT L	OR	MEDIAN		TRANSITION AREA	1		2-WET	2 - BLACKTOP,			
ACTIVE SCHOOL ZO	INE	4 - IN 5 - OT	TERMITTENT OR MOVING ! THER	- 1	- ACTIVITY AREA - TERMINATION AR:	EA	3 - CURVE LEVEL	3 - SNOW	BITUMINOUS, ASPHALT			
LIGHT C	ONDITION		W	EATHER				4 - ICE	3 - BRICK/BLOCK			
1 - DAYLIGHT			1 - CLEAR	6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE			
3 2 - DAWN/DUSK 3 - DARK - LIGH	TED ROADWAY	0	0 1 2-CLOUDY	CROSSWINDS G SAND, SOIL, DIRT,	SNOW		6 - WATER (STANDING MOVING)	5 - DIRT				
4 - DARK - ROAD	WAY NOT LIGHTE	-	4 - RAIN	9 - FREEZIN	IG RAIN OR FREEZI			7 - SLUSH	9 - OTHER/UNKNOWN			
5 - DARK - UNKN 9 - OTHER / UNK	NOWN ROADWAY I	LIGHTING	5 - SLEET, HAIL	99 - OTHER	/ UNKNOWN			9 - OTHER/UNKNOWN				
NARRATIVE									Indicate the north			
A KSU police o	officer (Of	c Hoxw	orth) heard the	e sound				4	direction with an "N" on the			
			ive Guys pizza.		 				compass diagram.			
			the area WB									
***************************************			Ofc Moore and		N.		(Phon Quira)					
			d he observed t		-		(MTMater 197)					
			o, and he arrest						(Estimations)			
the operator f	for OVI. I	nvestig	ation revealed	that				8	3			
Unit #1 drove	off of the	right s	ide of the roady	way								
and onto the	sidewalk.	No real	l damage was d	**								
the property at Five Guys. The front sway bar from												
Unit #1 was found at the scene of the crash. The												
CRASH REPORTED D	ATE /TIME	DI	SPATCH DATE / TIME	AR	RIVAL DATE/TIME		SCENE CLEARED D	ATE / TIME	REPORT TAKEN BY			
0 8 2 0 2 0 2 1	$\left  \begin{smallmatrix} 0 & 1 & 8 & 1 & 2 & 1 & 0 & 1 & 2 & 1 & 1 & 7 & 1 & 0 & 1 & 1 & 1 & 2 & 1 & 1 & 1 & 2 & 1 & 1$						2   0   2   1   /   0   3   1   5     0   8   2   0   2   0   2   1   /   0   3   4   7   X POLICE A					
TOTAL TIME ROADWAY CLOSED INVE	OTHER ESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				MOTORIST SUPPLEMENT			
OFFICER'S BADGE NUMBER* CHE							BY DFFICER'S BADGE NUMBER*  SUPPLEMENT (CORRECTION AS ADDITION IT AM EUSTING REPORT SEAT TO 100%)					
0,0,0	0 0 0 0 3 0 0 6 2 2 1 8 2 2							8				

0 | 1 | PICKETT, EVAN, S

LP STATE LICENSE PLATE #

HFS3831

1 - PASSENGER CAR

0 1 3 - SPORT UTILITY VEHICLE

5 - CARGO VAN

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2 - HEAD LAMPS

DEFECTS 3 - TAIL LAMPS

3 3-STRIKING

ACTION 4. STRUCK

0 1 2 · TAXI

0 1 CARGO

BODY

LOCATION

AT IMPACT

 $_{1}1_{1}1_{1}$ 

6 - VAN (9-15 SEATS)

0 # OFTRAILING UNITS

OH

INSURANCE

INTERLOCK

UNIT TYPE 4 - PICK UP

DEVICE

VERIFIED

OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 770 RANDOLPH RD ,Suffield ,OH 44260 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

INSURANCE COMPANY

**PROGRESSIVE** 

COMMERCIAL GOVERNMENT RESPONSE

X HIT/SKIP UNIT

WAS VEHICLE OPERATING IN AUTONOMOUS

MODE WHEN CRASH OCCURRED?

