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|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|
| OWNER                                               | UNIT #<br><b>0 1</b>                                                                                                                  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER<br><b>CAPPS, TANYA, LEE</b>                                                                                           | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER<br>REDACTED PER ORC 149.43(A)(1)                                                               |                                                                                                   |                                  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER<br><b>325 LAKE ST, Kent, OH 44240</b>                                      |                                                                                                                                                                          |                                                                                                                                                  |                                                                                                   |                                  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                       | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                              |                                                                                                                                                  |                                                                                                   |                                  |
| VEHICLE                                             | LP STATE<br><b>O H</b>                                                                                                                | LICENSE PLATE #<br><b>JWQ2032</b>                                                                                                                                        | VEHICLE IDENTIFICATION #<br><b>MAJ6S3JL9KC293399</b>                                                                                             | VEHICLE YEAR<br><b>2 0 1 9</b>                                                                    | VEHICLE MAKE<br><b>Ford</b>      |
|                                                     | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                   | INSURANCE POLICY #<br><b>2660327SFP35</b>                                                                                                        | COLOR<br><b>GRY</b>                                                                               | VEHICLE MODEL<br><b>ECOSPORT</b> |
|                                                     | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                                                                          | US DOT #                                                                                                                                         | TOWED BY: COMPANY NAME                                                                            |                                  |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                             |                                                                                                                                                                          | #OCCUPANTS<br><b>0 1</b>                                                                                                                         | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                                  |
|                                                     | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                   |                                                                                                                                                                          |                                                                                                                                                  |                                                                                                   |                                  |
|                                                     | UNIT TYPE<br><b>0 1</b>                                                                                                               |                                                                                                                                                                          |                                                                                                                                                  |                                                                                                   |                                  |
|                                                     | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) |                                                                                                                                                                          | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV) |                                                                                                   |                                  |
|                                                     | # OF TRAILING UNITS                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                  |                                                                                                   |                                  |
|                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN                                  |                                                                                                                                                                          | AUTONOMOUS MODE LEVEL<br><b>0</b> 1 - NO AUTOMATION<br>2 - PARTIAL AUTOMATION                                                                    |                                                                                                   |                                  |
|                                                     | SPECIAL FUNCTION<br><b>0 1</b>                                                                                                        |                                                                                                                                                                          | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER                                        |                                                                                                   |                                  |
| CARGO BODY TYPE<br><b>0 1</b>                       |                                                                                                                                       | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS                                                                                                                       |                                                                                                                                                  |                                                                                                   |                                  |
| VEHICLE DEFECTS                                     |                                                                                                                                       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS                                                                                                                     |                                                                                                                                                  |                                                                                                   |                                  |
| NON-MOTORIST LOCATION AT IMPACT                     |                                                                                                                                       | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                                                                             |                                                                                                                                                  |                                                                                                   |                                  |
| ACTION<br><b>4</b>                                  |                                                                                                                                       | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                                                  |                                                                                                                                                  |                                                                                                   |                                  |
