

2 0 2 4 - 0 0 0 0 5 0 2 8

PHOTOS TAKEN  OH-2  OH-3  
 SECONDARY CRASH  OH-1P  OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME\*  
City of Kent Police

NCIC\*  
0 6 7 0 3

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
0 2

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

COUNTY\* 6 7 LOCALITY\* 1  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP  
LOCATION: CITY, VILLAGE, TOWNSHIP\*  
Kent

CRASH DATE / TIME\*  
04072024/2036

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE S R ROUTE NUMBER 59 PREFIX 3  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

LOCATION ROAD NAME  
MAIN

ROAD TYPE S T

LATITUDE DECIMAL DEGREES  
41.153655

ROUTE TYPE ROUTE NUMBER PREFIX  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
1005

ROAD TYPE

LONGITUDE DECIMAL DEGREES  
-81.344723

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
3

DIRECTION FROM REFERENCE  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

ROUTE TYPE  
IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE  
AL - ALLEY HW - HIGHWAY RD - ROAD  
AV - AVENUE LA - LANE SQ - SQUARE  
BL - BOULEVARD MP - MILEPOST ST - STREET  
CR - CIRCLE OV - OVAL TE - TERRACE  
CT - COURT PK - PARKWAY TL - TRAIL  
DR - DRIVE PI - PIKE WA - WAY  
HE - HEIGHTS PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFIC WAY  
7 - ON RAMP  
8 - OFF RAMP  
9 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN  
0 1

MANNER OF CRASH COLLISION/IMPACT  
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - OTHER / UNKNOWN  
2

DIRECTION OF TRAVEL  
N - NORTH  
S - SOUTH  
E - EAST  
W - WEST

MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN  
2

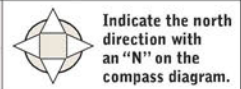
CONDITIONS  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN  
1

SURFACE  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN  
2

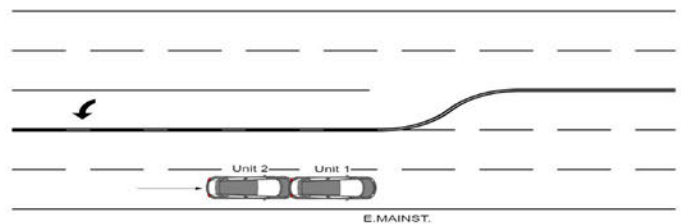
LIGHT CONDITION  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN  
3

WEATHER  
1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE  
4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW  
7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN  
0 1

NARRATIVE  
UNIT 1 WAS STOPPED IN TRAFFIC ON E. MAIN ST. FACING EAST IN THE RIGHT LANE. UNIT 2 WAS TRAVELING EAST ON E. MAIN ST. AND FAILED TO LEAVE ENOUGH DISTANCE BETWEEN HER VEHICLE AND UNIT 1 CAUSING UNIT 2 TO STRIKE UNIT 1 FROM THE REAR.



Not To Scale



CRASH REPORTED DATE / TIME  
04072024/2036

DISPATCH DATE / TIME  
04072024/2037

ARRIVAL DATE / TIME  
04072024/2040

SCENE CLEARED DATE / TIME  
04072024/2113

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0 0 0

OTHER INVESTIGATION TIME  
0 1 0

TOTAL MINUTES  
0 4 6

OFFICER'S NAME\*  
Knapp, Derek Raymond  
OFFICER'S BADGE NUMBER\*  
2 5 3

CHECKED BY OFFICER'S NAME\*  
Hadaway, Joseph  
CHECKED BY OFFICER'S BADGE NUMBER\*  
2 1 6

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) **BARONE, RALPH, JAMES**  
 OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) Redacted per ORC 149.43(A)(1)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER) **906 SOM CENTER RD, MAYFIELD, OH 44143**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # KCG8726 VEHICLE IDENTIFICATION # WAUMF78K89N063164 VEHICLE YEAR 2009 VEHICLE MAKE Audi  
 INSURANCE VERIFIED INSURANCE COMPANY SOONERBERG INSURANCE POLICY # SSV34024120042 COLOR BLK VEHICLE MODEL A4  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  
  #1 - ≤10K LBS. #2 - 10,001 - 26K LBS. #3 - >26K LBS. HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD \_\_\_\_\_

**UNIT TYPE** 01 **# OF TRAILING UNITS** 00

|                             |                                      |                        |  |                            |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| 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   |