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

1 - NO CARGO BODYTYPE

/ NOT APPLICABLE

1 - INTERSECTION - MARKED

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

HON-MOTORIST 2 - INTERSECTION - UNMARKED

1 - NON-CONTACT

2 - NON-COLLISION

& STRUCK

1 - NONE

CONTRIBUTING 5- UNSAFE SPEED

SEQUENCE OF EVENTS

2 4 3 4 JACKKNIFE

1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION

3 - IMMERSION

5 - CARGO / EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHION

27 - BRIDGE PIER OR ABUTMENT

☐ FIRST HARMFUL EVENT

26 - BRIDGE OVERHEAD

STRUCTURE

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

LOSS OR SHIFT

9 - OTHER / UNKNOWN

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

6-IMPROPERTURN

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEFLED

TYPE OF USE

OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)

#OCCUPANTS

7 - MOTORCYCLE 2-WHEELED

10 - MOPED OR MOTORIZED

11 - ALL TERRAIN VEHICLE

6 - BUS - CHARTER/TOUR

MOTOR VEHICLE

7 - BUS - INTERCITY

9 - BUS - OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT

3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED

5 - TRAVEL LANE - OTHER LOCATION

CROSSWALK

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7-LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACDA

9 - IMPROPER LANE CHANGE

10-IMPROPER PASSING

12-IMPROPER BACKING

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

0 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN

0

AUTONOMOUS

MODE LEVEL

10 L1

9 - AUTOCYCLE

BICYCLE

(ATV / UTV)

**VEHICLE IDENTIFICATION #** 

2 | M E L M 7 | 5 | W 2 | T | X | 6 | 3 | 4 | 2 | 8 | 9

INSURANCE POLICY #

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - <10K LBS

3 - >26K LBS.

14-SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATION

11-FIRE

12 - MILITARY

14 - PUBLIC UTILITY

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

DEFECTIVE

6 - BICYCLE LANE

7 - MAKING U-TURN

8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE

11-SLOWING OR STOPPED

13-IMPROPER START FROM A

PARKED POSITION

14-STOPPED OR PARKED

15 - SWERVING TO AVOID

11 - CROSS CENTERLINE -

12-DOWNHILL RUNAWAY

13-OTHER NON-COLLISION

37 - TRAFFIC SIGN POST

38-OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

2 MOST HARMFUL EVENT

**EVENTS** 

OPPOSITE DIRECTION OF

COLLISION WITH FIXED OBJECT - STRUCK

ILLEGALLY

16 - WRONG WAY

TRAVEL

14-PEDESTRIAN

15-PEDALCYCLE

INTRAFFIC

12 - DRIVERLESS

8 - SIDEWALK

10-PARKED

13-POLICE

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

16-FARM EQUIPMENT

12-GOLF CART

13-SNOWMOBILE

2 - 10,001 - 26K LBS

2,0,2,1,-,0,0,1,3,4,6,6

OWNER PHONE: INCLUDE AREA CODE ( XI SAME AS

TOWED BY: COMPANY NAME

**Bakers Towing** 

MATERIAL RELEASED

PLACARD

18 - LIMO (LIVERY VEHICLE)

19-BUS (16+ PASSENGERS)