| CONTRIBUTING CIRCUMSTANCES<br><b>0 1</b>            |                                                                                                                                       | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN                                                      |                                                                                                                                                  |                                                                                                   |                                  |
| SEQUENCE OF EVENTS                                  |                                                                                                                                       | NON-COLLISION<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT                                    |                                                                                                                                                  |                                                                                                   |                                  |
| COLLISION WITH FIXED OBJECT - STRUCK                |                                                                                                                                       | 1 - IMPACT ATTENUATOR / CRASH CUSHION<br>2 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE |                                                                                                                                                  |                                                                                                   |                                  |
| FIRST HARMFUL EVENT<br><b>1</b>                     |                                                                                                                                       | MOST HARMFUL EVENT<br><b>1</b>                                                                                                                                           |                                                                                                                                                  |                                                                                                   |                                  |

|                                                                                                                                                                                                                                        |  |                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 7 4 1 6</b>                                                                                                                                                                                |  |                                                                                                                                           |  |
| DAMAGE<br>DAMAGE SCALE<br><b>2</b> 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                        |  |                                                                                                                                           |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                             |  |                                                                                                                                           |  |
|                                                                                                                                                                                                                                        |  |                                                                                                                                           |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |  |                                                                                                                                           |  |
| INITIAL POINT OF CONTACT<br><b>0 6</b> 0 - NO DAMAGE<br>1 - 12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                  |  |                                                                                                                                           |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br><b>6</b> 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL                                      |  |                                                                                                                                           |  |
| # OF THROUGH LANES ON ROAD<br><b>1</b>                                                                                                                                                                                                 |  | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                         |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>3</b> TO <b>4</b>                                                                                                                                                                             |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN |  |
| UNIT SPEED<br><b>0 0 5</b>                                                                                                                                                                                                             |  | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                       |  |
| POSTED SPEED<br><b>2 5</b>                                                                                                                                                                                                             |  |                                                                                                                                           |  |



|                                                     |                                                                                                 |                                                                                  |                                                                                  |                                                                                                      |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------|-------------------------------------|--------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|---------------------------------------------|----------------------------------|--------------------------------|----------------------------------------------|-------------------------------|---------------------------|-----------------|---------|----------------------------------|-----------|----------------------------------|-----------------|-----------------------------------|-----------|--------------------------------------------|-----------------|---------------------------------------|--------------------|------------------------|--|------------------------------------|--|-----------------------------------------------------------------------------------|--|-------------------------|--|------------------------------------|--|--------------------------------------|--|--------------------|--|-----------|--|-----------------------|--|--------------------|--|
| OWNER                                               | UNIT #<br><b>0 2</b>                                                                            | OWNER NAME: LAST, FIRST, MIDDLE (NAME AS DRIVER)<br><b>HARVATH, DAVID, WAYNE</b> | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>REDACTED PER ORC 149.43(A)(1) |                                                                                                      |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>541 PARK AVE, Kent, OH 44240</b> |                                                                                  |                                                                                  |                                                                                                      |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                 | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                      |                                                                                  |                                                                                                      |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
