

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2 0 2 6 - 0 0 0 0 7 2 5 8

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**City of Kent Police**  
 NCIC\*  
**0 6 7 0 3**

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
**0 2**  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**9 9**

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

CRASH DATE / TIME\*  
**05092026/1615**  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**3**  
 LOCATION ROAD NAME  
**ERIE**  
 ROAD TYPE  
**S T**

LATITUDE DECIMAL DEGREES  
**41.152701**

ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**201**  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**201**  
 ROAD TYPE

LONGITUDE DECIMAL DEGREES  
**-81.355973**

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**3**  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY HW - HIGHWAY RD - ROAD  
 AV - AVENUE LA - LANE SQ - SQUARE  
 BL - BOULEVARD MP - MILEPOST ST - STREET  
 CR - CIRCLE OV - OVAL TE - TERRACE  
 CT - COURT PK - PARKWAY TL - TRAIL  
 DR - DRIVE PI - PIKE WA - WAY  
 HE - HEIGHTS PL - PLACE

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

LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
**0 1**  
 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

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

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

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

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

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

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

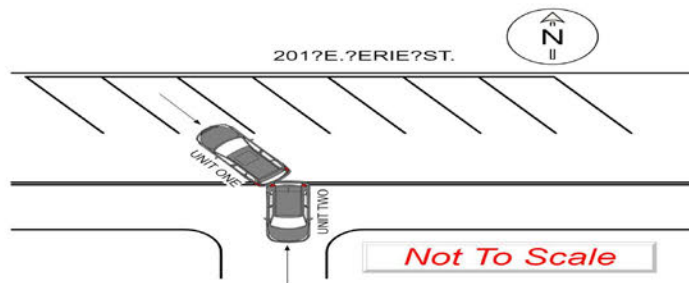
SURFACE  
**2**  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

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

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

NARRATIVE  
**UNIT ONE WAS BACKING OUT OF AN ANGLED PARKING SPACE ON THE NORTH SIDE OF E. ERIE ST. IN FRONT OF 201 E. ERIE ST. UNIT TWO WAS BACKING OUT OF A PRIVATE DRIVE FROM THE SOUTH SIDE OF THE STREET. UNITS STRUCK EACH OTHER IN THE ROADWAY CAUSING DAMAGE TO BOTH VEHICLES. BOTH VEHICLES WERE MOVED PRIOR TO MY ARRIVAL.**

Indicate the north direction with an "N" on the compass diagram.



CRASH REPORTED DATE / TIME: **05092026/1617** DISPATCH DATE / TIME: **05092026/1618** ARRIVAL DATE / TIME: **05092026/1621** SCENE CLEARED DATE / TIME: **05092026/1650**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

TOTAL TIME ROADWAY CLOSED: **0 0 0** OTHER INVESTIGATION TIME: **0 3 0** TOTAL MINUTES: **0 6 2**

OFFICER'S NAME\*  
**McNulty, Samantha S**  
 OFFICER'S BADGE NUMBER\*  
**2 3 6**

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

OWNER

VEHICLE

EVENT(S)

|  |  |   |
|--|--|---|
| <b>UNIT #</b><br>01  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)<br><b>GIBSON, SHELBY, LAUREN</b> | <b>OWNER PHONE:</b> INCLUDE AREA CODE (☒ SAME AS DRIVER)<br>REDACTED PER ORC 149.43(A)(1) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)<br><b>1923 GERMAINE ST, Cuyahoga Falls, OH 44221</b> |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  |   |

