OHIO DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										LOCAL REPORT NUMBER*				
	OH-2	LOCAL INFORMATION						2,0,2,1,-,0,0,0,1,6,1,7,3,						
X PHOTOS TAKEN	OTHER	REPORTING	GENCY NAME	*			NCIC*	HIT/SKIP	S UNIT IN ERROR					
SECONDARY CRASH	PRIVATE P	ROPERTY	City of	Kent Pol	lice		.0.	6 7 0 3	1 - SOLVED	0 98-ANIMAL				
COUNTY* LOCALITY*	LOC	ATION: CITY	TY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*  CRASH SEVERITY					
1 - CITY 1 - CITLAGE 3 - TOWNSHIP Kent									.1.0.0.1.2.0.2.1.	3 1-FATAL				
3-TOWNSHIP								ROAD TYPE	LATITUDE DECIMAL DEGREES  LATITUDE DECIMAL DEGREES  2 - SERIOUS INJURY SUSPECTED					
S D	- SOUTH	WATER							3 - MINOR INJURY					
	A - ME21	WATER					ST	411,14,5	SUSPECTED					
ROUTE TYPE ROUTE NU	- SOUTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HO				,	ROAD TYPE	LONGITUDE D	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
	۷ ـــــالــــــ	V-WEST	OAK					ST	-8 <sub>1</sub> 1 <sub>10</sub> 3 <sub>1</sub> 5 <sub>1</sub> 8	3 5 0	ONLY			
1 - INTERSECTION	DIRECTION FROM REFERENCE	ID.	ROUTET		AL - ALLEY	ROAD HW- HI	TYPE	D DOAD	_	INTERSECTION R	ELATED			
1 2-MILE POST	2-MILE POST S-SOUTH US-FEDERAL US ROUTE AV - AV							D - ROAD Q - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
3-HOUSE #		E - EAST W - WEST SR - STATE ROUTE BL - BOULEVARD						T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE								E - TERRACE L - TRAIL	ROADWAY					
	1 - MIL	ES TR-	NUMBEREDT	OWNSHIP	DR - DRIVE	PK - PA		A-WAY	T POADWAY DIVIDED					
2-FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED										VIUEO				
	N of FIRST HARM			1	MANNER OF CR			CT	DIRECTION OF TRAVEL MEDIAN TYPE					
1-ON ROADWA 2-ON SHOULD	· -	ROSSOVER DRIVEWAY/	ALLEY ACCES		NOT COLLISION BETWEEN	4 - REAR 5 - BACK			N - NORTH 1 - DIVIDED FLUSH MEDIAN					
0 1 3-IN MEDIAN	11-	RAILWAY G	RADE CROSSIN		TWO MOTOR VEHICLES IN	6 - ANGL			S - SOUTH E - EAST	11 1	IVIDED FLUSH MEDIAN			
4 - ON ROADSID		SHARED US TRAILS	E PATHS OR	2.	TRANSPORT REAR-END		SWIPE, SAME	DIRECTION SITE DIRECTION	W-WEST	1	( ≥4 FEET ) DIVIDED, DEPRESSED MEDIAN			
6-OUTSIDE TR	MI I I V II MI	BIKE LANE		- 1	HEAD-ON		R / UNKNOV			4 - DI\	/IDED, RAISED MEDIAN			
7 - ON RAMP 8 - OFF RAMP		TOLL BOOTH OTHER / UN									ANYTYPE) OTHER/UNKNOWN			
	T				1									
WORK ZONE RELAT	TED	1-1	WORK ZONE LANE CLOSUR		LOCA		RASH IN WO		CONTOUR	CONDITION				
WORKERS PRESEN	NT	2 - l	LANE SHIFT/C	ROSSOVER	1 - BEFORE THE 1ST WORK ZOVE WARNING SIGN				1		2			
LAW ENFORCEMEN	NT PRESENT L		WORK ON SHO OR MEDIAN	ULDER	Li		CE WARNIN ITION AREA		1 - STRAIGHT LEVEL		1 - CONCRETE			
C ACTIVE COURSE TO				T OR MOVING V	VORK	4 - ACTIVI	TY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZO	UNE	5 - (	OTHER			5 - TERMI	NATION ARE	A	4 - CURVE GRADE	4 - ICE	ASPHALT			
	CONDITION			WE	ATHER				9 - OTHER/UNKNOWN		IRT, 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 2 - DAWN/DUSK				CLEAR	6 - SNOW	RE CROSSV	MINDS			OIL, GRAVEL	STONE			
3 - DARK - LIGH			3-FOG, SMOG, SMOKE 8-BLOWING					SNOW		6-WATER (STAN MOVING)	3 - OIK1			
4 - DARK - ROAL		4 - RAIN 9 - FREEZING 5 - SLEET, HAIL 99 - OTHER /					NG DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN				
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER 9 - OTHER / UNKNOWN							34414			9 - OTHER/UNKNO	IWN			
NARRATIVE											Indicate the north			
						_					direction with an "N" on the			
UNIT ONE W	STOP SI	GN						compass diagram.						
AT E. OAK S	T. AT S. V	VATE	R ST. UN	NIT ONE	CROSS	ED ^				_				
WATER ST.														
										2				
BICYCLE) F						_		( N		8	1			
CROSSWAL	K SOUTH	<b>IBOU</b>	ND OVE	R W. O	AK ST. U	NIT					•			
UNIT TWO	CAUSING	MING	OR IN.II	JRIES A	ND DISA	BI -	wo	AK ST.	Unit 2 UNIT 1		7			
TO THE BICYCLE. UNIT TWO WAS ALSO NOT PROP														
Not To Scale														
Not To Scale														
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY											REPORT TAKEN BY			
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*										MOTORIST				
ROADWAY CLOSED INVESTIGATION TIME MINUTES McNulty, Samantha S							Nelson, Josh Suppler (CORRECTION)							
0 2 6 0	0 2 6 0 3 0 0 5 5 2 3 6						CHECKED BY OFFICER'S BADGE NUMBER* 10 AM EXISTING REF							
UZOU		U 3	2 2	3	6			2   3	2					

