OF PUBLIC SAFETY TRAFFIC CRASH	LOCAL REPORT NUMBER*										
PHOTOS TAKEN OH-2 OH-3		2 0 2 5 - 0 0 0 1 6 8 7 5									
OH-1P OTHER	REPORTING AGENCY NAME*  City of Kent Police	NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	6703	1-SOLVED 0,1 98-ANIMAL 2-UNSOLVED 0,1 99-UNKNOWN									
COUNTY* LOCALITY* LOCATION: CITY		CRASH DATE / TIME * CRASH SEVERITY  1 - FATAL									
6,7 1 2-VILLAGE Kent	111272025/0325										
2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	3 MINOD IN HIDY							
S R 5 9 4 3-EAST 4-WEST	HAYMAKER WY	$P \perp K$	411, 15, 1, 1, 1, 9 SUSPECTED								
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH	REFERENCE ROAD NAME (ROAD, I	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE D	ECIMAL DEGREES	4 - INJURY POSSIBLE					
S R 43 PREFIX 1 - NORTH 2 - SOUTH 3 - SOUTH 4 - WEST	MANTUA		$\lfloor S \rfloor T$	-8 <sub>1</sub> ,3 <sub>6</sub> 4	$\lfloor 0_{\perp} 2_{\perp} 2_{\perp}$	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	DD DOID		INTERSECTION REL	ATED					
1 2-MILE POST 2 2-SOUTH US-		- ALLEY HW- HIGHWAY - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	X WITHIN INTE	PROACH 3						
3-HUUSE # 3-EASI	STATE ROUTE BL -	BOULEVARD MP-MILEPOST	ST - STREET	■ WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES					
DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE	- CIRCLE OV - OVAL - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL		ROADWAY						
1-MILES TR-	NUMBERED TOWNSHIP DR .	- DRIVE PI - PIKE	WA - WAY	ROADWAY DIV	/IDED						
5 3 2-FEET 3 - YARDS	1 3000	- HEIGHTS PL - PLACE									
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER		NER OF CRASH COLLISION/IMP COLLISION 4 - REAR-TO-REAR	Second Second	DIRECTION OF TRAVE		DIAN TYPE					
0 4 2 - ON SHOULDER 10-DRIVEWAY/	ALLEY ACCESS 1 BETV	VEEN 5-BACKING	1-NORTH 1-DIVIDED								
3-IN MEDIAN 11-RAILWAY GI 4-ON ROADSIDE 12-SHARED US	The state of the s	CLES IN 6-ANGLE ISPORT 7-SIDESWIPE, SA	ME DIRECTION	3-EAST	2 - DIVID ( ≥4 F	ED FLUSH MEDIAN EET )					
5 - ON GORE TRAILS	2 - REAR	R-END 8 - SIDESWIPE, OP	POSITE DIRECTION	4 - WEST		ED, DEPRESSED MEDIAN ED, RAISED MEDIAN					
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOTH	3 - HEAD	9 - OTHER / UNKN	OWN		(ANY	TYPE)					
8-OFF RAMP 99-OTHER/UN	KNOWN				9-0THE	R/UNKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN W		CONTOUR	CONDITIONS	SURFACE					
T WARKERS AREASTER	ANE CLOSURE ANE SHIFT/CROSSOVER	1 - BEFORE THE 1S' WARNING SIGN		_1_	_1_						
	VORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARN 3 - TRANSITION ARE	Name and the second	1 - STRAIGHT LEVEL	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,					
4-1	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA	TIVITY AREA								
ACTIVE SCHOOL ZONE 5-0	OTHER	5 - TERMINATION A	TERMINATION AREA 4 - CURVE GRADE 4 - ICE								
LIGHT CONDITION	WEATHE			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE					
1 - DAYLIGHT 2 - DAWN/DUSK	1-CLEAR 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS	RE CROSSWINDS 6 - WATER (STANDING,								
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	8 - BLOWING SAND, SOIL, DIF 9 - FREEZING RAIN OR FREE	AND AND AND AND ASSESSMENT		MOVING) 7 - SLUSH	5 - DIRT 9 - OTHER/UNKNOWN						
5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER / UNKNOWN	ZING DRIZZEL		9 - OTHER/UNKNOW!	N					
9 - OTHER / UNKNOWN											
NARRATIVE					1	Indicate the north direction with					
UNIT 1 WAS TRAVELING SOU	THBOUND ON S				1	an "N" on the compass diagram.					
MANTUA ST APPROACHING	HAVMAKER PKV	vv.									
				S?MANT	TUA?ST	(A)					
UNIT 1 FAILED TO MAINTAIN CONTROL OF											
HIS VEHICLE, RUNNING OF		I		1 / 1	/	ot To Scale					
HITTING A GUARDRAIL THEN INTO A DITCH.											
		Se				2) 1 No 10 No					
		-	W?HAYMAKER?PKWY								
					•11						
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIM	E	SCENE CLEARED	DATE / TIME	REPORT TAKEN BY					
1,1,2,7,2,0,2,5 / 0,3,2,5  1,1,2	7,2,0,2,5,/,0,3,2,6	1,1,2,7,2,0,2,5,/.0	0.3.3.5.1	1,2,7,2,0,2	5,/,0,5,0,9	X POLICE AGENCY					
TOTAL TIME OTHER TOTAL	. OFFICER'S NAME*		CHECKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINUT	Strebel, Tyler A	CONTROL OF THE PROPERTY OF THE	Nelson, Jo			SUPPLEMENT (CORRECTION OR ADDITION					
	OFFICER'S BAD	GE NUMBER*	CHECKED E	Y OFFICER'S BADGE	NUMBER*	TO AN EXISTING REPORT SENT TO ODPS)					

