OF PUBLIC SAFETY TRAFFIC CRASH	ı	OCAL REPORT NUMBER	k								
□ 0H-2 □ 0H-3	LOCAL INFORMATION			2 0 2 3	- 10 10 10 1 9	5,9,9					
PHOTOS TAKEN OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR					
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Polic	e _0	6,7,0,3	1 - SOLVED	0 2 0	2 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CIT	Y, VILLAGE, TOWNSHIP*			CRASH DATE /	17 MM (10)	SH SEVERITY					
6 7 1 2-VILLAGE Kent				1,2,1,1,2,0,2,3,/,2,0,3,9, 5 1-FATAL							
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SERIOUS INJURY SUSPECTED					
3 E-EAST	SUMMIT		$S \setminus T$	41,1,14,4	8.5.2	MINOR INJURY SUSPECTED					
W-WEST	REFERENCE ROAD NAME (ROAL	D. MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE		INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	KENT	,		- 25 Sc - 525 - 525 - 525		PROPERTY DAMAGE					
	Company to the Company of the Compan	ALCOHOL MANAGEMENT	$D_{\perp}R_{\perp}$	-8 ₁ 1 ₀ 3 ₅ 0		ONLY					
REFERENCE POINT DIRECTION 1 - INTERSECTION FROM REFERENCE N - NORTH IR	ROUTE TYPE - INTERSTATE ROUTE(TP) A	ROAD TYPE L - ALLEY HW- HIGHWAY	RD - ROAD		INTERSECTION RELATED	2007					
1 2-MILE POST 3 S-SOUTH US			SQ - SQUARE	X WITHIN INTE	RSECTION OR ON APPROA	3					
3-HOUSE # E-EAST	- STATE ROUTE		ST - STREET	☐ WITHIN INTE	RCHANGE AREA NUM	BER OF APPROACHES					
DISTANCE DISTANCE CR.	NUMBERED COUNTY ROUTE		TE - TERRACE TL - TRAIL		ROADWAY						
1-MILES TR	NUMBERER TOWNSHIP		WA - WAY	ROADWAY DIV	VIDED						
2 0 2 3-YARDS	н	E - HEIGHTS PL - PLACE		L KOADWAI DI	1000						
LOCATION OF FIRST HARMFUL EVEN		NNER OF CRASH COLLISION/IMPA	ACT	DIRECTION OF TRAVE	L MEDIAN	TYPE					
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10-DRIVEWAY	VALLEY ACCESS BE	T COLLISION 4 - REAR-TO-REAR TWEEN 5 - BACKING	8	N - NORTH	1 - DIVIDED F (< 4 FEET	LUSH MEDIAN					
	DADE ODOCCINIC / TW	O MOTOR HICLES IN 6-ANGLE	ON SERVICE SERVICE	S - SOUTH E - EAST	2 - DIVIDED F	LUSH MEDIAN					
4 - ON ROADSIDE 12 - SHARED U: 5 - ON GORE TRAILS	FURTHER (1997)	ANSPORT 7 - SIDESWIPE, SAN AR-END 8 - SIDESWIPE, OPP		W-WEST	(≥4 FEET 3 - DIVIDED, D	EPRESSED MEDIAN					
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE		AD-ON 9 - OTHER / UNKNO	355233		4 - DIVIDED, R	RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOT					(ANY TYPE 9 - OTHER/UN	A Parameter and the second sec					
8-OFF RAMP 99-OTHER/OF			020000000	201120110		0005105					
WORK ZONE RELATED	WORK ZONE TYPE LANE CLOSURE	1 - BEFORE THE 1ST		CONTOUR	CONDITIONS	SURFACE					
	LANE SHIFT/CROSSOVER	WARNING SIGN		_2_	_1_						
LAW ENFORCEMENT PRESENT	WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNI 3 - TRANSITION ARE		1 - STRAIGHT LEVEL	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,					
The state of the s	INTERMITTENT OR MOVING WOR	K 4 - ACTIVITY AREA	CTIVITY AREA								
ACTIVE SCHOOL ZONE 5-	OTHER	5 - TERMINATION AF	REA	4 - CURVE GRADE	4 - ICE	ASPHALT 3 - BRICK/BLOCK					
LIGHT CONDITION	WEATI	HER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT,	4 - SLAG, GRAVEL,					
1 - DAYLIGHT 2 - DAWN/DUSK	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE					
3 - DARK - LIGHTED ROADWAY	1 (0 (2)	E 8 - BLOWING SAND, SOIL, DIR	3-0								
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN		IG RAIN OR FREEZING DRIZZLE 7 - SLUSH								
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER / UNKNOWN			9 - OTHER/UNKNOWN						
NARRATIVE		1				Indicate the north					
						direction with an "N" on the					
UNIT 1 WAS TRAVELING WE	STBOUND IN THE				4/	compass diagram.					