|  |   |  |                               |                                |
|--|---|--|-------------------------------|--------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>JCQ9698             | <b>VEHICLE IDENTIFICATION #</b><br>3FMCR9B60NRD60753   | <b>VEHICLE YEAR</b><br>2022   | <b>VEHICLE MAKE</b><br>Ford    |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>ERIE INSURANCE CO | <b>INSURANCE POLICY #</b><br>0075608777  | <b>COLOR</b><br>WHI           | <b>VEHICLE MODEL</b><br>BRONCO |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>  |   | <b>US DOT #</b>  | <b>TOWED BY: COMPANY NAME</b> |                                |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>  |   | <b>#OCCUPANTS</b><br>01  | <b>HAZARDOUS MATERIAL</b>     |                                |
| <b>TYPE OF USE</b>   |   | <b>VEHICLE WEIGHT GVWR/GCWR</b>  | <b>CLASS # PLACARD ID #</b>   |                                |
| <input type="checkbox"/> <b>1 - PASSENGER CAR</b> <input type="checkbox"/> <b>7 - MOTORCYCLE 2-WHEELED</b> <input type="checkbox"/> <b>12 - GOLF CART</b> <input type="checkbox"/> <b>18 - LIMO (LIVERY VEHICLE)</b> <input type="checkbox"/> <b>23 - PEDESTRIAN / SKATER</b><br><input type="checkbox"/> <b>2 - PASSENGER VAN (MINIVAN)</b> <input type="checkbox"/> <b>8 - MOTORCYCLE 3-WHEELED</b> <input type="checkbox"/> <b>13 - SNOWMOBILE</b> <input type="checkbox"/> <b>19 - BUS (16+ PASSENGERS)</b> <input type="checkbox"/> <b>24 - WHEELCHAIR (ANY TYPE)</b><br><input type="checkbox"/> <b>3 - SPORT UTILITY VEHICLE</b> <input type="checkbox"/> <b>9 - AUTOCYCLE</b> <input type="checkbox"/> <b>14 - SINGLE UNIT TRUCK</b> <input type="checkbox"/> <b>20 - OTHER VEHICLE</b> <input type="checkbox"/> <b>25 - OTHER NON-MOTORIST</b><br><input type="checkbox"/> <b>4 - PICK UP</b> <input type="checkbox"/> <b>10 - MOPED OR MOTORIZED BICYCLE</b> <input type="checkbox"/> <b>15 - SEMI-TRACTOR</b> <input type="checkbox"/> <b>21 - HEAVY EQUIPMENT</b> <input type="checkbox"/> <b>26 - BICYCLE</b><br><input type="checkbox"/> <b>5 - CARGO VAN</b> <input type="checkbox"/> <b>11 - ALL TERRAIN VEHICLE (ATV / UTV)</b> <input type="checkbox"/> <b>16 - FARM EQUIPMENT</b> <input type="checkbox"/> <b>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</b> <input type="checkbox"/> <b>27 - TRAIN</b><br><input type="checkbox"/> <b>6 - VAN (9-15 SEATS)</b> |   | <b>3 - CONDITIONAL AUTOMATION</b> <input type="checkbox"/> <b>9 - UNKNOWN</b>  |                               |                                |
| <b>UNIT TYPE</b>   |   | <b>1 - NO AUTOMATION</b> <input type="checkbox"/> <b>4 - HIGH AUTOMATION</b> <input type="checkbox"/> <b>5 - FULL AUTOMATION</b>   |                               |                                |
| <b># OF TRAILING UNITS</b>   |   | <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - CHARTER/TOUR</b> <input type="checkbox"/> <b>11 - FIRE</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b>   |                               |                                |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>   |   | <b>1 - DRIVER ASSISTANCE</b> <input type="checkbox"/> <b>2 - PARTIAL AUTOMATION</b> <input type="checkbox"/> <b>3 - CONDITIONAL AUTOMATION</b> <input type="checkbox"/> <b>4 - HIGH AUTOMATION</b> <input type="checkbox"/> <b>5 - FULL AUTOMATION</b> <input type="checkbox"/> <b>9 - UNKNOWN</b> |                               |                                |