22 - ANIMAL WITH RIDER OR

ANIMAL-DRAWN VEHICLE

3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

20-OTHER VEHICLE

21 - HEAVY EQUIPMENT

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

16-FARM

17 - MOWING

19-TOWING 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL

8 - POLE

9 - CARGOTANK

9 - MOTOR TROUBLE

**ACCIDENT** 

10-DISABLED FROM PRIOR

9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS

TRAILS

16 - WORKING

11 - SHARED USE PATHS OR

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING

SPECIFIED LOCATION

15 - WALKING, RUNNING,

17 - PUSHING VEHICLE

17 - VISION OBSTRUCTION

EQUIPMENT

SPILLING

18-OPERATING DEFECTIVE

19 - LOAD SHIFTING/FALLING/

20 - IN PROPER CROSSING

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

49 - FIRE HYDRANT

43 - CURB

44 - DITCH

46-FENCE

4B-TREE

47 - MAILBOX

JOGGING, PLAYING

10-FLAT BED

L1 - DUMP

18 - SNOW REMOVAL

VNER PHONE: No	UDE AREA CODE (XX	SAME AS DRIVER)	DAMAGE							
			1 NONE	DAN	MAGE SCALE					
			3 1- NONE 2- MINOR	DAMA	3 - FUNCTIONAL DAMAGE AGE 4 - DISABLING DAMAGE					
COMMERCIAL CARRIER	PHONE: INCLU	DE AREA CODE			UNKNOWN					
					AGED AREA(S)					
VEHICLE YE	AR VEHIC	LE MAKE	(NC		E ALL THAT APPLY					
9 1 9 9 1	6 Mercu	ıry	G		12					
COLOR	VEHICL	E MODEL	11 12		11 12					
WHI	GRAN	D MARQ		2	10					
WED BY: COMPAN	Y NAME		10 2	-	10, 2					
akers Towing	US MATERIAL		9 9 3	3	9 9 3 3					
MATERIAL	CLASS # PL/		7 3 5	7.	8 7 7					
RELEASED PLACARD				§ 7	8 4					
-	43 PERFORM	U L DIVATED	6 5	11	12 7 6					
(LIVERY VEHICLE) (16+ Passengers)	23 - PEDESTRIAN 24 - WHEELCHAN		10	$\angle$	12					
RVEHICLE	25 - OTHER NON-		1	-	11 10 2					
Y EQUIPMENT	26-BICYCLE		9		9 3 3					
IAL WITH RIDER OR	27 - TRAIN		+	- [	0 4 -					
IAL-DRAWN VEHICLE	99 - UNKNOWN O	R HIT/SKIP	8	V	7 5 4					
			12	7	5 12					
ITIONAL AUTOMATION	9 - UNKNOWN		11 12		6 11 12					
AUTOMATION	7 - 2011(1101111		10 11 1	2	10 11 2					
MOTAMOTUA			- 10 2 =	4	10 2					
			9 9 3	3	9 9 3 3					
f.	21 - MAIL CARRI		7	7.						
ING V removal	99 - OTHER / UNK	MWUM	8	ii .	8 6					
NG			6 5		7 6					
TY SERVICE PATROL										