OHIO E	BLIC SAFETY UNIT		LOCAL REPORT NUMBER								
	•					$2 \cdot 0 \cdot 2 \cdot 5 \cdot - 0$	0,0,0,1,6,8,7,5,				
	ADAMS, BRI		DAMAGE DAMAGE SCALE								
	ANCY DR ,AI	e, ZIP (Same as driver) urora ,OH 442	202			4 1-NONE 2-MINOR DA	3 - FUNCTIONAL DAMAGE MAGE 4 - DISABLING DAMAGE				
COMMERC	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				R PHONE: INCLUDE AREA CODE	9 - UNKNOWN					
I D STATE		- VEHICLE	IDENTIFICATION #	Lyeuroi e ve		DAMAGED AREA(S) INDICATE ALL THAT APPLY					
	LICENSE PLATE # KHV9179		EIDENTIFICATION # $\mathbf{I}\mathbf{B}\mathbf{S}_{1}\mathbf{P}_{1}\mathbf{R}1_{1}0_{1}9_{1}$	0,5,7, 2,0,2		enz 12	12				
INSURAN		PANY	NSURANCE POLICY #	COLOR	VEHICLE MODEL	1 0	11 12				
☐ VERIFIE				GRY	C-CLASS	10 0 0 2	10 11 1 2				
COMME	TYPE OF USE  RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	Interstate Tow	ing		3 9 10 2 3 3				
INTERL DEVICE EQUIPE	HIT/SKIP UNI	#OCCUPANTS VE	HICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS.  2 - 10,001 - 26K LBS.  3 - >26K LBS.	MATERIAL RELEASED	OUS MATERIAL CLASS # PLACARD ID #		8 7 6 5 5				
UNITTYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	9 - AUTOCYCLE 10 - MOPED OR NOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12-GOLF CART 13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR 16-FARM EQUIPMENT 17-MOTORHOME	16-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 (AIIYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 9 8	12 11 10 2 9 3 0 4 7 7 5 6				
LE L	WAS VEHICLE OPERATING IN AL MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-0THER/UNK	OTONOMOUS OF TONOMOUS	0 - NOAUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	11 12 1 10 11 12 2 9 9 3	6 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SPECIAL	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	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	7 6 5	8 7 6 5 4 7 6 5 5				
O 1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOTAPPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANJENCLOSED 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	9 3 9	3 9 3 3 S				
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10-DISABLED FROM PRIOR ACCIDENT	99-OTHER / UNKNOWN	6 □- NO DAMAGE [	6 6 6				
NON-MOTORIST LOCATION AT IMPACT	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	☐-TOP [13]	-ALL AREAS [15]				
_3_ACTION	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK PRE-CRASH & STRUCK 9-OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - CVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED INTRAFFIC 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	0 - NO DAMAG	TO UNIT 15 - VEHICLE NOT AT SCENE M 99 - UNKNOWN				
<b>1</b> 1	1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	13 - IMPROPER START FROM A	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	TRAFFICWAY FLOW  1 - ONE-WAY  1 - ONE-WAY  4 OF THROUGH LANES	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN  2 - SIGNAL 5 - YIELD SIGN  3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING				
<u> </u>	6-IMPROPERTURN	12 - IMPROPER BACKING				ON ROAD	1 - NOT INVOLVED				
2	QUENCE OF EVENTS  NON-COLLISION  O O O O OPERATION POLICY OF CONTRACT OF COLUMN ASSESSMENT OF		14 DATIWAYVEUTOLE	22 WINDS TONE MAINTENANCE	2	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					
1 0 0	1 - OVERTURNIROLLOVER 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 MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 3 - STRUCK BY FALLING, SHIFTING CARGOOR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	UNIT/NO	4-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
A 4	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN				
4 4 4	/ CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED  1 - STATED / ESTIMATED SPEED				