| <b>SPECIAL FUNCTION</b>  |   | <b>1 - NONE</b> <input type="checkbox"/> <b>6 - BUS - INTERCITY</b> <input type="checkbox"/> <b>12 - MILITARY</b> <input type="checkbox"/> <b>17 - MOWING</b> <input type="checkbox"/> <b>21 - OTHER / UNKNOWN</b>   |                               |                                |
| <b>CARGO BODY TYPE</b>   |   | <b>2 - ELECTRONIC RIDE SHARING</b> <input type="checkbox"/> <b>8 - BUS - SHUTTLE</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>19 - TOWING</b>   |                               |                                |
| <b>VEHICLE DEFECTS</b>   |   | <b>4 - SCHOOL TRANSPORT</b> <input type="checkbox"/> <b>9 - BUS - OTHER</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIPMENT</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b>   |                               |                                |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>   |   | <b>1 - NO CARGO BODY TYPE / NOT APPLICABLE</b> <input type="checkbox"/> <b>3 - VEHICLE TOWING ANOTHER MOTORVEHICLE</b> <input type="checkbox"/> <b>5 - INTERMODAL CONTAINER CHASSIS</b> <input type="checkbox"/> <b>8 - POLE</b> <input type="checkbox"/> <b>12 - CONCRETE MIXER</b>               |                               |                                |
| <b>ACTION</b>  |   | <b>2 - BUS</b> <input type="checkbox"/> <b>4 - LOGGING</b> <input type="checkbox"/> <b>6 - CARGO VAN/ENCLOSED BOX</b> <input type="checkbox"/> <b>9 - CARGO TANK</b> <input type="checkbox"/> <b>13 - AUTOTRANSPORTER</b>  |                               |                                |
| <b>CONTRIBUTING CIRCUMSTANCES</b>  |   | <b>7 - GRAIN/CHIPS/GRAVEL</b> <input type="checkbox"/> <b>11 - DUMP</b> <input type="checkbox"/> <b>14 - FLAT BED</b> <input type="checkbox"/> <b>16 - FARM</b> <input type="checkbox"/> <b>21 - MAIL CARRIER</b>  |                               |                                |
| <b>SEQUENCE OF EVENTS</b>  |   | <b>1 - TURN SIGNALS</b> <input type="checkbox"/> <b>4 - BRAKES</b> <input type="checkbox"/> <b>7 - WORN OR SLICK TIRES</b> <input type="checkbox"/> <b>9 - MOTOR TROUBLE</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b>  |                               |                                |
| <b>FIRST HARMFUL EVENT</b>   |   | <b>2 - HEAD LAMPS</b> <input type="checkbox"/> <b>5 - STEERING</b> <input type="checkbox"/> <b>8 - TRAILER EQUIPMENT DEFECTIVE</b> <input type="checkbox"/> <b>10 - DISABLED FROM PRIOR ACCIDENT</b>   |                               |                                |