	12 - CONCRETE N	IIXER		1	12 12 12 1 A					
OTANK	13 - AUTO TRANS		12	-						
BED	14-GARBAGE/RE	FUSE	of Ad R.							
P	99-OTHER/UNK	NOWN	,00	9 🗗	Ø 3 9 <b>11</b> 3 9 <b>13</b> 3 <b>⊙</b>					
RTROUBLE	99-OTHER/UNK	NOWA	6		0					
BLED FROM PRIOR			•	1	6 6 6					
DENT			П							
AN/CROSSING ISLAND	12 - FIRST RESPO	INDER	- NO DAMAG	E[0]	U- UNDERCARRIAGE [ 14 ]					
EWAY ACCESS	AT INCIDENT		TOP [13]		-ALL AREAS [15]					
ED USE PATHS OR	99-OTHER/UNK	NOWN								
LS 				NIT N	OT AT SCENE [16]					
TIATING A CURVE	18-APPROACHIN		INIT	TAL P	OINT OF CONTACT					
RING OR CROSSING IFIED LOCATION	OR LEAVING	ACUILLE	0 - NO DAM		14 - UNDERCARRIAGE					
(ING, RUNNING,	20-OTHER NON-	MOTORIST			UNIT 15-VEHICLE NOT AT SCENE					
ING, PLAYING	21 - STANDING OF		DIAG	RAM	99 - UNKNOWN					
(ING IING VEHICLE	DISABLED VE		13 - TOP							
ING FERIOLE	99-OTHER/UNK	NUWN		T	RAFFIC					
N OBSTRUCTION	21 - LYING IN ROA		TRAFFICWAY FLOW		TRAFFIC CONTROL					
ATING DEFECTIVE PMENT	22 - NOT DISCER!		1 - ONE-WAY		1 - ROUNDABOUT 4 - STOP SIGN					
SHIFTING/FALLING/	23 - OPENING DOX ROADWAY	OKINIO	1 2 - TWO-WAY	١,	6 2 - SIGNAL 5 - YIELD SIGN					
.ING	99-OTHER IMPR	OPER ACTION			3 - FLASHER 6 - NO CONTROL					
OPER CROSSING			# of THROUGH LANES		RAIL GRADE CROSSING					
			ON ROAD		1 - NOT INVOLVED					
			_4_	L_	2 - INVOLVED-ACTIVE CROSSING					
VAY VEHICLE AL — FARM	22 - WORK ZONE I EQUIPMENT	MAINTENANCE			3 - INVOLVED-PASSIVE CROSSING					
AL - DEER	23 - STRUCK BY F	ALLING,	UNIT / N	ION-M	OTORIST DIRECTION					
AL - OTHER	SHIFTING CA ANYTHING SI	RGO OR Et in motion			1 - NORTH 5 - NORTHEAST					
R VEHICLE IN SPORT	BY A MOTOR	VEHICLE	FROM _3 TO	. 1	2 - SOUTH 6 - VORTHWEST					
ED MOTOR VEHICLE	24 - OTHER MOVA	BLE CBJECT	FROM L TO	4						
UCK					4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
1	50 - WORK ZONE I	MAINTENANCE		_	, viden similar					
I Inkment	51 - WALL		UNIT SPEED		DETECTED SPEED					
E	52-BUILDING			į	3 1- STATED / ESTIMATED SPEED					
BOX	53 - TUNNEL				2 - CALCULATED / EDR					
HYDRANT	54 - OTHER FIXED 99 - OTHER / UNK		POSTED SPEED		3 - UNDETERMINED					
UNAIII	that yell		3 5							
					,					

