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|--|--|---|---|---|------------------------------------|--|---|--|-----------------|--|
| <input type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | 2 0 2 5 - 0 0 0 1 6 8 2 8 | | | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> PRIVATE PROPERTY | | | | City of Kent Police | | 0 6 7 0 3 | | 1 - SOLVED 2 - UNSOLVED | 0 2 | 98 - ANIMAL 99 - UNKNOWN |
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | | CRASH DATE / TIME* | | CRASH SEVERITY | | |
| 6 7 | 1 | Kent | | | | 11252025/1923 | | 5 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | | ROUTE TYPE | LATITUDE DECIMAL DEGREES | | CRASH SEVERITY | | |
| S R | 59 | | HAYMAKER WY WY | | P K | 41.153751 | | 1 - FATAL | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROUTE TYPE | LONGITUDE DECIMAL DEGREES | | 2 - SERIOUS INJURY SUSPECTED | | |
| | | | MAIN | | S T | -81.353641 | | 3 - MINOR INJURY SUSPECTED | | |
| REFERENCE POINT | DIRECTION | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | | | | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | | | | | | | | NUMBER OF APPROACHES |
| 5 0 | 3 | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | | DIRECTION OF TRAVEL | | MEDIAN TYPE |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON | | | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN |
| 1 - ON ROADWAY 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | | | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | | | WORK ZONE TYPE | | LOCATION OF CRASH IN WORK ZONE | | CONTOUR | | CONDITIONS |
| | | | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | | 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN |
| LIGHT CONDITION | | | | WEATHER | | | | | | SURFACE |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | | | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | | | 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |
| NARRATIVE | | | | | | | | | | |
| Unit one was traveling Northeast on Haymaker Pkwy toward the intersection of E Main St, Unit 1 then went into the left hand lane and slowed down for traffic. Unit two was following to close and struck unit one from the rear. | | | | | | | | | | |
|  | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | |
| 11252025/1923 | | 11252025/1930 | | 11252025/1939 | | 11252025/2004 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | | CHECKED BY OFFICER'S NAME* | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | | | |
| 0 0 0 | 0 6 0 | 0 9 4 | Lawrence, Jared W | | Short, Jason M | | | | | |
| | | | OFFICER'S BADGE NUMBER* | | CHECKED BY OFFICER'S BADGE NUMBER* | | | | | |
| | | | 2 1 2 | | 2 2 8 | | | | | |

| | | | | | |
|---|---|--|---|---|--------------------------------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) BEUTLER, BEVERLY, ANN | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 341 CHARRING CROSS DR, Munroe Falls, OH 44262 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # JMG4063 | VEHICLE IDENTIFICATION # KL79MUSL1NB016226 | VEHICLE YEAR 2 0 2 2 | VEHICLE MAKE Chevrolet |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY SAFECO | INSURANCE POLICY # X5980846 | COLOR TEA | VEHICLE MODEL TRAIL BLAZER |
| | TYPE OF USE <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 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 0 1 | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIL 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN | | AUTONOMOUS MODE LEVEL 0 1 - NO AUTOMATION 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | |
| | SPECIAL FUNCTION 0 1 | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | |
| | CARGO BODY TYPE 0 1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | |
| VEHICLE DEFECTS 0 1 | | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 0 1 | | 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 4 | | 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 0 1 | | 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 | | NON-COLLISION 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 | | |

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