| VEHICLE                                             | LP STATE<br><b>O H</b>                                                                          | LICENSE PLATE #<br><b>KMP6912</b>                                                | VEHICLE IDENTIFICATION #<br><b>1 HGC P 2 F 6 4 C A 2 3 6 7 9 5</b>               | VEHICLE YEAR<br><b>2 0 1 2</b>                                                                       | VEHICLE MAKE<br><b>Honda</b>                                  |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | <input type="checkbox"/> INSURANCE VERIFIED                                                     | INSURANCE COMPANY                                                                | INSURANCE POLICY #                                                               | COLOR<br><b>WHI</b>                                                                                  | VEHICLE MODEL<br><b>ACCORD</b>                                |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | <input type="checkbox"/> COMMERCIAL                                                             | <input type="checkbox"/> GOVERNMENT                                              | <input type="checkbox"/> IN EMERGENCY RESPONSE                                   | TOWED BY: COMPANY NAME                                                                               |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                                              | <input type="checkbox"/> HIT/SKIP UNIT                                           | #OCCUPANTS<br><b>0 1</b>                                                         | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | TYPE OF USE                                                                                     |                                                                                  | US DOT #                                                                         | VEHICLE WEIGHT GVWR/GCWR                                                                             |                                                               |                                    |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | <input type="checkbox"/> PASSENGER CAR                                                          |                                                                                  | <input type="checkbox"/> PASSENGER VAN (MINIVAN)                                 | <input type="checkbox"/> SPORT UTILITY VEHICLE                                                       | <input type="checkbox"/> PICK UP                              | <input type="checkbox"/> CARGO VAN | <input type="checkbox"/> VAN (9-15 SEATS) | <input type="checkbox"/> MOTORCYCLE 2-WHEELED | <input type="checkbox"/> MOTORCYCLE 3-WHEELED | <input type="checkbox"/> AUTOCYCLE | <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE | <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | <input type="checkbox"/> GOLF CART | <input type="checkbox"/> SNOWMOBILE | <input type="checkbox"/> SINGLE UNIT TRUCK | <input type="checkbox"/> SEMI-TRACTOR | <input type="checkbox"/> FARM EQUIPMENT | <input type="checkbox"/> MOTORHOME | <input type="checkbox"/> LIMO (LIVERY VEHICLE) | <input type="checkbox"/> BUS (16+ PASSENGERS) | <input type="checkbox"/> OTHER VEHICLE | <input type="checkbox"/> HEAVY EQUIPMENT | <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | <input type="checkbox"/> PEDESTRIAN / SKATER       | <input type="checkbox"/> WHEELCHAIR (ANY TYPE) | <input type="checkbox"/> OTHER NON-MOTORIST | <input type="checkbox"/> BICYCLE | <input type="checkbox"/> TRAIN | <input type="checkbox"/> UNKNOWN OR HIT/SKIP |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | UNIT TYPE<br><b>0 1</b>                                                                         |                                                                                  | # OF TRAILING UNITS<br><b>0 0</b>                                                |                                                                                                      | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? |                                    | 1-YES 2-NO 9-OTHER/UNKNOWN                |                                               | AUTONOMOUS MODE LEVEL<br><b>0</b>             |                                    | 1-NO AUTOMATION                                     |                                                          | 2-DRIVER ASSISTANCE                |                                     | 3-PARTIAL AUTOMATION                       |                                       | 4-CONDITIONAL AUTOMATION                |                                    | 5-HIGH AUTOMATION                              |                                               | 9-UNKNOWN                              |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | SPECIAL FUNCTION<br><b>0 1</b>                                                                  |                                                                                  | 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-MAIL CARRIER |                                       | 99-OTHER / UNKNOWN |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | CARGO BODY TYPE<br><b>0 1</b>                                                                   |                                                                                  | 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-AUTOTRANSORTER                |                                | 14-GARBAGE/REFUSE                            |                               | 99-OTHER / UNKNOWN        |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
|                                                     | VEHICLE DEFECTS<br><b>0 1</b>                                                                   |                                                                                  | 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                                                 |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |
| NON-MOTORIST LOCATION AT IMPACT<br><b>0 1</b>       |                                                                                                 | 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<br><b>3</b>                                  |                                                                                                 | 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<br><b>0 8</b>            |                                                                                                 | 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                                  |                                                                                                 | 1-2-0                                                                            |                                                                                  | 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                |                                                                                                 | 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                           |           | 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                                  |                                           |                                               |                                               |                                    |                                                     |                                                          |                                    |                                     |                                            |                                       |                                         |                                    |                                                |                                               |                                        |                                          |                                                                    |                                                    |                                                |                                             |                                  |                                |                                              |                               |                           |                 |         |                                  |           |                                  |                 |                                   |           |                                            |                 |                                       |                    |                        |  |                                    |  |                                                                                   |  |                         |  |                                    |  |                                      |  |                    |  |           |  |                       |  |                    |  |

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| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 7 4 1 6</b> |  |                       |  |
| DAMAGE                                                  |  |                       |  |
| DAMAGE SCALE                                            |  |                       |  |
| 1 - NONE                                                |  | 3 - FUNCTIONAL DAMAGE |  |
| 2 - MINOR DAMAGE                                        |  | 4 - DISABLING DAMAGE  |  |
| 9 - UNKNOWN                                             |  |                       |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY              |  |                       |  |
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## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                           |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
|-----------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|------------------|------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------|------|------------------------------------------------|--|
