OHIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*							
PHOTOS TAKEN OH-2 OH-3	LOCAL INFORMATION		2,0,2,0,-,0,0,0,0,3,7,4,7					
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME*		HIT/SKIP	NUMBER OF UNITS				
PRIVATE PROPERTY	City of Kent Police	.0,	1- SOLVED 0 2 0			0 1 98 - ANIMAL 99 - UNKNOWN		
1-CITY	TY, VILLAGE, TOWNSHIP*			CRASH DATE /T		CRASH SEVERITY		
3-TOWNSHIP	1 0017701 0000 11017		l	0,2,2,0,2,0,2,0,/		- 2 - SERIOUS INJURY		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DEC	SUSPECTED 3 - MINOR INJURY			
4 - WEST	FAIRCHILD	AV	SUSPECTE					
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE			
	1407			-81,39,2	2,5,2	ONLY		
REFERENCE POINT DIRECTION FROM REFERENCE 1 - NORTH IR	ROUTE TYPE - INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW-HIGHWAY	RD - ROAD		NTERSECTION RE			
a 2-MILE DOST	TEDERAL OF HOUTE		SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH				
4 - WEST SR	- STATE ROUTE CR		ST - STREET FE - TERRACE	CE NOMBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NEMPEDED TOWNSHIP		TL -TRAIL	ROADWAY				
2-FEET 3-YARDS	ROUTE	- DRIVE PI - PIKE ' - HEIGHTS PL - PLACE	WA - WAY	ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVE	NT MAN	NER OF CRASH COLLISION/IMPA	ст	DIRECTION OF TRAVEL	MEDIAN TYPE			
1 - ON ROADWAY 9 - CROSSOVE 2 - ON SHOULDER 10-DRIVEWA	MALLEY AGGES	COLLISION 4 - REAR-TO-REAR WEEN 5 - RACKING		1 - NORTH	1-DIV	IDED FLUSH MEDIAN		
	CDADE COOCCINIC 2 TWO	MOTOR 5-BACKING DICLES IN 6-ANGLE		2-SOUTH (<4 FEET) 3- EAST 2-DIVIDED FLUSH MEDIA				
4 - ON ROADSIDE 12-SHARED L 5 - ON GORE TRAILS		NSPORT 7 - SIDESWIPE, SAN		4- WEST	FEET) IDED, DEPRESSED MEDIAN			
6 - OUTSIDE TRAFFIC WAY 13-BIKE LAN	E 3-HEA				4 - DIV	IDED, RAISED MEDIAN		
7 - ON RAMP 14-TOLL BOO 8 - OFF RAMP 99-OTHER / U						ER/UNKNOWN		
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN W	DRK ZONE	CONTOUR	CONDITION	S SURFACE		
1	- LANE CLOSURE	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	, 1 ,	1 1	2		
	- LANE SHIFT/CROSSOVER -WORK ON SHOULDER	2 - ADVANCE WARNI		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PRESENT	OR MEDIAN - INTERMITTENT OR MOVING WORK	3-TRANSITION ARE 4-ACTIVITY AREA	A	2-STRAIGHT GRADE	2-WET	2 - BLACKTOP, BITUMINOUS,		
	-OTHER	5 - TERMINATION AF	REA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT		
LIGHT CONDITION	WEATH	ER			5 - SAND, MUD, DI	3 - BRICK/BLOCK RT, 4 - SLAG, GRAVEL,		
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 0 1 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL	STONE		
3 - DARK - LIGHTED ROADWAY	1:0:1:	B - BLOWING SAND, SOIL, DIR	r, snow		6-WATER (STAND MOVING)	. 5-DIKI		
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTIN	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZ 99 - OTHER / UNKNOWN	ING DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN		
9 - OTHER / UNKNOWN					9 - OTHER/UNKNO	WN		
NARRATIVE		151-17-54				Indicate the north direction with		
Unit 1 stated he was traveling	westbound on Faire	child			<	an "N" on the		
Ave at approximately 5 mph	,					V compass oragiani.		
		ay IOI a						
brief moment. Unit 1 failed								
clear distance between him a	and Unit 2 and struc	k		RIVERWOOD CHAPEL 1407 FAIRCHILD AVE		(*		
Unit 2 in the rear. Unit 1 was	s cited.				1	NOT TO SOALE		
					- Unit section 1			
		FAIR	CHILDAVE					
				QUAY				
				CANE AND				
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIM	E	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY		
0,2,2,0,2,0,2,0,/,1,5,4,1, 0,2,	2,0,2,0,2,0,/,1,5,4,2,	0,2,2,0,2,0,2,0,/.1	1,5,5,0	0,2,2,0,2,0,2.0	0,/,1,6.1.5	X POLICE AGENCY		
TOTAL TIME OTHER TO	TAL OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*					
ROADWAY CLOSED INVESTIGATION TIME MIN	Schmitt, Benja			er, Jennifer	SUPPLEMENT (CORRECTION OF ADDITION			
0 1 3 0 3 0 0	6 3 2 OFFICER'S BA	ADGE NUMBER*		BY OFFICER'S BADGE I	*UMBER**	TO AN EXISTING REPORT SENT TO COPS		
	- 3 3		- 4	1/1				