| | | | | | |
|---|--|---|--|--|-------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) NEASE, AIDEN, EDWARD | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 6800 ALPHA DR, Franklin Twp, OH 44240 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # JXA2743 | VEHICLE IDENTIFICATION # 1 9 X F A 1 F 5 7 A E 0 4 8 5 1 0 | VEHICLE YEAR 2 0 1 0 | VEHICLE MAKE Honda |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 19XFA1F57AE048510 | COLOR SIL | VEHICLE MODEL CIVIC |
| | <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 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | TYPE OF USE | | US DOT # | VEHICLE WEIGHT GVWR/GCWR | |
| | <input type="checkbox"/> PASSENGER CAR | | <input type="checkbox"/> MOTORCYCLE 2-WHEELED | <input type="checkbox"/> GOLF CART | |
| | <input type="checkbox"/> PASSENGER VAN (MINIVAN) | | <input type="checkbox"/> MOTORCYCLE 3-WHEELED | <input type="checkbox"/> SNOWMOBILE | |
| | <input type="checkbox"/> SPORT UTILITY VEHICLE | | <input type="checkbox"/> AUTOCYCLE | <input type="checkbox"/> SINGLE UNIT TRUCK | |
| | <input type="checkbox"/> PICK UP | | <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE | <input type="checkbox"/> SEMI-TRACTOR | |
| | <input type="checkbox"/> CARGO VAN | | <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | <input type="checkbox"/> FARM EQUIPMENT | |
| <input type="checkbox"/> VAN (9-15 SEATS) | | | <input type="checkbox"/> MOTORHOME | | |
| UNIT TYPE 0 1 | | # OF TRAILING UNITS 0 | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | AUTONOMOUS MODE LEVEL | | | |
| <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER / UNKNOWN | | <input type="checkbox"/> 0-NO AUTOMATION <input type="checkbox"/> 1-DRIVER ASSISTANCE <input type="checkbox"/> 2-PARTIAL AUTOMATION <input type="checkbox"/> 3-CONDITIONAL AUTOMATION <input type="checkbox"/> 4-HIGH AUTOMATION <input type="checkbox"/> 5-FULL AUTOMATION <input type="checkbox"/> 9-UNKNOWN | | | |
| SPECIAL FUNCTION 0 1 | | 1-NONE <input type="checkbox"/> 2-TAXI <input type="checkbox"/> 3-ELECTRONIC RIDE SHARING <input type="checkbox"/> 4-SCHOOL TRANSPORT <input type="checkbox"/> 5-BUS-TRANSIT/COMMUTER <input type="checkbox"/> 6-BUS-CHARTER/TOUR <input type="checkbox"/> 7-BUS-INTERCITY <input type="checkbox"/> 8-BUS-SHUTTLE <input type="checkbox"/> 9-BUS-OTHER <input type="checkbox"/> 10-AMBULANCE <input type="checkbox"/> 11-FIRE <input type="checkbox"/> 12-MILITARY <input type="checkbox"/> 13-POLICE <input type="checkbox"/> 14-PUBLIC UTILITY <input type="checkbox"/> 15-CONSTRUCTION EQUIPMENT <input type="checkbox"/> 16-FARM <input type="checkbox"/> 17-MOWING <input type="checkbox"/> 18-SNOW REMOVAL <input type="checkbox"/> 19-TOWING <input type="checkbox"/> 20-MAIL CARRIER <input type="checkbox"/> 21-OTHER / UNKNOWN | | | |
| CARGO BODY TYPE 0 1 | | 1-NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 2-BUS <input type="checkbox"/> 3-VEHICLE TOWING ANOTHER MOTORVEHICLE <input type="checkbox"/> 4-LOGGING <input type="checkbox"/> 5-INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 6-CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 7-GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 8-POLE <input type="checkbox"/> 9-CARGO TANK <input type="checkbox"/> 10-FLAT BED <input type="checkbox"/> 11-DUMP <input type="checkbox"/> 12-CONCRETE MIXER <input type="checkbox"/> 13-AUTOTRANSPORTER <input type="checkbox"/> 14-GARBAGE/REFUSE <input type="checkbox"/> 99-OTHER / UNKNOWN | | | |
| VEHICLE DEFECTS 0 1 | | 1-TURN SIGNALS <input type="checkbox"/> 2-HEAD LAMPS <input type="checkbox"/> 3-TAIL LAMPS <input type="checkbox"/> 4-BRAKES <input type="checkbox"/> 5-STEERING <input type="checkbox"/> 6-TIRE BLOWOUT <input type="checkbox"/> 7-WORN OR SLICK TIRES <input type="checkbox"/> 8-TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 9-MOTOR TROUBLE <input type="checkbox"/> 10-DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 99-OTHER / UNKNOWN | | | |