52-BUILDING

53 - TUNNEL

54-OTHER FIXED OBJECT

99-OTHER / UNKNOWN

POSTED SPEED

3 5

☐ FIRST HARMFUL EVENT ☐ 3 \_\_\_ MOST HARMFUL EVENT H\$Y8304 OH1U 1/19 [760-0820]

28-BRIDGE PARAPET

30-GUARDRAIL FACE

29-BRIDGE RAIL

STRUCTURE

27 - BRIDGE PIER ORABUTMENT

34 - MEDIAN GUARDRAIL
BARRIER

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER 42 - CULVERT

SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE

46-FENCE

47 - MAILBOX

49-FIRE HYDRANT

48-TREE

3 2 - CALCULATED / EDR

3 - UNDETERMINED

OFF PUBLIC SAFETY MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER									
A STATE AND								2_0	2,0,2,5,-,0,0,0,1,6,8,7,5,								
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER							
0,1	1 ADAMS, BRIAN, S									1,2,2,4,1,9,8,6,3,8, M							
ADDRESS: STREET, CITY, STATE, ZIP 777 NANCY DR, Aurora, OH 44202											IE - INCLUDE AREA O		C 14	19.43	(A)(1)		
INJURIES		EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)		C		SEATING POSITIO	N AIR BAG	JSAGE	EJECTION	TRAPPED		
2 5	TAKEN BY			045/-121250-2012				USED 0 4	□ MC HE	ELMET	$\begin{bmatrix} 0 & 1 \end{bmatrix}$	2		. 1	1		
OL STATE		LICENSE NUMBER	4 4 40	OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION				ITATION NUMBER				
O H	REDAC	TED PER ORC 450	1:1-12	331.3	34		CODE	Failure to Co	ntrol;			1348	15				
OL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	557733	OHOL / DRUG SUSPI		CONDITION	STATUS		L TEST VALUE		DRUG TEST(S) US TYPE RESULT SELECT UP TO 4				
. 4 .	Assurance of the second		BY	1	=		RIJUANA	1	4	4	1,2,9	1	1	AS-US PSCUIDA			
UNIT #	NAME	FIRST, MIDDLE		1	Цο	THER DRUG			الت		TE OF BIRTH		_	AGE	GENDER		
ONII #	NAME: LAST	, FIRST, MIDDLE							2 0		AL OF BIKTH			AUL	GENDER		
ADDRESS:	STREET, CITY, S	TATE ZIP							CONTACT PHONE - INCLUDE AREA CODE								
ORIS	, , , , , , , , , , , , , , , , , , , ,								CONTROL		L - INCLODE AREA O						
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITIO	N AIR BAG	AIR BAG USAGE EJECTION TRAPPED				
NON.	TAKEN BY							USED	MC HELMET								
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITATI	ON NU	MBER			
							CODE										
OL CLASS	ENDORSEMEN SELECT UPTO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS T		L TEST VALUE			TEST(S)	SELECTUPTO4		
	00000101100		BY	IRACIED	=		RIJUANA				meve			, messer	32220101101		
					0	THER DRUG			السا		• — — —		_		اسال		
UNIT#	NAME: LAST	, FIRST, MIDDLE								U	ATE OF BIRTH			AGE	GENDER		
Anness.	STREET, CITY, S	TATE 71D							CONTACT PHONE								
ADDRESS:	. 31 KLL1, 6(11, 3	TATC, ZIF							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDI	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT		1	SEATING POSITIO	N AIR BAG I	ISAGE	EJECTION	TRAPPED		
NON	TAKEN BY							USED		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTI							
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHARGED LOCAL OFFENSE DESC			RIPTION			CITATI	CITATION NUMBER					
							CODE										
OL CLASS	ENDORSEMEN SELECT UPTO 2			VER TRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	STATUS 1		L TEST VALUE			TEST(S)	SELECT UP 104		