RIGHT TURN LANE. ON SU	MMIT ST. NEAR				0						
KENT DR. UNIT 2 WAS HEA	DING WESTROUN	m l									
		,									
AND ATTEMPTED TO MERO	GE FROM THE			KENTDR.		Scale					
THROUGH LANE INTO THE	E RIGHT TURNING	3			(r	1					
LANE STRIKING UNIT 1.			l	SUMMI	TST.						
Extra STRIKE TO CIVIT 1.			Unit 1								
			Unit 2								
			-								
		7	→ →								
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	E .	SCENE CLEARED		EPORT TAKEN BY					
[1,2,1,1,2,0,2,3,7,2,0,3,9,1,2,1]	1,2,0,2,3,/,2,0,4,5	1,2,1,1,2,0,2,3,/,2	2 1 1 8 1 1	2 ₁ 1 ₁ 2 ₀ 2 ₁	3/2120	POLICE AGENCY					
TOTAL TIME OTHER TOTAL	L OFFICER'S NAME*	C	HECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT			CORRECTION of								
1 '	Redekel, Grai	The second of th			X	SUPPLEMENT (CORRECTION OR ADDITION					
0 2 3 0 6 0 0 9	OFFICER'S B	at Chapman S		SON M SY OFFICER'S BADGE I	NUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					

LOCAL REPORT NUMBER 2 . 0 . 2 . 3 . - . 0 . 0 . 0 . 1 . 9 . 5 . 9 . 9 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE ATEA CODE (SAME AS DRIVER Redacted per ORC 149.43(A)(1) DAMAGE DATTA, BANSIDHAR DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 3 - FUNCTIONAL DAMAGE 1 - NONE 306 WHETSTONE DR, Kent, OH 44240 □ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 2 0 1 0 Mazda $J_1M1_1B_1L_11_1H_3_13_1A_11_2_0_14_18_12_15$ O H JBY2354 INSURANCE POLICY # INSURANCE VERIFIED INSURANCE COMPANY COLOR VEHICLE MODEL ALL STATE 826333907 GRN MAZDA 3 TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10.001 - 26K LBS EQUIPPED $0_{\perp}1$ PLACARD J 3 - >26K LBS 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) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) _____ # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 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2 		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - Cross Median	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO 4	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
			COLLISIO	N WITH FIXED OBJE	CT - STRUCK	(8		9 - OTHER / UNKNOWN
4∟	ш	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	50 - WORK ZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED
5	نــــــــــــــــــــــــــــــــــــــ	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 2_{\perp} 0_{\perp} \end{bmatrix}$	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
6∟	ب	28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED
L	1	FIRST HARMFUL EVEN	T MOST	HARMFUL EVENT			_3_5_	

LOCAL REPORT NUMBER 2 | 0 | 2 | 3 | - | 0 | 0 | 0 | 1 | 9 | 5 | 9 | 9 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
FERGUSON, TERESA, ANNETTE OWNER PHONE: INCLUDE ASEA CODE (SAME AS DAMAGE Redacted per ORC 149.43(A)(1) DAMAGE SCALE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 1 - NONE 2 3795 POWELL AVE , Coventry , OH 44319 □ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 9 - UNKNOWN DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE LP STATE LICENSE PLATE # 2 0 1 Toyota 4, T, 1, B, F, 3, E, K, 1, B, U, 1, 5, 8, 0, 7, 9 O H KBE8606 INSURANCE VERIFIED **INSURANCE COMPANY** INSURANCE POLICY # COLOR VEHICLE MODEL STATE FARM BLK3910198-SFP-35 CAMRY