**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** 01

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 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** 01

|   |   |                                  |                |                      |
|---|---|----------------------------------|----------------|----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER  |
| 2 - BUS                                 | 4 - LOGGING                             | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTOTRANSPORTER |
|   |   | 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 |                                 |                                   |                      |

**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 |  |

**ACTION** 4 **PRE-CRASH ACTIONS** 11

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 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                 | 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                    |  |  |

**CONTRIBUTING CIRCUMSTANCES** 01

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 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            |  |                                     |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |  |                                     |                                |

**SEQUENCE OF EVENTS**

**NON-COLLISION**

|   |                         |  |                                 |   |
|---|-------------------------|--|---------------------------------|---|
| 1 <u>2</u> <u>0</u> 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             |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT       | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |

**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 - MAILBOX      | 54 - OTHER FIXED OBJECT              |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                 |
|  |                               |                                  | 49 - FIRE HYDRANT |                                      |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

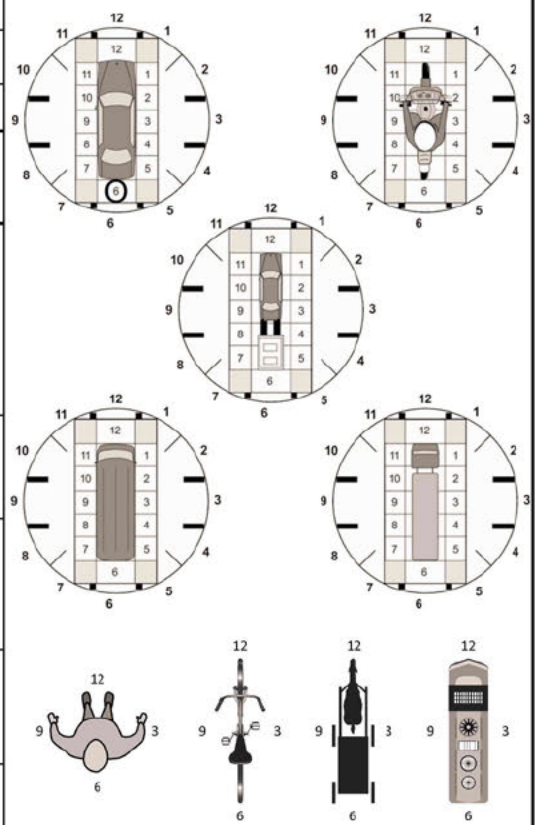
**LOCAL REPORT NUMBER**  
2024-00005028

**DAMAGE**

**DAMAGE SCALE**

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

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



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

**INITIAL POINT OF CONTACT**

06 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

|   |  |
|---|--|
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br><u>2</u> 2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT 4 - STOP SIGN<br><u>6</u> 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|---|--|

**# OF THROUGH LANES ON ROAD** 4 **RAIL GRADE CROSSING** 1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED** 000 **DETECTED SPEED** 1

1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED** 35

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **STAGNOLIA, SHANNON, LEE**  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **Redacted per ORC 149.43(A)(1)**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) **3244 CAMDEN RUE, Cuyahoga Falls, OH 44223**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # 186ZSR VEHICLE IDENTIFICATION # 1C3EL46X02N295927 VEHICLE YEAR 2002 VEHICLE MAKE **Chrysler**  
 INSURANCE VERIFIED INSURANCE COMPANY **GEICO** INSURANCE POLICY # 4276865294 COLOR **BLK** VEHICLE MODEL **SEBRING**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT #  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  
 MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #  
 TOWED BY: COMPANY NAME **Bakers Towing**  
 HAZARDOUS MATERIAL  
 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP  
 UNIT TYPE 01 # OF TRAILING UNITS 00  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0  
 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN  
 SPECIAL FUNCTION 01  
 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN  
 CARGO BODY TYPE 01  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 VEHICLE DEFECTS 01  
 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

**EVENT(S)**

NON-MOTORIST LOCATION AT IMPACT 01  
 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN  
 ACTION 3 PRE-CRASH ACTIONS 01  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN  
 CONTRIBUTING CIRCUMSTANCES 08  
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  
 SEQUENCE OF EVENTS  
 1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  
 COLLISION WITH FIXED OBJECT - STRUCK  
 4 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 38 - OVERHEAD SIGN POST 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN  
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 2024-00005028

**DAMAGE**

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

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

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

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

**TRAFFIC**

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

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1  
 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED 030 DETECTED SPEED 1  
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