2,0,2,0,-,0,0,0,0,3,7,4,7 UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER DAMAGE OWNER PHONE: INC. HOF AREA PORT ATTENDE AS RELIVED 0,1, PECK, WILLIAM, CHARLES DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 907 HIGHRIDGE LN ,Kent ,OH 44240 ■ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - HNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY P STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE J.T.DKN3,DU5,A5,2,0,2,4,7,4 2 0 1 0 O_1H_1 FEA4789 Toyota INSURANCE INSURANCE COMPANY VERIFIED AT I STATE INSURANCE POLICY # COLOR VEHICLE MODEL SIL 980854490 PRIUS TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - <10KLBS DEVICE HIT/SKIP UNIT 2 - 10,001 - 26K LBS. 0 1 PLACARD 1 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 12-GOLF CART 2 - PASSENGER VAN (MINIVAN) B - 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 BICYCLE 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE A . VAN (Q.15 SEATS) 17. MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) # OFTRAILING UNITS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 2 - PARTIAL AUTOMATION I 1-YES 2-NO 9-OTHER/UNKNOWN 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 16-FARM 21 - MAIL CARRIER 7 - PUS_INTERCITY 0 1 2 - TAXI 12 MILITARY 17 - MOWING 99_DTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING B - 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 B - POLE 0,1 I NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANIO 13-AUTOTRANSPORTER CARGO 2.BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY . 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER/UNKNOWN TYPE 0.0 1 - TURN SIGNALS 4 - BRAKES 9 - MOTOR TROUBLE 7 - WORN OR SLICK TIRES 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS -TOP [13] - ALL AREAS [15] ION-MOTORIST 2 - INTERSECTION - UNMARKED 99 - DTHER / UNKNOWN CROSSWALK B - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT 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 OR LEAVING VEHICLE 2 - NON-COLLISION 14 - ENTERING OR CROSSING 2 - BACKING B - ENTERING TRAFFIC LANE 0 1 3 - CHANGING LANES 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 3-STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - HNKNOWN 11-SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE A STRUCK 6 - MAKING LEFTTURN INTRAFFIC 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9-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 0 8 3-RAN RED LIGHT 14-STOPPED OR PARKED EQUIPMENT 9-IMPROPER LANE CHANGE 23-OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # OF THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 2 - FIRE/FXP OSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING. UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19-ANIMAL - OTHER 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 2 - SOUTH 6 - NORTHWEST 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 7 - SOUTHEAST 3 - EAST 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE B - SOUTHWEST 4 - WEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25-IMPACT ATTENUATOR 31 - GUARDRAIL END 50 - WORK ZONE MAINTENANCE 37 - TRAFFIC SIGN POST 43-CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 52 - BHILDING 34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE 0,0,5 27 - BRIDGE PIER OR ABUTMENT 40 - HTH ITY POLE 2 - CALCULATED / EDR BARRIER 53-TUNNEL 47 - MAILBOX 28-BRIDGE PARAPET 41 - OTHER POST, POLE OR SUPPORT 35 - MEDIAN CONCRETE 54 - OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED POSTED SPEED 29-BRIDGE RAIL BARRIER 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 42 - CULVERT 30-GUARDRAIL FACE , 3 , 5 , 1 MOST HARMFUL EVENT FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