1 - NORTH 5 - NORTHEAST I 4 - JACKKNIEF 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 3 TO 4 7 - SOUTHEAST LOSS OR SHIFT 3 - EAST 24-OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CHRR 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH **EQUIPMENT UNIT SPEED DETECTED SPEED** 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 51 - WALL STRUCTURE 1 - STATED / ESTIMATED SPEED SUPPORT 34 - MEDIAN GUARDRAIL 46-FENCE 52-BUILDING 27 - BRIDGE PIER OR ABUTMENT  $0 \mid 1 \mid 0$ BARRIER 40 - UTILITY POLE 53-TUNNEL 47 - MAILBOX 2 - CALCULATED / EDR 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54-OTHER FIXED OBJECT 48-TREE 3 - UNDETERMINED 1 29 - BRIDGE RAIL BARRIER OR SUPPORT POSTED SPEED 99 - OTHER / UNKNOWN 49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 2 \_\_ 1 MOST HARMFUL EVENT J FIRST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820] PAGE 2

**LOCAL REPORT NUMBER**  $2 \cdot 0 \cdot 2 \cdot 1 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 1 \cdot 6_{\perp} \cdot 1 \cdot 7 \cdot 3$ UNIT # OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER) OWNER PHONE: (YOUNGE AREA CODE ( X SAME AS DRIVER) DAMAGE 1 2 LEWIS, FRANKY, JOE DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 540 WATER ST 308 ,Kent ,OH 44240 ☐ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCI UDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE Diamondback INSURANCE COMPANY INSURANCE VERIFIED **INSURANCE POLICY #** COLOR VEHICLE MODEL BLK TYPE OF USE US DOT # TOWED BY: COMPANY NAME IN EMERGENCY COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** #OCCUPANTS INTERLOCK MATERIAL CLASS # PLACARD ID # 1 - ≤10K LBS 2 - 10,001 - 26K LBS DEVICE HIT/SKIP UNIT RELEASED PLACARD  $\lfloor 0 \rfloor 1$ 3 - >26K LBS 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEFLED 12 - GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) B - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 2 6 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14-SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15-SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26-BICYCLE 5 - CARGO VAN BICYCLE 16-FARM FOULPMENT 22 - ANIMAL WITH RIDER OF 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) I # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11-FIRE 16.FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99 - OTHER / UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12-CONCRETE MIXER 0.1I NOT APPLICABLE MOTOR VEHICLE 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 4 - LOGGING 2 - BUS 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY \* 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99-OTHER/UNKNOWN 00 0 2 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR **DEFECTS 3 - TAIL LAMPS** 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT - NO DAMAGE [ 0 ] \_ - UNDERCARRIAGE [ 14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER 0 1 CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10-DRIVEWAY ACCESS -TOP [13] ☐-ALL AREAS [15] ION-MOTORIST 2-INTERSECTION-UNMARKED CROSSWALK 99-OTHER/UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRATES - UNIT NOT AT SCENE [16] 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION OR LEAVING VEHICLE 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 4\_\_\_ 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 2 3 - CHANGING LANES 3 - STRIKING SPECIFIED LOCATION 19-STANDING 9 - LEAVING TRAFFIC LANE ACTION 4- STRUCK 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 0 | 9 | 10-PARKED DIAGRAM 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN JOGGING, PLAYING 21 - STANDING OUTSIDE 99 - UNKNOWN 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING **DISABLED VEHICLE** & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 9-OTHER/UNKNOWN 99 - OTHER / UNKNOWN 12-DRIVERLESS TRAFFIC 1 - NONE 7 - LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDAROUT 4 - STOP SIGN 14 - STOPPED OR PARKED 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE EQUIPMENT 23 - OPENING DOOR INTO 0 2 ILLEGALLY 2 - TW0-WAY 2 - SIGNAL 5 - YIELD SIGN 19-LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10 - IMPROPER PASSING ROADWAY 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPERACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IM PROPER CROSSING 6.IMPROPERTURN # of THROUGH LANES 12 - IMPROPER BACKING RAIL GRADE CROSSING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 \_ 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 9 9 1 - OVERTURN/ROLLCVER 2 - FIRE/EXPLOSION 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM EQUIPMENT TRAVEL 23-STRUCK BY FALLING, UNIT / NON-MOTORIST DIRECTION 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 5 - NORTHEAST 1 - NORTH I 4 - JACKKNIEF 19-ANIMAL - OTHER 9 - RAN OFF ROAD LEFT 13-OTHER NON-COLLISION ANYTHING SET IN MOTION BY A MOTOR VEHICLE 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14-PEDESTRIAN TRANSPORT FROM 1 TO 2 LOSS OR SHIFT 3 - EAST 7 - SOUTHEAST 24-OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION 32 - PORTABLE BARRIER **EQUIPMENT** 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42-CULVERT