| <b>MOST HARMFUL EVENT</b>  |   | <b>3 - TAIL LAMPS</b> <input type="checkbox"/> <b>6 - TIRE BLOWOUT</b>   |                               |                                |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>NON-MOTORIST LOCATION AT IMPACT</b> | <b>1 - INTERSECTION - MARKED CROSSWALK</b> <input type="checkbox"/> <b>3 - INTERSECTION - OTHER</b> <input type="checkbox"/> <b>6 - BICYCLE LANE</b> <input type="checkbox"/> <b>9 - MEDIAN/CROSSING ISLAND</b> <input type="checkbox"/> <b>12 - FIRST RESPONDER AT INCIDENT SCENE</b>   | <b>2 - INTERSECTION - UNMARKED CROSSWALK</b> <input type="checkbox"/> <b>4 - MIDLICK - MARKED CROSSWALK</b> <input type="checkbox"/> <b>7 - SHOULDER / ROADSIDE</b> <input type="checkbox"/> <b>10 - DRIVEWAY ACCESS</b> <input type="checkbox"/> <b>13 - POLICE</b> <input type="checkbox"/> <b>18 - SNOW REMOVAL</b> <input type="checkbox"/> <b>19 - TOWING</b> | <b>3 - INTERSECTION - OTHER</b> <input type="checkbox"/> <b>5 - TRAVEL LANE - OTHER LOCATION</b> <input type="checkbox"/> <b>8 - SIDEWALK</b> <input type="checkbox"/> <b>11 - SHARED USE PATHS OR TRAILS</b> <input type="checkbox"/> <b>14 - PUBLIC UTILITY</b> <input type="checkbox"/> <b>15 - CONSTRUCTION EQUIPMENT</b> <input type="checkbox"/> <b>20 - SAFETY SERVICE PATROL</b> | <b>9 - OTHER / UNKNOWN</b>   |
| <b>ACTION</b>                          | <b>1 - NON-CONTACT</b> <input type="checkbox"/> <b>2 - NON-COLLISION</b> <input type="checkbox"/> <b>3 - STRIKING</b> <input type="checkbox"/> <b>4 - STRUCK</b> <input type="checkbox"/> <b>5 - BOTH STRIKING &amp; STRUCK</b> <input type="checkbox"/> <b>9 - OTHER / UNKNOWN</b>  | <b>1 - STRAIGHT AHEAD</b> <input type="checkbox"/> <b>2 - BACKING</b> <input type="checkbox"/> <b>3 - CHANGING LANES</b> <input type="checkbox"/> <b>4 - OVERTAKING/PASSING</b> <input type="checkbox"/> <b>5 - MAKING RIGHT TURN</b> <input type="checkbox"/> <b>6 - MAKING LEFT TURN</b>   | <b>7 - MAKING U-TURN</b> <input type="checkbox"/> <b>8 - ENTERING TRAFFIC LANE</b> <input type="checkbox"/> <b>9 - LEAVING TRAFFIC LANE</b> <input type="checkbox"/> <b>10 - PARKED</b> <input type="checkbox"/> <b>11 - SLOWING OR STOPPED IN TRAFFIC</b> <input type="checkbox"/> <b>12 - DRIVERLESS</b>   | <b>13 - NEGOTIATING A CURVE</b> <input type="checkbox"/> <b>14 - ENTERING OR CROSSING SPECIFIED LOCATION</b> <input type="checkbox"/> <b>15 - WALKING, RUNNING, JOGGING, PLAYING</b> <input type="checkbox"/> <b>16 - WORKING</b> <input type="checkbox"/> <b>17 - PUSHING VEHICLE</b>                         |
| <b>CONTRIBUTING CIRCUMSTANCES</b>      | <b>1 - NONE</b> <input type="checkbox"/> <b>2 - FAILURE TO YIELD</b> <input type="checkbox"/> <b>3 - RAN RED LIGHT</b> <input type="checkbox"/> <b>4 - RAN STOP SIGN</b> <input type="checkbox"/> <b>5 - UNSAFE SPEED</b> <input type="checkbox"/> <b>6 - IMPROPER TURN</b>  | <b>7 - LEFT OF CENTER</b> <input type="checkbox"/> <b>8 - FOLLOWING TOO CLOSE / ACDA</b> <input type="checkbox"/> <b>9 - IMPROPER LANE CHANGE</b> <input type="checkbox"/> <b>10 - IMPROPER PASSING</b> <input type="checkbox"/> <b>11 - DROVE OFF ROAD</b> <input type="checkbox"/> <b>12 - IMPROPER BACKING</b>  | <b>13 - IMPROPER START FROM A PARKED POSITION</b> <input type="checkbox"/> <b>14 - STOPPED OR PARKED ILLEGALLY</b> <input type="checkbox"/> <b>15 - SWERVING TO AVOID</b> <input type="checkbox"/> <b>16 - WRONG WAY</b>   | <b>17 - VISION OBSTRUCTION</b> <input type="checkbox"/> <b>18 - OPERATING DEFECTIVE EQUIPMENT</b> <input type="checkbox"/> <b>19 - LOAD SHIFTING/FALLING/SPILLING</b> <input type="checkbox"/> <b>20 - IMPROPER CROSSING</b>   |