CHIED DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
								2.0.2.10.0.0.1.3.4.6.6.						
UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER					
O, 1 PICKETT, EVAN, S  ADDRESS: STREET, CITY, STATE, ZIP									1 1 / 1 8 / 1 9 9 4 2 6 M					
770 RANDOLPH RD ,Suffield ,OH 44260								CONTACT	PHONE - INCLUDE AREA C	ODE				
<u> </u>	INJURED	EMS AGENCY (NAME)	-		TAKEN TO	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING POSITIO	N AID DAC IICA	GE EIECTION	TRAPPED	
S 5	TAKEN BY						USED 0 4	MC HE	PMPLIANT	1	1 1 1			
	L STATE OPERATOR LICENSE NUMBER				SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
OL STATE	<b>H</b> ,				331.34 CODE				o Conti	rol;	16772			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED	_	DHOL / DRUG SUSPI		CONDITION	AL(	OHOL TEST YPE VALUE	DR STATUS TY	PE RESUL	T SELECT MPTO 4	
. 4	ļ		BY	1.		LCOHOL MAI	RIJUANA	6	2	1	1 1			
UNIT #	NAME: LAST, I	FIRST, MIDDLE				THER BROG				DATE OF BIRTH		AGE	GENDER	
									ļ. ,	/ / .				
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS:														
INJURIES	TAKEN	EMS AGENCY (NAME)				SAFETY EQUIPMENT USED	DOT-COMPLIANT			GE EJECTION	TRAPPED			
	BY	JACHES WILLIAMS							MC HE	LMET				
OL STATE	UPERATUR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	CRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	HPT03 DR	IVER	ALC	OHOL / DRUG SUSPE	ECTED.	CONDITION	ΔIC	OHOL TEST	n P	UG TEST(S		
	SELECT UP TO 2			STRACTED			RIJUANA	CONDITION	STATUS T		STATUS TY		T SELECT UPTO 4	
			<u> </u>		0.	THER DRUG								
UNIT#	NAME: LAST, F	FIRST, MIDDLE						-		DATE OF BIRTH		AGE	GENDER	
ADDDEES	ALDEET ALTH AT									<u>( , , , / , , , , , , , , , , , , , , , </u>	اليلب			
SI ADDICESS:	STREET, CITY, ST	ALE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	MEDICAL FACILITY	NAME CITY	SAFETY EQUIPMENT		SEATING POSITION	I ato neo ucar	as I rurarian		
ADDRESS:	TAKEN BY			111111111111111111111111111111111111111			iname, civii	USED	DOT-Co	MPLIANT	AIK BAG USAL	GE EJECTION	TRAPPED	
	OPERATOR L	ICENSE NUMBER	-	OFFENSE CHARGED LOCAL OFFENSE DESC				RIPTION CITATION NUMBER						
OL STATE							CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	IVER STRACTED		HOL / DRUG SUSPE		CONDITION	ALC STATUS F	OHOL TEST YPE VALUE	DR STATUS TY	UG TEST(S PE   RESULT	) Esececi dé ióa	
			BY			LCOHOL MAF THER DRUG	RUUANA							
เทาก	JRIES	SEATING POSITION		AIR BAG		OL CLASS		OL RESTRIC	TION(S)	DRIVER DISTRACT	TION	TEST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)				1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING		1 - NONE GIVEN AN 2 - TEST REFUSED		
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED FROM 2 - CLASS G 3 - CLASS G			2 - CDL INTRASTATI 3 - CORRECTIVE LEI		ELECTRONIC COMMUNICATION 3-TEST GIVEN, C						
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT/SIDE 4 - REGULAR CLASS 5 - NOTAPPLICABLE (OHIO ≠ D)				4 - FARM WAIVER 5 - EXCEPT CLASS A	L DILIC	DIALING) SAMPLE/ UN			1002 (1100)		
	(MOTORCYCLE PASSENGER)  INJURED TAKEN BY  5- SECOND - MIDDLE		9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY			6 - EXCEPT CLASS A		COMMUNICATION DEVICE 5 - TEST GIVEN,						
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HELL COMMUNICATION DEVI	D CF			
/TREATED AT 2 - EMS	T SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJE	JECTION ECTED	il ili	OL ENDORSEM H-HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS		5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN 1-N	COHOL TES	STIYPE	
3 - POLICE		B - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	2 - PARTIA	LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		LOOD		
9-OTHER/UNK	NOWN	10 - SLEEPER SECTION	3 - TOTALL' 4 - NOT API			P - PASSENGER N -TANKER		RESTRICTIONS  10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		RINE REATH		
1 - NONE USED	QUIPMENT	OF TRUCK CAB 11 - Passenger in Other		RAPPED	3000	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DISTRACTION OF THE VEHICLE	UTSIDE 5-01	THER		
2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA			R-THREE-WHEEL MO S-SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE	VICES	9 - OTHER / UNKNOWN		DRUG TEST	TYPE	
3 - LAP BELT ON 4 - SHOULDER &	LAP BELT USED	PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRIC MECHAI	ATED BY NICAL MEANS		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR OT	THER	CONDITION	1 - N	LOOD		
5 - CHILD RESTE FORWARD FA	RAINT SYSTEM -	CARGO AREA 13-TRAILING UNIT	3 - FREED I	BY Chanical M	EANS	X - TANKER / HAZMAT		ADAPTIVE DEVICE 14 - MILITARY VEHICE		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		RINE		
6 - CHILD REST	RAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR		The let		GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPRE	SSED	THER	CITT(C)	
7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO		AHGRY, DISTURBED) 4 - ILLNESS	Pulse UP Life man Care	JG TEST RE Mphetamines	SULI(S)	
8 - HELMET US	ED	99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		ARBITURATES		
9 - PROTECTIVE (ELBOW, KNE										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUG	4 0	ENZODIAZEPINI Annabinoids	F2	
10 - REFLECTIVE										/ALCOHOL	5-00	CAINE		
11 - LIGHTING - F / BICYCLE ON	VLY									9-OTHER/UNKNOWN		PIATES/OPIOID Ther	S	
99 - OTHER / UNK	NOWN											FCATIVE RESIL	TS.	



## OFF UNION SAFETY Narrative Continuation

LOCAL REPORT NUMBER

2 0 2 1 - 0 0 0 1 3 4 6 6

part was returned to the vehicle. The operator was cited for OVI and Failure to Control.