1 MOST HARMFUL EVENT

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

BARRIER

45-EMBANKMENT

49-FIRE HYDRANT

46-FENCE

48-TREE

47 - MAILBOX

52 - BILLIOING

53-THANEL

54-OTHER FIXED OBJECT

99-OTHER/UNKNOWN

 $\begin{bmatrix} \mathbf{0} & \mathbf{1} & \mathbf{1} & \mathbf{0} \end{bmatrix}$ 

POSTED SPEED

HSY8304 OH1U 1/19 [760-0820]

STRUCTURE

28 - BRIDGE PARAPET

30-GUARDRAIL FACE

29-BRIDGE RAIL

27 - BRIDGE PIER OR ABUTMENT

☐ FIRST HARMFUL EVENT

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

OHO DEPARTMENT MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER						
									$2 \cdot 0 \cdot 2 \cdot 1 \cdot - 0 \cdot 0 \cdot 0 \cdot 1 \cdot 6 \cdot 1 \cdot 7 \cdot 3$					
UNIT#									DATE OF BIRTH AGE GENDER					
0,1	DEVINE, DAVID, E									0 2 / 1 6 / 1 9 4 3 7 8 M				
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS: STREET, CITY, STATE, ZIP  6347 CARA DR ,Ravenna Twp ,OH 44266  INJURED TAKEN TO: MEDICAL FACILITY (HAME CITY)  SAFETY EQUIPMENT USED  0 1  1									ι					
INJURIES	TAKEN								DOT-COMPLIANT TRAFFED					
	BY							0,1		LMET 0 1	الــا الـــا	1 1	_11	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL CODE				OFFENSE DESC	RIPTION		CITA	TION NUMBER		
OL STATE	1													
OL CLASS	SELECT UP TO 2	RESTRICTION SELECT	DIST	TRACTED				CONDITION	ALCOHOL TEST DRUG TEST(S)  STATUS TYPE VALUE STATUS TYPE RESULT SILES				S) LT select up to 4	
4 .		BY				THER DRUG	ANAUU	1 .	1 1					
UNIT #	NAME: LAST,	FIRST, MIDDLE		T OTTER DROS										
0.2	DATE OF DIRTH. AGE											(2003)		
											_M_			
I CURTACT PRUNE - INCLUDE AREA CODE														
540 S INJURIES	INJURED	EMS AGENCY (NAME)			KEN TO:	: MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATING BASITIA	N AID DA	C HEADE   EIFATIA	N TRAPPED	
3 ,	TAKEN BY 1	Kent Fire		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USE				USEO 0 1	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAP				" LKAPPED	
		ICENSE NUMBER		OFFENSE	CHAR	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
OL STATE OL O, H				373.0			CODE	Riding B		1				
OL CLASS	ASS ENDORSEMENT RESTRICTION SELECT UP TO			/ER		HOL / DRUG SUSPE		CONDITION	ALCOHOL TEST DRUG TEST			S)		
	SELECT UP TO 2		DIST BY	RACTED	AL	LCOHOL MAR	RUUANA		STATUS	YPE VALUE	STATUS	TYPE RESU	LT SELECT UPTO 4	
<u>_6_</u>	6			1 OTHER DRUG				1		•[				
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH	· · ·	AGE	GENDER	
ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
010														
INJURIES	JRIES INJURED EMS AGENCY (NAME) TAKEN				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED				
ž 	ВУ								MC HELMET					
OL STATE	OPERATOR L		OFFENSE CHARGED			LOCAL	OFFENSE DESC	ENSE DESCRIPTION			CITATION NUMBER			
0														
OL CLASS	LASS ENDORSEMENT RESTRICTION SELECTION SELECTI		DISTRACTED			HOL / DRUG SUSPECTED		CONDITION	ALC STATUS T	YPE VALUE	STATUS	DRUG TEST(S	S) LT select prima	
			BY		===	THER DRUG	MINAULI							
INJU	RIES	SEATING POSITION	А	IR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRACT		TEST ST		
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 1 - CLASS A					1 - ALCOHOL INTERLOCK DEVICE 1 - NOT DISTRACTED 1 - NONE GIVE						