| NON-MOTORIST LOCATION AT IMPACT 0 1 | | 1-INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 2-INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 3-INTERSECTION - OTHER <input type="checkbox"/> 4-MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 5-TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 6-BICYCLE LANE <input type="checkbox"/> 7-SHOULDER / ROADSIDE <input type="checkbox"/> 8-SIDEWALK <input type="checkbox"/> 9-MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10-DRIVEWAY ACCESS <input type="checkbox"/> 11-SHARED USE PATHS OR TRAILS <input type="checkbox"/> 12-FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 99-OTHER / UNKNOWN | | | |
| ACTION 3 | | 1-NON-CONTACT <input type="checkbox"/> 2-NON-COLLISION <input type="checkbox"/> 3-STRIKING <input type="checkbox"/> 4-STRUCK <input type="checkbox"/> 5-BOTH STRIKING & STRUCK <input type="checkbox"/> 9-OTHER / UNKNOWN <input type="checkbox"/> 1-STRAIGHT AHEAD <input type="checkbox"/> 2-BACKING <input type="checkbox"/> 3-CHANGING LANES <input type="checkbox"/> 4-OVERTAKING/PASSING <input type="checkbox"/> 5-MAKING RIGHT TURN <input type="checkbox"/> 6-MAKING LEFT TURN <input type="checkbox"/> 7-MAKING U-TURN <input type="checkbox"/> 8-ENTERING TRAFFIC LANE <input type="checkbox"/> 9-LEAVING TRAFFIC LANE <input type="checkbox"/> 10-PARKED <input type="checkbox"/> 11-SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12-DRIVERLESS <input type="checkbox"/> 13-NEGOTIATING A CURVE <input type="checkbox"/> 14-ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 15-WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16-WORKING <input type="checkbox"/> 17-PUSHING VEHICLE <input type="checkbox"/> 18-APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19-STANDING <input type="checkbox"/> 20-OTHER NON-MOTORIST <input type="checkbox"/> 21-STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 99-OTHER / UNKNOWN | | | |
| CONTRIBUTING CIRCUMSTANCES 0 8 | | 1-NONE <input type="checkbox"/> 2-FAILURE TO YIELD <input type="checkbox"/> 3-RAN RED LIGHT <input type="checkbox"/> 4-RAN STOP SIGN <input type="checkbox"/> 5-UNSAFE SPEED <input type="checkbox"/> 6-IMPROPER TURN <input type="checkbox"/> 7-LEFT OF CENTER <input type="checkbox"/> 8-FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/> 9-IMPROPER LANE CHANGE <input type="checkbox"/> 10-IMPROPER PASSING <input type="checkbox"/> 11-DROVE OFF ROAD <input type="checkbox"/> 12-IMPROPER BACKING <input type="checkbox"/> 13-IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 14-STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 15-SWERVING TO AVOID <input type="checkbox"/> 16-WRONG WAY <input type="checkbox"/> 17-VISION OBSTRUCTION <input type="checkbox"/> 18-OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 19-LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 20-IMPROPER CROSSING <input type="checkbox"/> 21-LYING IN ROADWAY <input type="checkbox"/> 22-NOT DISCERNIBLE <input type="checkbox"/> 23-OPENING DOOR INTO ROADWAY <input type="checkbox"/> 99-OTHER IMPROPER ACTION | | | |
| SEQUENCE OF EVENTS | | NON-COLLISION | | | |
| 1 2 0 | | 1-OVERTURN/ROLLOVER <input type="checkbox"/> 2-FIRE/EXPLOSION <input type="checkbox"/> 3-IMMERSION <input type="checkbox"/> 4-JACKKNIFE <input type="checkbox"/> 5-CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 6-EQUIPMENT FAILURE <input type="checkbox"/> 7-SEPARATION OF UNITS <input type="checkbox"/> 8-RAN OFF ROAD RIGHT <input type="checkbox"/> 9-RAN OFF ROAD LEFT <input type="checkbox"/> 10-CROSS MEDIAN <input type="checkbox"/> 11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12-DOWNHILL RUNAWAY <input type="checkbox"/> 13-OTHER NON-COLLISION <input type="checkbox"/> 14-PEDESTRIAN <input type="checkbox"/> 15-PEDALCYCLE <input type="checkbox"/> 16-RAILWAY VEHICLE <input type="checkbox"/> 17-ANIMAL - FARM <input type="checkbox"/> 18-ANIMAL - DEER <input type="checkbox"/> 19-ANIMAL - OTHER <input type="checkbox"/> 20-MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21-PARKED MOTORVEHICLE <input type="checkbox"/> 22-WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24-OTHER MOVABLE OBJECT <input type="checkbox"/> | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | 25-IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 26-BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27-BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28-BRIDGE PARAPET <input type="checkbox"/> 29-BRIDGE RAIL <input type="checkbox"/> 30-GUARDRAIL FACE <input type="checkbox"/> 31-GUARDRAIL END <input type="checkbox"/> 32-PORTABLE BARRIER <input type="checkbox"/> 33-MEDIAN CABLE BARRIER <input type="checkbox"/> 34-MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35-MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36-MEDIAN OTHER BARRIER <input type="checkbox"/> 37-TRAFFIC SIGN POST <input type="checkbox"/> 38-OVERHEAD SIGN POST <input type="checkbox"/> 39-LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> 40-UTILITY POLE <input type="checkbox"/> 41-OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42-CULVERT <input type="checkbox"/> 43-CURB <input type="checkbox"/> 44-DITCH <input type="checkbox"/> 45-EMBANKMENT <input type="checkbox"/> 46-FENCE <input type="checkbox"/> 47-MAILBOX <input type="checkbox"/> 48-TREE <input type="checkbox"/> 49-FIRE HYDRANT <input type="checkbox"/> 50-WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51-WALL <input type="checkbox"/> 52-BUILDING <input type="checkbox"/> 53-TUNNEL <input type="checkbox"/> 54-OTHER FIXED OBJECT <input type="checkbox"/> 99-OTHER / UNKNOWN | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

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

MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | | | | | |
|---|----------------------------|--|---|--|-------------------------------------|------------------------------|------------------|--|--------------|--|------|--|--|
| 2 0 2 5 - 0 0 0 1 6 8 2 8 | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | |
| 0 1 | BEUTLER, BEVERLY, ANN | | | | 0 9 0 3 1 9 7 3 | | 5 2 | F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 341 CHARRING CROSS DR ,Munroe Falls ,OH 44262 | | | | | 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 | | | | <input type="checkbox"/> | | | | | | | | |
| 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 <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 | NEASE, AIDEN, EDWARD | | | | 0 9 2 7 2 0 0 1 | | 2 4 | M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 6800 ALPHA DR ,Franklin Twp ,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 | | 29459 | | | | | |
| 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 <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 | | | | | |
| | | | | | <input type="checkbox"/> | | | | | | | | |
| 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 <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 & CLASS B 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 | | 7 - EXCEPT TRACTOR-TRAILER | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | H - HAZMAT | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | M - MOTORCYCLE | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | P - PASSENGER | | 10 - LIMITED TO DAYLIGHT ONLY | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | N - TANKER | | 11 - LIMITED TO EMPLOYMENT | | 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 | | 12 - LIMITED - OTHER | | 1 - APPARENTLY NORMAL | | 5 - OTHER | |
| 1 - NONE USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 2 - PHYSICAL IMPAIRMENT | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 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 | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 4 - ILLNESS | | 2 - BLOOD | |
| 4 - SHOULDER & LAP BELT USED | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | 5 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 3 - URINE | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 99 - OTHER / UNKNOWN | | GENDER | | | | 17 - PROSTHETIC AID | | 9 - OTHER / UNKNOWN | | 4 - OTHER | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | F - FEMALE | | | | 18 - OTHER | | | | DRUG TEST RESULT(S) | |
| 7 - BOOSTER SEAT | | | | M - MALE | | | | | | | | 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 | |