TYPE OF USE US DOT# TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT RESPONSE HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR INTERLOCK DEVICE #OCCUPANTS MATERIAL CLASS # PLACARD ID # 1 - ≤10KLBS RELEASED HIT/SKIP UNIT 2 - 10.001 - 26K LBS EQUIPPED $0_{\perp}1$ PLACARD J 3 - >26K LBS 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) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNITTYPE 4 - PICKUP 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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV/UTV) _____ # of TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 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3		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	19-ANIMAL — OTHER 20-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT	FROM 3 TO 4	1 - NORTH 5 - NORTHEAST 2 - SQUTH 6 - NORTHWEST 3 - EAST 7 - SQUTHEAST 4 - WEST 8 - SQUTHWEST
			COLLISIO	N WITH FIXED OBJEC	T - STRUCK	10		9 - OTHER / UNKNOWN
4LL 5LL		/ CRASH CUSHION 26-BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE	50-WORK ZONE MAINTENANCE - EQUIPMENT 51-WALL 52-BUILDING	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
ىـــــا 1	_	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED 3 5	3 - UNDETERMINED

OFF DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER									
STATE OF THE PROPERTY OF THE P							2+0+2+3+-+0+0+0+1+9+5+9+9+								
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0,1	1_DATTA, BANSIDHAR								0 1 0 2 1 9 5 9 6 4 M						
	DRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE Redacted per ORC 149.43(A)(1)					
0	WHETSTONE DR ,Kent ,OH 44240														
INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	USED	DOT-COMPLIANT						
OL STATE		LICENSE NUMBER		OFFENS	E CHAI	PGEN	LOCAL	OFFENSE DESC	2438374800	LMET 0		CITATION NUMBER			
O. H.		CTED PER ORC 450	1:1-12	OTTER	L CIIA	NOLD	CODE	OTTENSE DESC	MIT HON			CITATION NOMBER			
OL CLASS	ENDORSEMEN				ALC	OHOL / DRUG SUSPI	ECTED	CONDITION		COHOL TEST			UG TEST(S		
	SELECT UP TO 2		DIST	TRACTED	□ A	LCOHOL MAR	ANAULIS	2	STATUS	YPE VAL	UE S	TATUS TY	PE RESUL	T SELECTUPTO4	
4	ا ا	ے بت بت		1	0	THER DRUG		1	_1	1,	الل	1	ا ا	لـــالــالــ	
UNIT #		FIRST, MIDDLE	C M/A	DIE					0.6	DATE OF E			AGE	GENDER	
0,2	STREET, CITY, S	USON, ANNETT	E, MA	KIE					0 6 2 3 2 0 0 4 1 9 F						
=		IEW DR ,Brady I	aka ()H 44	266								19 43/	Δ)(1)	
INJURIES		EMS AGENCY (NAME)	Jake,			MEDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT		SEATIN			RC 149.43(A)(1) IR BAG USAGE EJECTION TRAPPED		
5	TAKEN BY	LIND ACENT (MAIL)		INCOREDI	ARENTO	. MEDIONE I NOTEIT	CHAMIL, CLITT	USED 0 4	MC HE	OMPLIANT	. 1	1 1 1			
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATION	NUMBER		
O, H,	REDAC	CTED PER ORC 450	1:1-12	331.0	8		CODE	Driving in Ma	arked La			27001			
OL CLASS	ENDORSEMEN SELECT UPTO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS T	YPE VAL	UE S	DRUG TEST(S) STATUS TYPE RESULT SELECTUPTO			
1			BY	1	=	_	RIJUANA	. 1 .	1	1		1	1		
4 UNIT #	NAME	FIRST, MIDDLE		1	□ º	THER DRUG				DATE OF E	IDTH		AGE	GENDER	
OMIT #	NAME: DAST	, r IK31, MIDDLE								DATE OF E			AGE	GENDER	
ADDRESS:	7 ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