| <b>SEQUENCE OF EVENTS</b>              | <b>1 - OVERTURN/ROLLOVER</b> <input type="checkbox"/> <b>2 - FIRE/EXPLOSION</b> <input type="checkbox"/> <b>3 - IMMERSION</b> <input type="checkbox"/> <b>4 - JACKKNIFE</b> <input type="checkbox"/> <b>5 - CARGO / EQUIPMENT LOSS OR SHIFT</b>  | <b>6 - EQUIPMENT FAILURE</b> <input type="checkbox"/> <b>7 - SEPARATION OF UNITS</b> <input type="checkbox"/> <b>8 - RAN OFF ROAD RIGHT</b> <input type="checkbox"/> <b>9 - RAN OFF ROAD LEFT</b> <input type="checkbox"/> <b>10 - CROSS MEDIAN</b>  | <b>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</b> <input type="checkbox"/> <b>12 - DOWNHILL RUNAWAY</b> <input type="checkbox"/> <b>13 - OTHER NON-COLLISION</b> <input type="checkbox"/> <b>14 - PEDESTRIAN</b> <input type="checkbox"/> <b>15 - PEDALCYCLE</b>   | <b>16 - RAILWAY VEHICLE</b> <input type="checkbox"/> <b>17 - ANIMAL - FARM</b> <input type="checkbox"/> <b>18 - ANIMAL - DEER</b> <input type="checkbox"/> <b>19 - ANIMAL - OTHER</b> <input type="checkbox"/> <b>20 - MOTOR VEHICLE IN TRANSPORT</b> <input type="checkbox"/> <b>21 - PARKED MOTORVEHICLE</b> |
| <b>SEQUENCE OF EVENTS</b>              | <b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> <input type="checkbox"/> <b>26 - BRIDGE OVERHEAD STRUCTURE</b> <input type="checkbox"/> <b>27 - BRIDGE PIER OR ABUTMENT</b> <input type="checkbox"/> <b>28 - BRIDGE PARAPET</b> <input type="checkbox"/> <b>29 - BRIDGE RAIL</b> <input type="checkbox"/> <b>30 - GUARDRAIL FACE</b> | <b>31 - GUARDRAIL END</b> <input type="checkbox"/> <b>32 - PORTABLE BARRIER</b> <input type="checkbox"/> <b>33 - MEDIAN CABLE BARRIER</b> <input type="checkbox"/> <b>34 - MEDIAN GUARDRAIL BARRIER</b> <input type="checkbox"/> <b>35 - MEDIAN CONCRETE BARRIER</b> <input type="checkbox"/> <b>36 - MEDIAN OTHER BARRIER</b>                                     | <b>37 - TRAFFIC SIGN POST</b> <input type="checkbox"/> <b>38 - OVERHEAD SIGN POST</b> <input type="checkbox"/> <b>39 - LIGHT / LUMINARIES SUPPORT</b> <input type="checkbox"/> <b>40 - UTILITY POLE</b> <input type="checkbox"/> <b>41 - OTHER POST, POLE OR SUPPORT</b> <input type="checkbox"/> <b>42 - CULVERT</b>  | <b>43 - CURB</b> <input type="checkbox"/> <b>44 - DITCH</b> <input type="checkbox"/> <b>45 - EMBANKMENT</b> <input type="checkbox"/> <b>46 - FENCE</b> <input type="checkbox"/> <b>47 - MAILBOX</b> <input type="checkbox"/> <b>48 - TREE</b> <input type="checkbox"/> <b>49 - FIRE HYDRANT</b>                |
| <b>SEQUENCE OF EVENTS</b>              | <b>51 - WALL</b> <input type="checkbox"/> <b>52 - BUILDING</b> <input type="checkbox"/> <b>53 - TUNNEL</b> <input type="checkbox"/> <b>54 - OTHER FIXED OBJECT</b> <input type="checkbox"/> <b>99 - OTHER / UNKNOWN</b>  | <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> <input type="checkbox"/> <b>22 - WORK ZONE MAINTENANCE EQUIPMENT</b> <input type="checkbox"/> <b>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE</b> <input type="checkbox"/> <b>24 - OTHER MOVABLE OBJECT</b>   |  |  |

