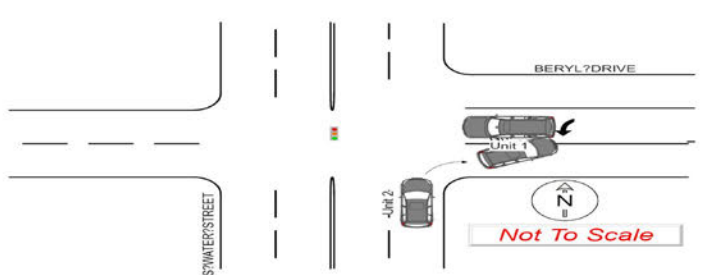


TRAFFIC CRASH REPORT

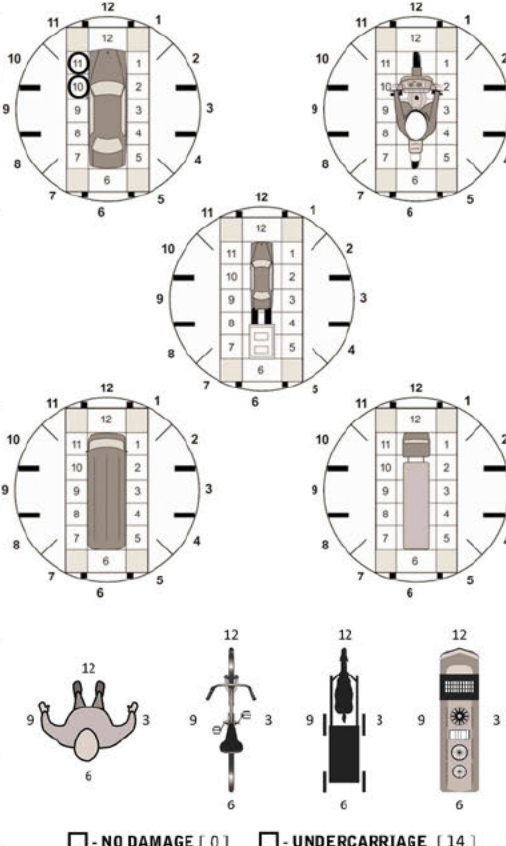
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<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 1 2 5 6		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	
<input type="checkbox"/> PRIVATE PROPERTY				City of Kent Police		0 6 7 0 3	1 - SOLVED 2 - UNSOLVED	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		NUMBER OF UNITS		
6 7	1	Kent		08072025/1209		0 2		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY	
				BERYL	D R	41.136114	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
S R	43			WATER	S T	-81.354598		
REFERENCE POINT	DIRECTION FROM REFERENCE	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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE			NUMBER OF APPROACHES				
	1 - MILES 2 - FEET 3 - YARDS			3				
				ROADWAY				
				<input type="checkbox"/> ROADWAY DIVIDED				
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 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		
<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		
		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		
LIGHT CONDITION		WEATHER		CONDITIONS		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		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
NARRATIVE				Indicate the north direction with an "N" on the compass diagram.				
UNIT 1 STOPPED ON BERYL FACING WEST AT A RED LIGHT. UNIT 2 TURNED EAST ONTO BERYL STRIKING UNIT 2.								
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		
08072025/1209		08072025/1211		08072025/1228		08072025/1253		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		
0 0 0		0 1 5		0 5 7		Kunka, Leonard B		
						OFFICER'S BADGE NUMBER*		
						2 5 0		
						CHECKED BY OFFICER'S NAME*		
						Kunka, Leonard B		
						CHECKED BY OFFICER'S BADGE NUMBER*		
						2 5 0		
REPORT TAKEN BY				<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)				

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) MOSKAL, STEPHANIE, LAUREN	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) 4826 RASPBERRY CIR, Brimfield Twp, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE O H	LICENSE PLATE # KBG6402	VEHICLE IDENTIFICATION # 1 GNE VHK W0 MJ 2 6 2 3 5 6	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Chevrolet
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 38510929	COLOR SIL	VEHICLE MODEL TRAVERSE
	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				
	# 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		
	SPECIAL FUNCTION 0 1				
	CARGO BODY TYPE 0 1				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION 4		PRE-CRASH ACTIONS 0 6			
CONTRIBUTING CIRCUMSTANCES 0 1					
SEQUENCE OF EVENTS		NON-COLLISION			
1 2 0		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
2		12 - DOWNHILL RUNAWAY			
3		13 - OTHER NON-COLLISION			
4		14 - PEDESTRIAN			
5		15 - PEDALCYCLE			
6		21 - PARKED MOTORVEHICLE			
7		22 - WORK ZONE MAINTENANCE EQUIPMENT			
8		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
9		24 - OTHER MOVABLE OBJECT			
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OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE () (SAME AS DRIVER) JOHNSTONE, DAVID, WESTON	OWNER PHONE: INCLUDE AREA CODE () (SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)																																																												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () (SAME AS DRIVER) 110 ALPINE DR, BLUFFTON, OH 45817																																																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																													
VEHICLE	LP STATE O H	LICENSE PLATE # JVU9491	VEHICLE IDENTIFICATION # 3 GNC A13 D18 S706694	VEHICLE YEAR 2 0 0 8	VEHICLE MAKE Chevrolet																																																										
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ERIE	INSURANCE POLICY # Q097107490	COLOR BLU	VEHICLE MODEL HHR																																																										
	<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"/> 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 0 1		# OF TRAILING UNITS 0 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0		1-NO AUTOMATION 2-DRIVER ASSISTANCE 3-PARTIAL AUTOMATION		4-CONDITIONAL AUTOMATION 5-HIGH AUTOMATION 9-UNKNOWN		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										
	SPECIAL FUNCTION 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-AUTOTRANSORTER		14-GARBAGE/REFUSE		99-OTHER / UNKNOWN																																
	CARGO BODY TYPE 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																																								
	VEHICLE DEFECTS 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																																				
NON-MOTORIST LOCATION AT IMPACT 0 1		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							
ACTION 3		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															
CONTRIBUTING CIRCUMSTANCES 0 7		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																																					
SEQUENCE OF EVENTS		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															
NON-COLLISION		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	
COLLISION WITH FIXED OBJECT - STRUCK		1-FIRST HARMFUL EVENT		1-MOST HARMFUL EVENT																																																											

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 1 1 2 5 6	
DAMAGE DAMAGE SCALE 3 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 1 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 2 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0 1 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER													
2 0 2 5 - 0 0 0 1 1 2 5 6													
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER					
0 1	MOSKAL, STEPHANIE, LAUREN				1 2 1 5 1 9 8 4		4 0	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
4826 RASPBERRY CIR ,Brimfield 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				<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	JOHNSTONE, ADANNA, GRACE				0 8 2 8 2 0 0 6		1 8	F					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
110 ALPINE DR ,BLUFFTON ,OH 45817					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		331.08		<input checked="" type="checkbox"/>	Driving in Marked La		29887					
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 MOPEL 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 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER				16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				F - FEMALE				17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		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	