			BY		=	AND THE POST OF TH	RIJUANA										
TNJII	RIES	SEATING POSITION		IR BAG	Цο	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)		IVER DISTRAC	TION	Т	EST STA	TUS		
1 - FATAL		1 - FRONT - LEFT SIDE	1-NOTDEP	A Part of		1 - CLASS A		1 - ALCOHOL INTER			IOT DISTRACTED	100	1 - NONE	SHEED NO.			
	SERIOUS INJURY	(M0TORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTAT			MANUALLY OPERATIN LECTRONIC COMMUN	IMUNICATION					
3 - SUSPECTED 4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	3- DEPLOYE 4- DEPLOYE	ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	11252	0	EVICE (TEXTING, TYP						
5 - NO APPAREN	5 - NO APPARENT INJURY 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - NOTAPPLICAL				(OHIO = D) 5 - EXCEPT CLASS A BUS 3 - TALKING					ALKING ON HANDS-FE							
INJURED	6 SECOND MIDDLE 9- DEPLOYMENT UNKNOWN 3					6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A COMMUNICATION DEVICE 5 - TEST GIVEN, RESULUNKNOWN 4 - TALKING ON HAND-HELD						ULIS		
1 - NOT TRANSP /TREATED AT	and the same of th	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E	ECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			OMMUNICATION DEV	36339	ALCO	HOL TES	T TYPE		
2 - EMS		(M0TORCYCLE SIDE CAR)	1 - NOTEJE			H - HAZMAT		RESTRICTIONS	LICENSE	E	LECTRONIC DEVICE		1 - NONE 2 - BLOOK				
3 - POLICE	6 THIRD DICHT CIDE				DECEDICATION			9 - LEARNER'S PER RESTRICTIONS				3 - URINE					
	10 - SLEEPER SECTION 4- NOTAPPLIO					N-TANKER 10-LIMITED TO DA			YLIGHT ONLY INSIDE THE VEHICLE				4 - BREATH				
1 - NONE USED	QUIPMENT	OF TRUCK CAB  11 - PASSENGER IN OTHER	Т	RAPPED	0.59	Q - MOTOR SCOOTER		11 - LIMITED TO EMI 12 - LIMITED - OTHE			HE VEHICLE	OUTSIDE :	5 - OTHE				
2 - SHOULDER B	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1-NOTTRA		Lange.	R - THREE-WHEEL MO S - SCHOOL BUS	TORCYCLE	13 - MECHANICAL DI	EVICES	9-0	THER / UNKNOWN		DRU 1 - NONE	JG TEST	TYPE		
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN		TED BY		T - DOUBLE & TRIPLE		CONTROLS, OR O	THER CONDITION				2 - BL00D						
5 - CHILD RESTRAINT SYSTEM – CARGO AREA 3 - FREED B		Υ		X - TANKER / HAZMAT		ADAPTIVE DEVI			PPARENTLY NORMAL HYSICAL IMPAIRMEN	-	3 - URINE 4 - OTHE						
	FORWARD FACING 13-TRAILING UNIT NON-MECHA 6-CHILD RESTRAINT SYSTEM 14-RIDING ON VEHICLE EXTERIOR			STANIGAL WI	LANS	GENDER		15 - MOTOR VEHICLE AIR BRAKES		3 - E	MOTIONAL (E.G., DEPR	ESSED,			CIII TOO		
REAR FACING	REAR FACING (NON-TRAILING UNIT)				F - FEMALE M - MALE		16 - OUTSIDE MIRRO	R		IGRY, DISTURBED)	100	Apple of the Control	TEST RE IETAMINES	SULT(S)			
	7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN				U -OTHER / UNKNOWN		17 - PROSTHETIC AII	)	5 - FI	ELL ASLEEP, FAINTED ATIGUED, ETC.	, :	2 - BARB	ITURATES				
9 - PROTECTIVE	PADSUSED							18 - OTHER		6 - U	NDERTHE INFLUENC	E		ODIAZEPINI ABINOIDS	ES		
(ELBOW, KNE 10 - REFLECTIVE											F MEDICATIONS / DRU ALCOHOL	63	5 - COCAI				
11 - LIGHTING - F										9-0	THER/UNKNOWN			ES / OPIOID	S		
99 - OTHER / UNK													7 - OTHEI B - NEGA	K TIVE RESUL	TS		

HSY8306 OH1M 1/19 [760-1500]