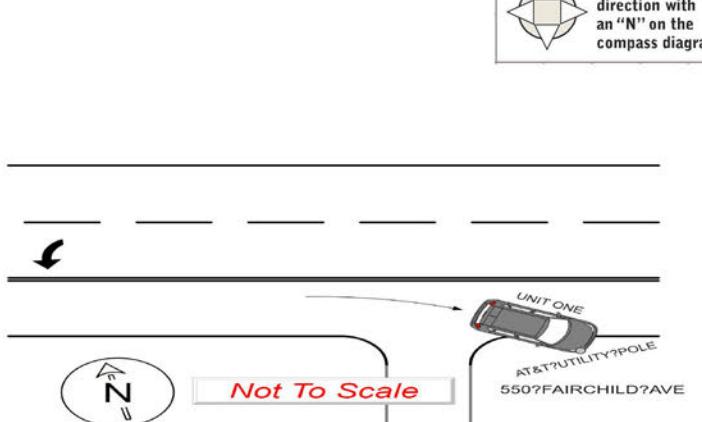


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER*						
		<b>REPORTING AGENCY NAME*</b> <b>City of Kent Police</b>			<b>NCIC*</b> <b>06703</b>						
<b>COUNTY*</b> <b>6</b> <b>7</b> <b>LOCALITY*</b> <b>1</b> - CITY 2 - VILLAGE 3 - TOWNSHIP <b>Kent</b>					<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED						
					<b>NUMBER OF UNITS</b> <b>0 1</b> <b>UNIT IN ERROR</b> <b>0 1</b> 98 - ANIMAL 99 - UNKNOWN						
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>FAIRCHILD</b>	ROAD TYPE <b>A V</b>	CRASH DATE / TIME* <b>01272026/1554</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
					REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>550</b>	ROAD TYPE	LATITUDE DECIMAL DEGREES <b>41 15 96.24</b>	LONGITUDE DECIMAL DEGREES <b>-81 36 36.13</b>			
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROUTE TYPE 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
	DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE					NUMBER OF APPROACHES <b>5</b>			
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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			<b>MANNER OF CRASH COLLISION/IMPACT</b> 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			<b>DIRECTION OF TRAVEL</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONTOUR</b> <b>2</b>		<b>CONDITIONS</b> <b>3</b>		<b>SURFACE</b> <b>2</b>	
						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<b>LIGHT CONDITION</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			<b>WEATHER</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL								
<b>NARRATIVE</b> <p><b>UNIT ONE WAS DRIVING EASTBOUND ON FAIRCHILD AVE. UNIT ONE SLOWED FOR TRAFFIC STOPPED AHEAD. UNIT ONE SLID OFF THE ROADWAY TO THE RIGHT, AND STRUCK THE AT&amp;T UTILITY POLE IN FRONT OF 550 FAIRCHILD AVE. THE UTILITY POLE SPLIT IN HALF, NEEDING REPLACEMENT. DISABLING DAMAGE TO UNIT ONE.</b></p>						 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p><b>Not To Scale</b></p> 					
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
<b>01272026/1554</b>		<b>01272026/1559</b>		<b>01272026/1602</b>		<b>01272026/1726</b>		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0 9 2</b>		<b>OTHER INVESTIGATION TIME</b> <b>0 2 0</b>		<b>TOTAL MINUTES</b> <b>1 0 7</b>		<b>OFFICER'S NAME*</b> <b>McNulty, Samantha S</b>		<b>CHECKED BY OFFICER'S NAME*</b> <b>Wheeler, George</b>			
						<b>OFFICER'S BADGE NUMBER*</b> <b>2 3 6</b>		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> <b>2 4 3</b>			
<small>HSY7001 OH 1/19 [760-0820]</small>											

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) REDACTED PER ORC 149.43(A)(1)
0 1 MOHAN, GRAEME, T		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) 685 PROSPECT ST 2 , Ravenna , OH 44266		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	HKL9134	J M1 DE1 KY5 C01 46037	2 0 1 2	Mazda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	922759504	COM	2
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	City Service	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL	
0 1		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
UNIT TYPE			<input type="checkbox"/> PLACARD	PLACARD ID #
1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICKUP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
2	0 1	0	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
1 - YES	2 - NO	9 - OTHER/UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
			2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION

SPECIAL FUNCTION				
0 1	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	99 - OTHER / UNKNOWN
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	18 - SNOW REMOVAL
	5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	19 - TOWING
				20 - SAFETY SERVICE PATROL

CARGO BODY TYPE				
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	12 - CONCRETE MIXER
			7 - GRAIN/CHIPS/GRAVEL	13 - AUTOTRANSPORTER
				10 - FLAT BED
				14 - GARBAGE/REFUSE
				11 - DUMP
				99 - OTHER / UNKNOWN

VEHICLE DEFECTS				
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	99 - OTHER / UNKNOWN
	3 - TAIL LAMPS	6 - TIRE BLOWOUT		

NON-MOTORIST LOCATION AT IMPACT				
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	12 - FIRST RESPONDER AT INCIDENT SCENE
		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS
				11 - SHARED USE PATHS OR TRAILS
				99 - OTHER / UNKNOWN