29-BRIDGE RAIL

30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

BARRIER

36 - MEDIAN OTHER BARRIER

OR SUPPORT

42-CULVERT

1 MOST HARMFUL EVENT

49-FIRE HYDRANT

3 - UNDETERMINED

POSTED SPEED

3 5

99 - OTHER / UNKNOWN

OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
Management IAIDIOKT21 \ IAON-IAIDIOKT21							2,0,2,0,-,0,0,0,0,3,7,4,7,							
UNIT#	IT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
0,1	PECK, WILLIAM, CHARLES							0,8,1,2,1,9,4,8,7,1,M						
ADDRESS:	RESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP 907 HIGHRIDGE LN , Kent , OH 44240 INJURED INJURED INJURED INJURED INJURED INJURED TAKEN INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED O 4 OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED CODE MAXIMUM SPICE OF THE NAME OF								(- , -	1 1 - 1 -			-,		
INJURIES	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITI	ON AIR BAC	USAGE EJECTION	TRAPPED	
S _ 5	BY L							0,4	MC HEL	MET 0 1	_ 1	1_	_1	
OL STATE		LICENSE NUMBER	OFFENSE CHAR			GED	LOCAL	OFFENSE DESC	RIPTION			CITATION NUMBER		
PO H	RF338		333.03				X	Maximum Sp			61818			
OL CLASS	ENDORSEMENT SELECTUP TO 2	RESTRICTION SELECT	DIST	/ER TRACTED		COHOL MAF		CONDITION	ALCO STATUS TY	PE VALUE	STATUS	TYPE RESUL		
4		0 3	BY	1	=	HER DRUG	MINDU	. 1 .	1 1		1			
UNIT #	NAME: LAST,									DATE OF BIRTH		AGE	GENDER	
0.2	THOM	IAS, REBECCA,	A						0 5 1 9 1 9 5 3 6 6 F					
	STREET, CITY, ST			-						HONE - INCLUDE AREA		2 00		
2837 \$	SUPERI	OR DR ,UNION	TOWN	,OH	4468	5								
INJURIES	IES INJURED EMS AGENCY (NAME)			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			T SEATING POSITION AIR BAG USAGE EJECTION TRAP				TRAPPED			
2837 S INJURIES	TAKEN							USED 0 4	MC HELMET 0 1			1 1 1 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN:	SE CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITAT	TION NUMBER		
OL STATE OL H	RL252	832					CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		/ER TRACTED	_	HOL / DRUG SUSPE		CONDITION	ALCO STATUS TY	HOL TEST	STATUS	DRUG TEST(S		
4		0.3	BY	1		COHOL MAF	ANAULIS	1	1 1		1			
UNIT #	NAME: LAST,					HER DRUG				DATE OF BIRTH		1 405	GENDER	
		, man, model								DATE OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY, ST	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, STATE, ZIP							CONTROLL	HONE TINCLUDE AREA	CODE.					
injuries	INJURED	EMS AGENCY (NAME)		INJURED 1	AKEN TO:	MEDICAL FACILITY	NAME CITY	SAFETY EQUIPMENT		SEATING POSITION	N AIR BAG	USAGE EJECTION	TRAPPED	
ADDRESS:	TAKEN							USED	DOT-COM	PLIANT	Alk and	JOSAGE ESECUTION	TRAFFED	
OL STATE	OPERATOR L	PERATOR LICENSE NUMBER 0			OFFENSE CHARGED LOCAL OFFENSE DESC			RIPTION		CITAT	TION NUMBER			
201							CODE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		/ER RACTED	ALCO	HOL / DRUG SUSPE	CTED	CONDITION	ALCO STATUS TY	HOL TEST	STATUS	DRUG TEST(S		
			BY			COHOL MAF	ANAULIS				0171100		., 30220707 04	
INU	JRIES	SEATING POSITION		IR BAG		THER DRUG OL CLASS	125500	OL RESTRIC	TION(S)	DRIVER DISTRAC	TION	TEST ST	And in case of the last of the	
1-FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP	A CONTRACTOR OF THE PARTY OF TH		1-CLASS A		1 - ALCOHOL INTER	The second second	1-NOT DISTRACTED		1-NONE GIVEN	1103	
2 - SUSPECTED 3 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2-FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATII ELECTRONIC COMMU		2-TEST REFUSED		
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE	D BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TY DIALING)		3-TEST GIVEN, COI SAMPLE / UNUS		
5 - NO APPAREN	IT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS	A BUS	3 -TALKING ON HANDS-F		4 - TEST GIVEN, RE		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYN	AENT UNKNO	WN	6 - NO VALID OL		& CLASS B BUS		4 - TALKING ON HAND-HE		5 - TEST GIVEN, RE UNKNOWN	SULIS	
1 - NOT TRÂNSP /TREATED AT		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	F.I	ECTION		OL ENDORSEN	AENT.	7 - EXCEPT TRACTO	MESON CONTRACTOR	COMMUNICATION DE	/ICE	ALCOHOLTE	ST TYPE	
2 - EMS	, occur	(MOTORCYCLE SIDE CAR)	1 - NOT EJEC	of the state of		H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	H AN	1 - NONE		
3 - POLICE	CHAMBI	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIALI	and the same of		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER		2-BLOOD 3-URINE		
9 - OTHER / UNK	NWUW	10-SLEEPER SECTION	3 - TOTALLY 4 - NOT APPI			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE		4 - BREATH		
College School Service	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				Q - MOTOR SCOOTER		11 - LIMITED TO EMI	1	8-OTHER DISTRACTION THE VEHICLE	OUTSIDE	5-OTHER		
1 - NONE USED 2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAF	PPED		R-THREE WHEEL MO S-SCHOOL BUS	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9-OTHER/UNKNOWN		DRUG TEST	TYPE	
3 - LAP BELT ON	WLY USED	PICK-UP WITH CAP)	2 - EXTRICA	TED 8Y		T DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI CONTROLS, OR O	ES, HAND	CONDITION		1-NONE 2-BLOOD		
4 - SHOULDER 8 5 - CHILD RESTI	RAINT SYSTEM -	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED B			X-TANKER/HAZMAT		ADAPTIVE DEVI	CÈS)	1 - APPARENTLY NORMA		3 - URINE		
FORWARD FA	LCING	13-TRAILING UNIT	NON-MEC	HANICAL M	EANS	GENDER	De attitudo	14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRMEI 3 - EMOTIONAL (E.G. DEPP		4-OTHER		
6 - CHILD RESTI REAR FACIN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES		ANGRY, DIST RBED)		DRUG TEST R		
7 - BOOSTER SE		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRRO 17 - PROSTHETIC AIR		4 - ILLNESS 5 - FELL ASLEEP, FAINTE	D,	1 - AMPHETAMINES 2 BARBITURATES		
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN						18-OTHER		FATIGUED, ETC.		3 - BENZODIAZEPIA	IES	
(ELBOW, KNE	EES, ETC.)						January Table			6 - UNDER THE INFLUENC OF MEDICATIONS / DR		4 - CANNABINOIDS		
10 - REFLECTIVE	Washing of the Control of the									/ALCOHOL 9-OTHER/UNKNOWN		5-COCAINE 6-OPIATES/OPIOI	DS	
/ BICYCLE OF	NLY										1	7-OTHER		
99 - OTHER / UNK	(NO WN				4,75		945		CETT SHOWS			8 - NEGATIVE RESU	LTS	