2 - SUSPECTED	SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATI 3 - CORRECTIVE LE	CI COTTO DIO GOLLANIA		ICATION!			
districtive and	POSSIBLE INJURY 3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE			4 - REGULAR CLASS		4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYPING, DIALING)		3-TEST GIVEN, CONTAMINATED Sample/Unusable		
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - NOT APPLICABLE (OHIO = D)			AND SPORTS TO SELECT HEALTH		5 - EXCEPT CLASS A	A BUS 3 - TALKING ON HANDS-FREE			4 - TEST GIVEN, RESULTS KNOWN		
INJURED	INJURED TAKEN BY 5-SECOND-MIDDLE			9 - DEPLOYMENT UNKNOWN 5 - MAC MOPED ONLY 6 - NO VALID OL					a area i acros r			NICATION DEVICE 5 - TEST GIVEN, RESULTS G ON HAND-HELD UNKNOWN		
	NOT TRANSPORTED 6 - SECOND - RIGHT SIDE  /TREATED AT SCENE 7 - THIRD - LEFT SIDE			EJECTION OL ENDORSEMENT					7 - EXCEPT TRACTOR-TRAILER COMMUNICATION			DEVICE ALCOHOL TEST TYPE		
2 - EMS	S (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED H - HAZMAT				IEN I	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 1 - NONE				
3 - POLICE	A THIRD BIGHT BIRE		2 - PARTIALLY EJECTED			M - MOTORCYCLE 9 - LEARNER'S F						2-BLOOD 3-URINE		
9-01HER/UNK	9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION			3 - TOTALLY EJECTED P - PASSEN 4 - NOT APPLICABLE N - TANKER				RESTRICTIONS  10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		4-BREATH		
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	SAFETY EQUIPMENT UP INCK CAB			Q - MOTOR SCOOTER			11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE 5 - OTHER THE VEHICLE					
THE PERSON NAMED IN COLUMN	ENCLOSED CARGO AREA				TRAPPED R-THREE-WHEEL MOTORCYCLE			12 - LIMITED - OTHER 13 - MECHANICAL DEVICES		9-OTHER/UNKNOWN DRUGTESTT			TTYPE	
THE RESIDENCE OF THE PARTY.	3 - LAP BELT ONLY USED PICK-UP WITH CAP)			2 - EXTRICATED BY T_ DOLLRI F & TRIDI F			TRAILERS	(SPECIAL BRAKE	S, HAND 1 - NONE					
100000000000000000000000000000000000000	SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHANICAL MEANS 3 - FREED BY			X-TANKER/HAZMAT		CONTROLS, OR O' ADAPTIVE DEVI		S) 1 - APPARENTLY NORMAL		2 - BL00D 3 - URINE		
FORWARD FA	ARD FACING 13-TRAILING UNIT		NON-MECHANICAL MEANS		GENDER		14 - MILITARY VEHICLE	LATER AND ALL THE ALL		4-OTHER				
6 - CHILD RESTR REAR FACING	RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)					F-FEMALE	5,100	AIR BRAKES		3 - EMOTIONAL (E.G., DEPRE AHGRY, DISTURBED)		DRUG TEST R	ESULT(S)	
7 - BOOSTER SE	OSTER SEAT 15 - NON-MOTORIST					M - MALE		16 - OUTSIDE MIRRO		4- ILLNESS		1 - AMPHETAMINE	THE RESERVE TO SEE STATE OF THE PARTY OF THE	
8 - HELMET USE	4 No. 4 No. 3 No. 3 No. 3 No. 3 No. 3 No. 4 No.					U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5 - FELL ASLEEP, FAINTED, Fatigued, etc.		2 BARBITURATES 3. RENZODIAZEPINES		
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6- UNDER THE INF					
HOUSE PARKETER STATE OF	- REFLECTIVE CLOTHING									OF MEDICATIONS / DRUGS / Alcohol			5 - COCAINE	
	I - LIGHTING – PEDESTRIAN / BICYCLE ONLY									9-OTHER/UNKNOWN		6-OPIATES/OPIOI 7-OTHER	DS	
99 - OTHER / UNKNOWN												8 - NEGATIVE RESU	JLTS	