ACTION				
3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
	3 - STRIKING	1 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	19 - STANDING
	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	20 - OTHER NON-MOTORIST
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	21 - STANDING OUTSIDE DISABLED VEHICLE
				17 - PUSHING VEHICLE
				99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES				
1 1	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - APPROACHING OR LEAVING VEHICLE
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	19 - STANDING
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	20 - OTHER NON-MOTORIST
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	21 - WORKING
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	17 - PUSHING VEHICLE	22 - OTHER / UNKNOWN
	6 - IMPROPER TURN	12 - IMPROPER BACKING	20 - IMPROPER CROSSING	

#### SEQUENCE OF EVENTS

NON-COLLISION				
1 0 8	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 4 0	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN	24 - OTHER MOVABLE OBJECT
3 1			15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE

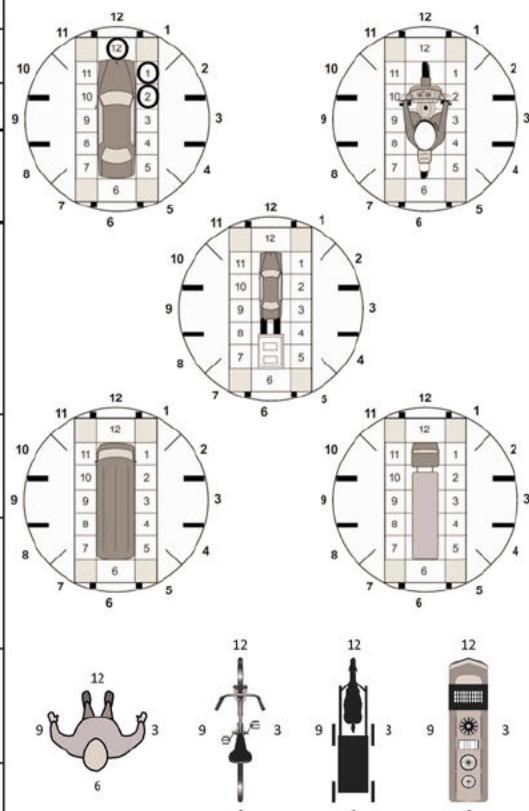
COLLISION WITH FIXED OBJECT - STRUCK				
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
5 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - SUPPORT	46 - FENCE
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE
				50 - WORK ZONE MAINTENANCE EQUIPMENT
				51 - WALL
				52 - BUILDING
				53 - TUNNEL
				54 - OTHER FIXED OBJECT
				99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT      2 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 1 1 9 3

DAMAGE		
DAMAGE SCALE		
4	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 2 - REFER TO UNIT 12 - DIAGRAM    15 - VEHICLE NOT AT SCENE  
13 - TOP    99 - UNKNOWN

TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
2 - ONE WAY	1 - ROUNDABOUT
2 - TWO WAY	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL

# OF THROUGH LANES ON ROAD    RAIL GRADE CROSSING  
2    1  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
FROM 4 TO 3  
1 - NORTH    5 - NORTHEAST  
2 - SOUTH    6 - NORTHWEST  
3 - EAST    7 - SOUTHEAST  
4 - WEST    8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED    DETECTED SPEED  
0 2 5    1  
1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
POSTED SPEED  
3 5

ADDRESS: STREET, CITY, STATE, ZIP

UNIT # NAME: LAST, FIRST, MIDDLE  
**0\_1 MOHAN, GRAEME, T**

LOCAL REPORT NUMBER  
**2 0 2 6 - 0 0 0 0 1 1 9 3**

DATE OF BIRTH

**0 4 1 8 1 9 9 4 3 1 M**

CONTACT PHONE - INCLUDE AREA CODE  
**REDACTED PER ORC 149.43(A)(1)**

685 S PROSPECT ST 2 , Ravenna , OH 44266

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED/TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED  
**5** **0\_1** **MOHAN, GRAEME, T** **0 4**

OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE  
**O H** **REDACTED PER ORC 4501:1-12** **331.34** **X**

OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL TEST DRUG TEST(S)  
**4** **1** **1** **ALCOHOL MARIJUANA OTHER DRUG** **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  
**\_\_\_\_\_** **0\_1** **MOHAN, GRAEME, T** **\_\_\_\_\_**

OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE  
**\_\_\_\_\_** **REDACTED PER ORC 4501:1-12** **\_\_\_\_\_** **X**

OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL TEST DRUG TEST(S)  
**\_\_\_\_\_** **1** **1** **ALCOHOL MARIJUANA OTHER DRUG** **\_\_\_\_\_** **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  
**\_\_\_\_\_** **0\_1** **MOHAN, GRAEME, T** **\_\_\_\_\_**

OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE  
**\_\_\_\_\_** **REDACTED PER ORC 4501:1-12** **\_\_\_\_\_** **X**

OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED CONDITION ALCOHOL TEST DRUG TEST(S)  
**\_\_\_\_\_** **1** **1** **ALCOHOL MARIJUANA OTHER DRUG** **\_\_\_\_\_** **1** **1** **1**

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- 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- TEST GIVEN, RESULTS KNOWN**  
**5- NO APPARENT INJURY** **5- SECOND - MIDDLE** **5- NOT APPLICABLE** **5- M/C MOPED ONLY** **5- EXCEPT CLASS A BUS** **5- TALKING ON HAND-HELD COMMUNICATION DEVICE** **5- TEST GIVEN, RESULTS UNKNOWN**

**INJURED TAKEN BY** **6- SECOND - RIGHT SIDE** **6- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)** **7- THIRD - MIDDLE** **8- THIRD - RIGHT SIDE** **9- THIRD - RIGHT SIDE** **10- SLEEPER SECTION OF TRUCK CAB** **EJECTION** **OL ENDORSEMENT** **OL RESTRICTION(S)** **DRIVER DISTRACTION** **TEST STATUS**  
**1- NOT TRANSPORTED / TREATED AT SCENE** **1- NOT EJECTED** **H- HAZMAT** **1- ALCOHOL INTERLOCK DEVICE** **1- NOT DISTRACTED** **1- NONE GIVEN**  
**2- EMS** **2- PARTIALLY EJECTED** **M- MOTORCYCLE** **2- CDL INTRASTATE ONLY** **2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)** **2- TEST REFUSED**  
**3- POLICE** **3- TOTALLY EJECTED** **P- PASSENGER** **3- CORRECTIVE LENSES** **3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE**  
**9- OTHER / UNKNOWN** **4- NOT APPLICABLE** **N- TANKER** **4- FARM WAIVER** **4- TEST GIVEN, RESULTS KNOWN**  
**SAFETY EQUIPMENT** **11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)** **1- NOT TRAPPED** **Q- MOTOR SCOOTER** **5- EXCEPT CLASS A BUS & CLASS B BUS** **5- TALKING ON HAND-HELD COMMUNICATION DEVICE** **5- TEST GIVEN, RESULTS UNKNOWN**

**1- NONE USED** **12- PASSENGER IN UNENCLOSED CARGO AREA** **2- EXTRICATED BY MECHANICAL MEANS** **R- THREE-WHEEL MOTORCYCLE** **6- EXCEPT TRACTOR-TRAILER** **6- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE** **1- NONE**  
**2- SHOULDER BELT ONLY USED** **13- TRAILING UNIT** **3- FREED BY NON-MECHANICAL MEANS** **S- SCHOOL BUS** **7- INTERMEDIATE LICENSE RESTRICTIONS** **2- BLOOD**  
**3- LAP BELT ONLY USED** **14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)** **4- NOT APPLICABLE** **T- DOUBLE & TRIPLE TRAILERS** **8- LEARNER'S PERMIT RESTRICTIONS** **3- URINE**  
**4- SHOULDER & LAP BELT USED** **15- NON-MOTORIST** **15- NON-MOTORIST** **X- TANKER / HAZMAT** **9- OTHER DISTRACTION INSIDE THE VEHICLE** **4- BREATH**  
**5- CHILD RESTRAINT SYSTEM - FORWARD FACING** **99- OTHER / UNKNOWN** **TRAPPED** **GENDER** **10- LIMITED TO DAYLIGHT ONLY** **10- OTHER DISTRACTION OUTSIDE THE VEHICLE** **5- OTHER**  
**6- CHILD RESTRAINT SYSTEM - REAR FACING** **F- FEMALE** **11- LIMITED TO EMPLOYMENT** **11- OTHER / UNKNOWN** **DRUG TEST TYPE**  
**7- BOOSTER SEAT** **M- MALE** **12- LIMITED - OTHER** **12- OTHER / UNKNOWN** **1- NONE**  
**8- HELMET USED** **U- OTHER / UNKNOWN** **13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)** **13- OTHER / UNKNOWN** **2- BLOOD**  
**9- PROTECTIVE PADS USED (ELBOW KNEES, ETC.)** **14- MILITARY VEHICLES ONLY** **14- OTHER / UNKNOWN** **3- URINE**  
**10- REFLECTIVE CLOTHING** **15- MOTOR VEHICLES WITHOUT AIR BRAKES** **15- OTHER / UNKNOWN** **4- OTHER**  
**11- LIGHTING - PEDESTRIAN / BICYCLE ONLY** **16- OUTSIDE MIRROR** **16- OTHER / UNKNOWN** **DRUG TEST RESULT(S)**  
**99- OTHER / UNKNOWN** **17- PROSTHETIC AID** **17- OTHER / UNKNOWN** **1- AMPHETAMINES**  
**1- AMPHETAMINES** **18- OTHER** **18- OTHER / UNKNOWN** **2- BARBITURATES**  
**2- BARBITURATES** **DRUG TEST RESULT(S)** **3- BENZODIAZEPINES**  
**3- BENZODIAZEPINES** **1- CANNABINOID**  
**4- CANNABINOID** **5- COCAINE**  
**5- COCAINE** **6- OPIATES / OPIOIDS**  
**6- OPIATES / OPIOIDS** **7- OTHER**  
**7- OTHER** **8- NEGATIVE RESULTS**