| 2 0 2 5 - 0 0 0 1 7 4 1 6                     |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| UNIT #                                        | NAME: LAST, FIRST, MIDDLE  |                                                                                        |                                                 |                                                                                                            | DATE OF BIRTH                       |                              | AGE              | GENDER                                                                             |              |                                                                                      |      |                                                |  |
| 0 1                                           | TRENT, PAUL, J             |                                                                                        |                                                 |                                                                                                            | 0 5 0 8 1 9 8 2                     |                              | 4 3              | M                                                                                  |              |                                                                                      |      |                                                |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |                                                                                        |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| 325 LAKE ST, Kent, OH 44240                   |                            |                                                                                        |                                                 |                                                                                                            | REDACTED PER ORC 149.43(A)(1)       |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED               | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE                                                                      | EJECTION     | TRAPPED                                                                              |      |                                                |  |
| 5                                             |                            |                                                                                        |                                                 |                                                                                                            | 0 4                                 | <input type="checkbox"/>     | 0 1              | 1                                                                                  | 1            | 1                                                                                    |      |                                                |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |                                                                                        | OFFENSE CHARGED                                 |                                                                                                            | LOCAL CODE                          | OFFENSE DESCRIPTION          |                  | CITATION NUMBER                                                                    |              |                                                                                      |      |                                                |  |
| O H                                           | REDACTED PER ORC 4501:1-12 |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3                                                             | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                     | CONDITION                    | ALCOHOL TEST     |                                                                                    | DRUG TEST(S) |                                                                                      |      |                                                |  |
| 4                                             |                            |                                                                                        | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     | 1                            | STATUS           | TYPE                                                                               | VALUE        | STATUS                                                                               | TYPE | RESULT SELECT UP TO 4                          |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              | 1                | 1                                                                                  |              | 1                                                                                    | 1    |                                                |  |
| UNIT #                                        | NAME: LAST, FIRST, MIDDLE  |                                                                                        |                                                 |                                                                                                            | DATE OF BIRTH                       |                              | AGE              | GENDER                                                                             |              |                                                                                      |      |                                                |  |
| 0 2                                           | HARVATH, DAVID, WAYNE      |                                                                                        |                                                 |                                                                                                            | 0 9 3 0 1 9 9 9                     |                              | 2 6              | M                                                                                  |              |                                                                                      |      |                                                |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |                                                                                        |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| 541 PARK AVE, Kent, OH 44240                  |                            |                                                                                        |                                                 |                                                                                                            | REDACTED PER ORC 149.43(A)(1)       |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED               | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE                                                                      | EJECTION     | TRAPPED                                                                              |      |                                                |  |
| 5                                             |                            |                                                                                        |                                                 |                                                                                                            | 0 4                                 | <input type="checkbox"/>     | 0 1              | 1                                                                                  | 1            | 1                                                                                    |      |                                                |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |                                                                                        | OFFENSE CHARGED                                 |                                                                                                            | LOCAL CODE                          | OFFENSE DESCRIPTION          |                  | CITATION NUMBER                                                                    |              |                                                                                      |      |                                                |  |
| O H                                           | REDACTED PER ORC 4501:1-12 |                                                                                        | 333.03                                          |                                                                                                            | <input checked="" type="checkbox"/> | Maximum Speed Limits         |                  | 30351                                                                              |              |                                                                                      |      |                                                |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3                                                             | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                     | CONDITION                    | ALCOHOL TEST     |                                                                                    | DRUG TEST(S) |                                                                                      |      |                                                |  |