OUNTACT PROPERTY									1 - 1			1 1			
INJURIES		EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		DOT-C	SEATIN	G POSITION	AIR BAG USA	GE EJECTION	TRAPPED	
NON	TAKEN BY					USED			MC HELMET						
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHARGED LOCAL OFFENSE DESC			RIPTION C			CITATION	CITATION NUMBER			
								ALCOHOL TEST			DRUG TEST(S)				
OL CLASS	SELECT UP TO 2			TRACTED	_	DHOL / DRUG SUSPI		CONDITION	STATUS T		UE S			T SELECTOP 104	
		ے بے ب	۔ اب		=	THER DRUG				_ •	ا لــــــــــــــــــــــــــــــــــــ			لــالــالــ	
-	RIES	SEATING POSITION		IR BAG		OL CLASS	5	OL RESTRIC		DRIVER D	20024	10000	TEST STA	TUS	
1 - FATAL 2 - SUSPECTED	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRA 2 - MANUALLY			ONE GIVEN EST REFUSED		
3 - SUSPECTED	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE			C COMMUNIC	CATION 3-T	EST GIVEN, COM		
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOTAPP	ED BOTH FRONT / SIDE			DIALING) A BUS 3 - TALKING ON HANDS-FREE			4-T	' SAMPLE / UNU SABLE 4 - TEST GIVEN, RESULTS KNOWN				
		(M0TORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS			A COMMUNICATION DE VICE			E 5-T	5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSP	ORTED	6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON COMMUNIC	I HAND-HELD ATION DE VIC	F	COHOL TE	ST TVDE	
/TREATED AT 2 - EMS	TSCENE	7 - THIRD – LEFT SIDE (M0TORCYCLE SIDE CAR)	1 NOTEJE	CTED		OL ENDORSE!	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACT		AN 1-1	Modern Commence	31 111 2	
3 - POLICE		8 - THIRD - MIDDLE		LY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER	}		LOOD RINE		
9 - OTHER / UNK	(NOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DIST			REATH		
SUBSTRUCTION AND ADMINISTRATION OF STREET	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER			may.	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		8 - OTHER DIST		JTSIDE 5-0	THER		
1 - NONE USED 2 - SHOULDER E	RELT ONLY LISED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRAI	PPFD		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DE		9 - OTHER / UN			DRUG TEST	TYPE	
3 - LAP BELT ON		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAKI	ES, HAND	CONI	DITION	1 - N 2 - E	IONE LOOD		
	LAP BELT USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B	IICAL MEANS Y		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTL	Y NORMAL	3-1	RINE		
FORWARD FACING 13-TRAILING UNIT NON-MEC		CHANICAL ME	ANS	GENDER		14 - MILITARY VEHICLE	E THEOREM INTRINSER			1	4 - OTHER				
6 - CHILD RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	ANGRY, DISTURBED)			DR	DRUG TEST RESULT(S)				
7 - BOOSTER SE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC ALL		4 - ILLNESS 5 - FELL ASLEE			MPHETAMINES ARBITURATES		
9 - PROTECTIVE	PADSUSED	J. OTHER JUNEAU ST						18-OTHER		FATIGUED, E 6 - UNDERTHE			ENZODIAZEPIN	IES	
(ELBOW, KNE 10 - REFLECTIVE										OF MEDICAT		S 4-0	ANNABINOIDS OCAINE		
11 - LIGHTING - I	PEDESTRIAN									9 - OTHER/UNK	(NOWN	6 - 0	PIATES / OPIOII	os	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN													THER EGATIVE RESU	LTS	

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