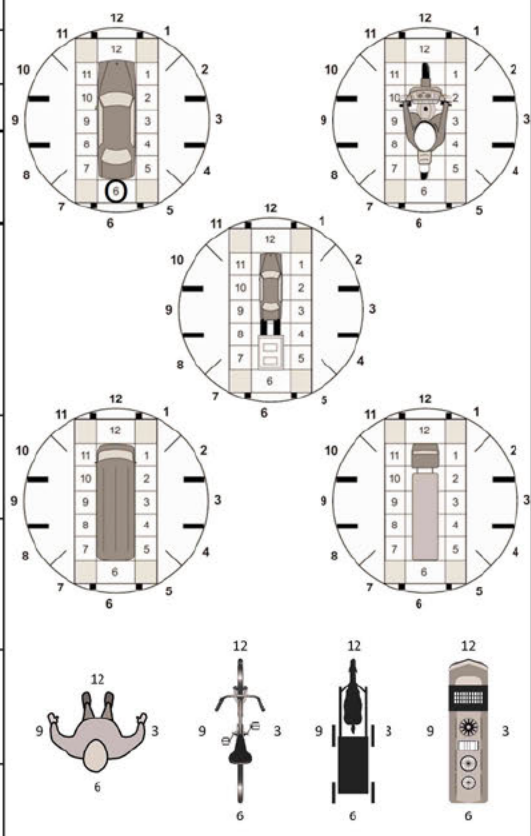
**LOCAL REPORT NUMBER**  
2026-00007258

**DAMAGE**

**DAMAGE SCALE**

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

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



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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

|  |   |
|--|---|
| <b># OF THROUGH LANES ON ROAD</b><br>2 | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---|

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

|                           |   |
|---------------------------|---|
| <b>UNIT SPEED</b><br>005  | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| <b>POSTED SPEED</b><br>25 |   |

OWNER

VEHICLE

EVENT(S)

|  |   |   |
|--|---|---|
| <b>UNIT #</b><br>02  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (X) SAME AS DRIVER<br><b>SCHOEFLER, DAVID, JAMES</b> | <b>OWNER PHONE:</b> INCLUDE AREA CODE (X) SAME AS DRIVER<br>REDACTED PER ORC 149.43(A)(1) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (X) SAME AS DRIVER<br><b>9387 INDIAN RUN, Macedonia, OH 44056</b> |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |

|   |                                   |   |  |                               |
|---|-----------------------------------|---|--|-------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>GMC4600 | <b>VEHICLE IDENTIFICATION #</b><br>JTDKDTB37C1519955  | <b>VEHICLE YEAR</b><br>2012  | <b>VEHICLE MAKE</b><br>Toyota |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>USAA  | <b>INSURANCE POLICY #</b><br>CIC0033456317102   | <b>COLOR</b><br>WHI  | <b>VEHICLE MODEL</b><br>PRIUS |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |                                   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME  |                               |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>                                     |                                   | <b>#OCCUPANTS</b><br>01   | <b>HAZARDOUS MATERIAL</b>  |                               |
| <b>TYPE OF USE</b>  |                                   | <b>VEHICLE WEIGHT GVWR/GCWR</b>   | <input type="checkbox"/> <b>MATERIAL RELEASED</b>                                      |                               |
| <b>UNIT TYPE</b>  |                                   | 1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   | <input type="checkbox"/> <b>PLACARD</b>  |                               |
| <b># OF TRAILING UNITS</b>  |                                   | 1 - PASSENGER CAR   7 - MOTORCYCLE 2-WHEELED   12 - GOLF CART   18 - LIMO (LIVERY VEHICLE)   23 - PEDESTRIAN / SKATER | 19 - BUS (16+ PASSENGERS)   24 - WHEELCHAIR (ANY TYPE)                                 |                               |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |                                   | 0 - NO AUTOMATION   1 - DRIVER ASSISTANCE   2 - PARTIAL AUTOMATION  | 3 - CONDITIONAL AUTOMATION   4 - HIGH AUTOMATION   5 - FULL AUTOMATION                 |                               |
| <b>SPECIAL FUNCTION</b>   |                                   | 1 - NONE   6 - BUS - CHARTER/TOUR   11 - FIRE   16 - FARM   21 - MAIL CARRIER   | 99 - OTHER / UNKNOWN   |                               |
| <b>CARGO BODY TYPE</b>  |                                   | 2 - TAXI   7 - BUS - INTERCITY   12 - MILITARY   17 - MOWING   18 - SNOW REMOVAL                                      | 19 - TOWING   20 - SAFETY SERVICE PATROL   |                               |
| <b>VEHICLE DEFECTS</b>  |                                   | 3 - ELECTRONIC RIDE SHARING   8 - BUS - SHUTTLE   9 - BUS - OTHER   10 - AMBULANCE                                    | 13 - POLICE   14 - PUBLIC UTILITY   15 - CONSTRUCTION EQUIPMENT                        |                               |
| <b>NON-MOTORIST LOCATION AT IMPACT</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 |                               |
| <b>ACTION</b>   |                                   | 1 - TURN SIGNALS   2 - HEAD LAMPS   3 - TAIL LAMPS  | 4 - BRAKES   5 - STEERING   6 - TIRE BLOWOUT   |                               |
| <b>CONTRIBUTING CIRCUMSTANCES</b>   |                                   | 7 - WORN OR SLICK TIRES   8 - TRAILER EQUIPMENT DEFECTIVE   | 9 - MOTOR TROUBLE   10 - DISABLED FROM PRIOR ACCIDENT                                  |                               |

|                           |   |
|---------------------------|---|
| <b>SEQUENCE OF EVENTS</b> | <b>NON-COLLISION</b>  |
| 1 2 0                     | 1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL   16 - RAILWAY VEHICLE   22 - WORK ZONE MAINTENANCE EQUIPMENT                       |
| 2                         | 2 - DOWNHILL RUNAWAY   19 - ANIMAL - OTHER   20 - MOTOR VEHICLE IN TRANSPORT   24 - OTHER MOVABLE OBJECT                                |
| 3                         | 3 - OTHER NON-MOTORIST   21 - PARKED MOTORVEHICLE   |
| 4                         | <b>COLLISION WITH FIXED OBJECT - STRUCK</b>   |
| 5                         | 25 - IMPACT ATTENUATOR / CRASH CUSHION   31 - GUARDRAIL END   37 - TRAFFIC SIGN POST   43 - CURB   50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 6                         | 26 - BRIDGE OVERHEAD STRUCTURE   32 - PORTABLE BARRIER   38 - OVERHEAD SIGN POST   44 - DITCH   51 - WALL                               |
| 1                         | 27 - BRIDGE PIER OR ABUTMENT   33 - MEDIAN CABLE BARRIER   39 - LIGHT / LUMINARIES SUPPORT   45 - EMBANKMENT   52 - BUILDING            |
|                           | 28 - BRIDGE PARAPET   34 - MEDIAN GUARDRAIL BARRIER   40 - UTILITY POLE   46 - FENCE   53 - TUNNEL                                      |
|                           | 29 - BRIDGE RAIL   35 - MEDIAN CONCRETE BARRIER   41 - OTHER POST, POLE OR SUPPORT   47 - MAILBOX   54 - OTHER FIXED OBJECT             |
|                           | 30 - GUARDRAIL FACE   36 - MEDIAN OTHER BARRIER   42 - CULVERT   48 - TREE   55 - OTHER / UNKNOWN                                       |
|                           | 49 - FIRE HYDRANT   |