POSTED SPEED 35

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 4 - 0 0 0 0 5 0 2 8**

|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|------------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                                | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>  | <b>GENDER</b>           |                      |                        |                |             |                              |
| <b>0 1</b>                                   | <b>BARONE, RALPH, JAMES</b>       |                                   |  | <b>0 1 2 6 2 0 0 1</b>   |                              | <b>23</b>   | <b>M</b>                |                      |                        |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b>     |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |   |                         |                      |                        |                |             |                              |
| <b>906 SOM CENTER RD ,MAYFIELD ,OH 44143</b> |                                   |                                   |  | <b>Redacted per ORC 149.43(A)(1)</b>   |                              |   |                         |                      |                        |                |             |                              |
| <b>INJURIES</b>                              | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b> |             |                              |
| <b>5</b>                                     |                                   |                                   |  |  | <b>0 4</b>                   | <input type="checkbox"/>                                | <b>0 1</b>              | <b>1</b>             | <b>1</b>               | <b>1</b>       |             |                              |
| <b>OL STATE</b>                              | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>            | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                |             |                              |
| <b>O H</b>                                   | <b>REDACTED PER ORC 4501:1-12</b> |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
| <b>OL CLASS</b>                              | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      | <b>DRUG TEST(S)</b>    |                |             |                              |
| <b>4</b>                                     |                                   |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              | <b>1</b>  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |                              |   | <b>1</b>                | <b>1</b>             |                        | <b>1</b>       | <b>1</b>    |                              |

|  |                                   |                                   |  |  |                                     |   |                         |                      |                        |                |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|-------------------------------------|---|-------------------------|----------------------|------------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>   |                                     | <b>AGE</b>  | <b>GENDER</b>           |                      |                        |                |             |                              |
| <b>0 2</b>                               | <b>HAWKINS, AUBREY, KIMMERLY</b>  |                                   |  | <b>0 7 1 9 2 0 0 5</b>   |                                     | <b>18</b>   | <b>F</b>                |                      |                        |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                                     |   |                         |                      |                        |                |             |                              |
| <b>225 MIDWAY DR ,Kent ,OH 44240</b>     |                                   |                                   |  | <b>Redacted per ORC 149.43(A)(1)</b>   |                                     |   |                         |                      |                        |                |             |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b>        | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b> |             |                              |
| <b>5</b>                                 |                                   |                                   |  |  | <b>0 4</b>                          | <input type="checkbox"/>                                | <b>0 1</b>              | <b>1</b>             | <b>1</b>               | <b>1</b>       |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>                   | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                |             |                              |
| <b>O H</b>                               | <b>REDACTED PER ORC 4501:1-12</b> |                                   | <b>333.03</b>  |  | <input checked="" type="checkbox"/> | <b>Maximum Speed Limits</b>                             |                         |                      | <b>28188</b>           |                |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                                     | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      | <b>DRUG TEST(S)</b>    |                |             |                              |
| <b>4</b>                                 |                                   |                                   | <b>1</b>   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     | <b>1</b>  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |                                     |   | <b>1</b>                | <b>1</b>             |                        | <b>1</b>       | <b>1</b>    |                              |

|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
|--|-----------------------------------|-----------------------------------|--|--|------------------------------|---|-------------------------|----------------------|------------------------|----------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   |  | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>  | <b>GENDER</b>           |                      |                        |                |             |                              |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |   |                         |                      |                        |                |             |                              |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |  | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b> |             |                              |
|  |                                   |                                   |  |  |                              | <input type="checkbox"/>                                |                         |                      |                        |                |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 |  | <b>LOCAL CODE</b>            | <b>OFFENSE DESCRIPTION</b>                              |                         |                      | <b>CITATION NUMBER</b> |                |             |                              |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b>  |                              | <b>CONDITION</b>  | <b>ALCOHOL TEST</b>     |                      | <b>DRUG TEST(S)</b>    |                |             |                              |
|  |                                   |                                   |  | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                              |   | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>  | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |
|  |                                   |                                   |  |  |                              |   |                         |                      |                        |                |             |                              |

| 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 (OHID = 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 / UNSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN      |
| <b>INJURED TAKEN BY</b>  |  | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>CONDITION</b>   | <b>ALCOHOL TEST TYPE</b>   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | 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 |   | 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  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b>  |  | <b>TRAPPED</b>  | <b>GENDER</b>   |   |  | <b>DRUG TEST TYPE</b>  |
| 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  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |  |   |   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |  |   |   |   |  | 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 |