| 4                                             |                            |                                                                                        | 1                                               | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     | 1                            | STATUS           | TYPE                                                                               | VALUE        | STATUS                                                                               | TYPE | RESULT SELECT UP TO 4                          |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              | 1                | 1                                                                                  |              | 1                                                                                    | 1    |                                                |  |
| UNIT #                                        | NAME: LAST, FIRST, MIDDLE  |                                                                                        |                                                 |                                                                                                            | DATE OF BIRTH                       |                              | AGE              | GENDER                                                                             |              |                                                                                      |      |                                                |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |                                                                                        |                                                 |                                                                                                            | CONTACT PHONE - INCLUDE AREA CODE   |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)                                                                      | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                                                            | SAFETY EQUIPMENT USED               | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE                                                                      | EJECTION     | TRAPPED                                                                              |      |                                                |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     | <input type="checkbox"/>     |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |                                                                                        | OFFENSE CHARGED                                 |                                                                                                            | LOCAL CODE                          | OFFENSE DESCRIPTION          |                  | CITATION NUMBER                                                                    |              |                                                                                      |      |                                                |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3                                                             | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED                                                                                   |                                     | CONDITION                    | ALCOHOL TEST     |                                                                                    | DRUG TEST(S) |                                                                                      |      |                                                |  |
|                                               |                            |                                                                                        |                                                 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                     |                              | STATUS           | TYPE                                                                               | VALUE        | STATUS                                                                               | TYPE | RESULT SELECT UP TO 4                          |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      |                                                |  |
| INJURIES                                      |                            | SEATING POSITION                                                                       |                                                 | AIR BAG                                                                                                    |                                     | OL CLASS                     |                  | OL RESTRICTION(S)                                                                  |              | DRIVER DISTRACTION                                                                   |      | TEST STATUS                                    |  |
| 1 - FATAL                                     |                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              |                                                 | 1 - NOT DEPLOYED                                                                                           |                                     | 1 - CLASS A                  |                  | 1 - ALCOHOL INTERLOCK DEVICE                                                       |              | 1 - NOT DISTRACTED                                                                   |      | 1 - NONE GIVEN                                 |  |
| 2 - SUSPECTED SERIOUS INJURY                  |                            | 2 - FRONT - MIDDLE                                                                     |                                                 | 2 - DEPLOYED FRONT                                                                                         |                                     | 2 - CLASS B                  |                  | 2 - CDL INTRASTATE ONLY                                                            |              | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |      | 2 - TEST REFUSED                               |  |
| 3 - SUSPECTED MINOR INJURY                    |                            | 3 - FRONT - RIGHT SIDE                                                                 |                                                 | 3 - DEPLOYED SIDE                                                                                          |                                     | 3 - CLASS C                  |                  | 3 - CORRECTIVE LENSES                                                              |              | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |      | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |  |
| 4 - POSSIBLE INJURY                           |                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          |                                                 | 4 - DEPLOYED BOTH FRONT / SIDE                                                                             |                                     | 4 - REGULAR CLASS (OHIO - D) |                  | 4 - FARM WAIVER                                                                    |              | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE                                        |      | 4 - TEST GIVEN, RESULTS KNOWN                  |  |
| 5 - NO APPARENT INJURY                        |                            | 5 - SECOND - MIDDLE                                                                    |                                                 | 5 - NOT APPLICABLE                                                                                         |                                     | 5 - M/C MOPED ONLY           |                  | 5 - EXCEPT CLASS A BUS                                                             |              | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                         |      | 5 - TEST GIVEN, RESULTS UNKNOWN                |  |
| INJURED TAKEN BY                              |                            | 6 - SECOND - RIGHT SIDE                                                                |                                                 | 9 - DEPLOYMENT UNKNOWN                                                                                     |                                     | 6 - NO VALID OL              |                  | 6 - EXCEPT CLASS A & CLASS B BUS                                                   |              | 6 - PASSENGER                                                                        |      | ALCOHOL TEST TYPE                              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        |                            | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                                 | EJECTION                                                                                                   |                                     | H - HAZMAT                   |                  | 7 - EXCEPT TRACTOR-TRAILER                                                         |              | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             |      | 1 - NONE                                       |  |
| 2 - EMS                                       |                            | 8 - THIRD - MIDDLE                                                                     |                                                 | 1 - NOT EJECTED                                                                                            |                                     | M - MOTORCYCLE               |                  | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                              |              | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE                                            |      | 2 - BLOOD                                      |  |
| 3 - POLICE                                    |                            | 9 - THIRD - RIGHT SIDE                                                                 |                                                 | 2 - PARTIALLY EJECTED                                                                                      |                                     | P - PASSENGER                |                  | 9 - LEARNER'S PERMIT RESTRICTIONS                                                  |              | 9 - OTHER / UNKNOWN                                                                  |      | 3 - URINE                                      |  |
| 9 - OTHER / UNKNOWN                           |                            | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |                                                 | 3 - TOTALLY EJECTED                                                                                        |                                     | N - TANKER                   |                  | 10 - LIMITED TO DAYLIGHT ONLY                                                      |              | CONDITION                                                                            |      | 4 - BREATH                                     |  |
| SAFETY EQUIPMENT                              |                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                                 | 4 - NOT APPLICABLE                                                                                         |                                     | Q - MOTOR SCOOTER            |                  | 11 - LIMITED TO EMPLOYMENT                                                         |              | 1 - APPARENTLY NORMAL                                                                |      | 5 - OTHER                                      |  |
| 1 - NONE USED                                 |                            | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                |                                                 | TRAPPED                                                                                                    |                                     | R - THREE-WHEEL MOTORCYCLE   |                  | 12 - LIMITED - OTHER                                                               |              | 2 - PHYSICAL IMPAIRMENT                                                              |      | DRUG TEST TYPE                                 |  |
| 2 - SHOULDER BELT ONLY USED                   |                            | 13 - TRAILING UNIT                                                                     |                                                 | 1 - NOT TRAPPED                                                                                            |                                     | S - SCHOOL BUS               |                  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |              | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |      | 1 - NONE                                       |  |
| 3 - LAP BELT ONLY USED                        |                            | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                                 | 2 - EXTRICATED BY MECHANICAL MEANS                                                                         |                                     | T - DOUBLE & TRIPLE TRAILERS |                  | 14 - MILITARY VEHICLES ONLY                                                        |              | 4 - ILLNESS                                                                          |      | 2 - BLOOD                                      |  |
| 4 - SHOULDER & LAP BELT USED                  |                            | 15 - NON-MOTORIST                                                                      |                                                 | 3 - FREED BY NON-MECHANICAL MEANS                                                                          |                                     | X - TANKER / HAZMAT          |                  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES                                             |              | 5 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |      | 3 - URINE                                      |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                            | 99 - OTHER / UNKNOWN                                                                   |                                                 |                                                                                                            |                                     | GENDER                       |                  | 16 - OUTSIDE MIRROR                                                                |              | 9 - OTHER / UNKNOWN                                                                  |      | 4 - OTHER                                      |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                            |                                                                                        |                                                 |                                                                                                            |                                     | F - FEMALE                   |                  | 17 - PROSTHETIC AID                                                                |              |                                                                                      |      | DRUG TEST RESULT(S)                            |  |
| 7 - BOOSTER SEAT                              |                            |                                                                                        |                                                 |                                                                                                            |                                     | M - MALE                     |                  | 18 - OTHER                                                                         |              |                                                                                      |      | 1 - AMPHETAMINES                               |  |
| 8 - HELMET USED                               |                            |                                                                                        |                                                 |                                                                                                            |                                     | U - OTHER / UNKNOWN          |                  |                                                                                    |              |                                                                                      |      | 2 - BARBITURATES                               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 3 - BENZODIAZEPINES                            |  |
| 10 - REFLECTIVE CLOTHING                      |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 4 - CANNABINOIDS                               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 5 - COCAINE                                    |  |
| 99 - OTHER / UNKNOWN                          |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 6 - OPIATES / OPIOIDS                          |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 7 - OTHER                                      |  |
|                                               |                            |                                                                                        |                                                 |                                                                                                            |                                     |                              |                  |                                                                                    |              |                                                                                      |      | 8 - NEGATIVE RESULTS                           |  |