|                                      |   |
|--------------------------------------|---|
| <b>TRAFFICWAY FLOW</b>               | <b>TRAFFIC CONTROL</b>  |
| 1 - ONE-WAY   2 - TWO-WAY            | 1 - ROUNDABOUT   4 - STOP SIGN   2 - SIGNAL   5 - YIELD SIGN   3 - FLASHER   6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b>    | <b>RAIL GRADE CROSSING</b>  |
| 2                                    | 1 - NOT INVOLVED   2 - INVOLVED-ACTIVE CROSSING   3 - INVOLVED-PASSIVE CROSSING             |
| <b>UNIT / NON-MOTORIST DIRECTION</b> |   |
| FROM 2 TO 1                          |   |
| <b>UNIT SPEED</b>                    | <b>DETECTED SPEED</b>   |
| 005                                  | 1 - STATED / ESTIMATED SPEED   2 - CALCULATED / EDR   3 - UNDETERMINED                      |
| <b>POSTED SPEED</b>                  |   |
| 25                                   |   |

**LOCAL REPORT NUMBER**  
2026-00007258

**DAMAGE**

**DAMAGE SCALE**

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

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

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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

**TRAFFICWAY FLOW**  
1 - ONE-WAY   2 - TWO-WAY

**TRAFFIC CONTROL**  
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 - NOT INVOLVED   2 - INVOLVED-ACTIVE CROSSING   3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
FROM 2 TO 1

**UNIT SPEED**  
005

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

**POSTED SPEED**  
25

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 7 2 5 8**

|  |  |                          |  |   |  |                                |                                 |                      |                     |  |
|--|--|--------------------------|--|---|--|--------------------------------|---------------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>GIBSON, SHELBY, LAUREN   |                          | <b>DATE OF BIRTH</b><br>0 7 0 1 2 0 0 0                |   | <b>AGE</b><br>2 5                                  | <b>GENDER</b><br>F             |                                 |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1923 GERMAINE ST ,Cuyahoga Falls ,OH 44221 |  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>REDACTED PER ORC 149.43(A)(1)   |  |                                |                                 |                      |                     |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1       | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b><br>REDACTED PER ORC 4501:1-12 |                          | <b>OFFENSE CHARGED</b><br>331.13                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Starting and Backing |                                | <b>CITATION NUMBER</b><br>21374 |                      |                     |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b>             |                      | <b>DRUG TEST(S)</b> |  |

|  |  |                          |  |   |  |                                |                                 |                      |                     |  |
|--|--|--------------------------|--|---|--|--------------------------------|---------------------------------|----------------------|---------------------|--|
| <b>UNIT #</b><br>0 2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SCHOEFFLER, DAVID, JAMES |                          | <b>DATE OF BIRTH</b><br>0 8 2 0 1 9 6 1                |   | <b>AGE</b><br>6 4                                  | <b>GENDER</b><br>M             |                                 |                      |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>9387 INDIAN RUN ,Macedonia ,OH 44056 |  |                          |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>REDACTED PER ORC 149.43(A)(1)   |  |                                |                                 |                      |                     |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1       | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b><br>REDACTED PER ORC 4501:1-12 |                          | <b>OFFENSE CHARGED</b><br>331.13                       | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>  | <b>OFFENSE DESCRIPTION</b><br>Starting and Backing |                                | <b>CITATION NUMBER</b><br>21373 |                      |                     |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b>             |                      | <b>DRUG TEST(S)</b> |  |

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

| INJURIES   | SEATING POSITION   | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|--|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN   | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHID = D)<br>5 - MC MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| INJURED TAKEN BY   | EJECTION   |   | OL ENDORSEMENT  | ALCOHOL TEST TYPE   |  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER   |   |  |  |
| SAFETY EQUIPMENT   | TRAPPED  |   | GENDER  | DRUG TEST TYPE  |  |  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |   |  |  |
|  |  |   |   | CONDITION   |  | DRUG TEST RESULT(S)  |
|  |  |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |