



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 1 - 0 0 0 0 6 0 2 9

PHOTOS TAKEN OH-2 OH-3

SECONDARY CRASH PRIVATE PROPERTY OH-1P OTHER

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** LOCATION: CITY, VILLAGE, TOWNSHIP* **Kent**

CRASH DATE / TIME* **0 4 1 7 2 0 2 1 / 1 3 4 7**

CRASH SEVERITY **5**

ROUTE TYPE **S T** ROUTE NUMBER **4** PREFIX **4** LOCATION ROAD NAME **ELM**

LATITUDE DECIMAL DEGREES **4 1 1 4 4 7 0 7**

ROUTE TYPE **S T** ROUTE NUMBER **2** PREFIX **2** REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) **PINE**

LONGITUDE DECIMAL DEGREES **8 1 3 6 4 2 4 0**

REFERENCE POINT **1** DIRECTION FROM REFERENCE **3** ROUTE TYPE **IR** ROAD TYPE **RD**

DISTANCE FROM REFERENCE **1 0 0** DISTANCE UNIT OF MEASURE **2** ROUTE TYPE **US** ROAD TYPE **LA**

INTERSECTION RELATED WITHIN INTERSECTION OR ON APPROACH

ROADWAY ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT **0 1**

MANNER OF CRASH COLLISION/IMPACT **1**

DIRECTION OF TRAVEL **1** MEDIAN TYPE **1**

WORK ZONE RELATED

WORKERS PRESENT

LAW ENFORCEMENT PRESENT

ACTIVE SCHOOL ZONE

WORK ZONE TYPE **1**

LOCATION OF CRASH IN WORK ZONE **1**

CONTOUR **1**

CONDITIONS **1**

SURFACE **2**

LIGHT CONDITION **1**

WEATHER **0 1**

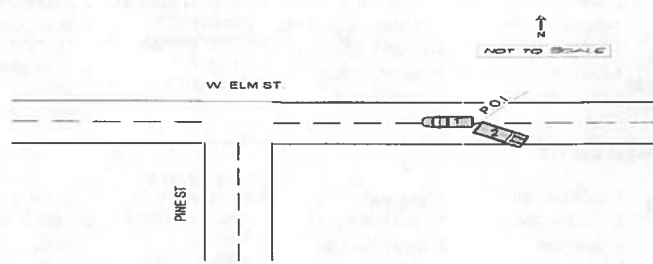
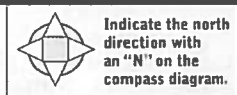
9 - OTHER/UNKNOWN

5 - SAND, MUD, DIRT, OIL, GRAVEL

4 - SLAG, GRAVEL, STONE

NARRATIVE

BOTH UNITS WERE BACKING UP ON W. ELM ST. UNIT 2 WAS BACKING OUT OF HIS DRIVEWAY, UNIT 1 WAS BACKING DOWN THE STREET TOWARDS HIS DRIVEWAY. BOTH UNITS BACKED INTO EACH OTHER. UNABLE TO DETERMINE FAULT.



CRASH REPORTED DATE / TIME **0 4 1 7 2 0 2 1 / 1 3 4 7** DISPATCH DATE / TIME **0 4 1 7 2 0 2 1 / 1 3 4 8** ARRIVAL DATE / TIME **0 4 1 7 2 0 2 1 / 1 3 5 4** SCENE CLEARED DATE / TIME **0 4 1 7 2 0 2 1 / 1 4 1 4**

TOTAL TIME ROADWAY CLOSED **0 2 6** OTHER INVESTIGATION TIME **0 3 0** TOTAL MINUTES **0 5 6** OFFICER'S NAME* **Luff, Kevin M** OFFICER'S BADGE NUMBER* **2 4 6**

CHECKED BY OFFICER'S NAME* **Gaydosh, Ryan** CHECKED BY OFFICER'S BADGE NUMBER* **2 1 3**

REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT TO AN EXISTING REPORT SENT TO COMPS

OWNER

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
HAYNES, DWIGHT, KEITH

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
337 ELM ST, Ravenna, OH 44266

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

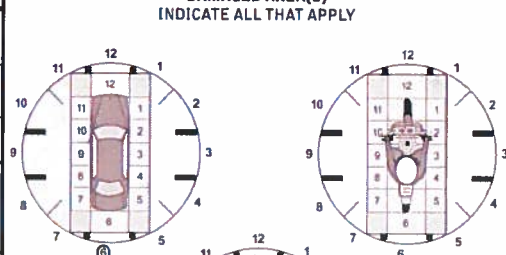
VEHICLE

LP STATE **OH** LICENSE PLATE # **JAT1108** VEHICLE IDENTIFICATION # **1F1T1S1W31S32EA99492** VEHICLE YEAR **2002** VEHICLE MAKE **Ford**

INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **941374724** COLOR **GRN** VEHICLE MODEL **F350**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____

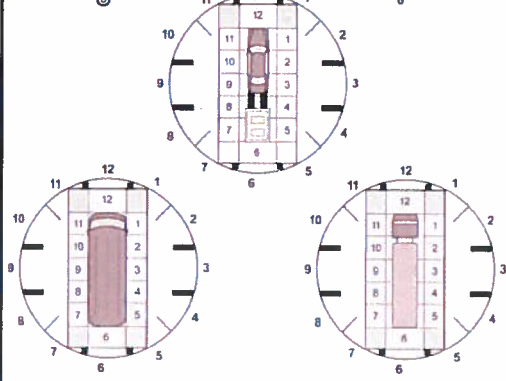
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR
 1 - <10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS. HAZARDOUS MATERIAL CLASS # PLACARD ID #
 MATERIAL RELEASED PLACARD



UNIT TYPE **01**

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 - PICK UP 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

of TRAILING UNITS **00**



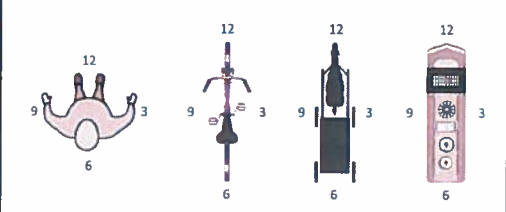
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION **01**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE **01**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION **5**

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
06 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - OPERATING DEFECTIVE EQUIPMENT 18 - NOT DISCERNIBLE 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - ILLEGALLY 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL

6 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

EVENT(S)

1 **20** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE

EVENTS

1 **1** 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 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 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

COLLISION WITH FIXED OBJECT - STRUCK

1 **1** FIRST HARMFUL EVENT MOST HARMFUL EVENT

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

005

POSTED SPEED

25

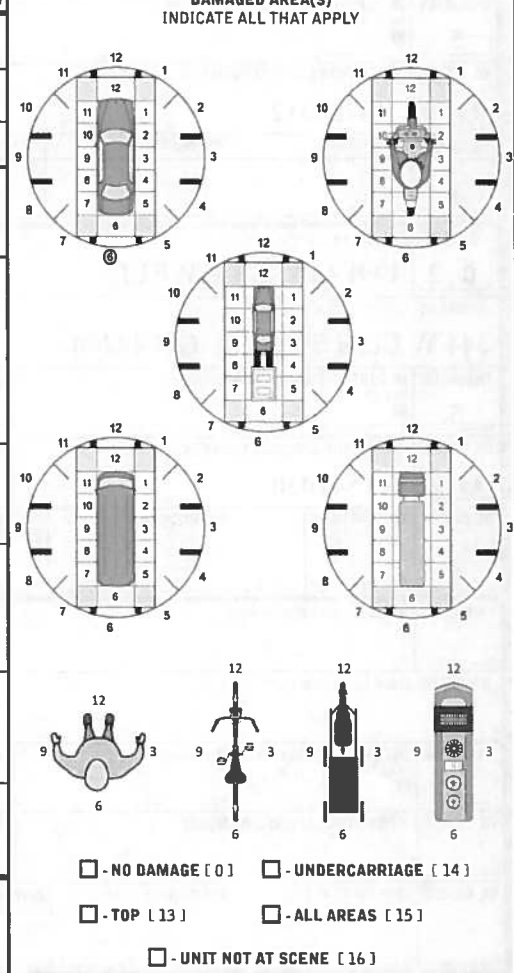
DETECTED SPEED

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

OWNER
UNIT # 02 **OWNER NAME:** LAST, FIRST, MIDDLE (X SAME AS DRIVER)
LOFTIN, F, LOWELL
OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER)
344 ELM ST, Kent, OH 44240
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH **LICENSE PLATE #** GRDCRU **VEHICLE IDENTIFICATION #** 1FMCU9J92FUB79156 **VEHICLE YEAR** 2015 **VEHICLE MAKE** Ford
 INSURANCE VERIFIED **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** 8926610D0135A **COLOR** GRY **VEHICLE MODEL** ESCAPE
 COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #**
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**
 1 - <10K LBS
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HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD



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OF TRAILING UNITS 00
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL**
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ACTION 5
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 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 02 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
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 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DR. VERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES 12
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
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TRAFFIC
TRAFFICWAY FLOW 2
 1 - ONE-WAY
 2 - TWO-WAY
TRAFFIC CONTROL 6
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS
 1 2 0
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OF THROUGH LANES ON ROAD 2
RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
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COLLISION WITH FIXED OBJECT - STRUCK
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UNIT / NON-MOTORIST DIRECTION
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 9 - OTHER / UNKNOWN
UNIT SPEED 005
POSTED SPEED 25
DETECTED SPEED 1
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2021-00006029

UNIT # 01	NAME: LAST, FIRST, MIDDLE HAYNES, JOHN, HOWARD	DATE OF BIRTH 05/26/1968	AGE 52	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 337 W ELM ST, Kent, OH 44240		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE LOFTIN, F, LOWELL	DATE OF BIRTH 01/23/1948	AGE 73	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 344 W ELM ST, Kent, OH 44240		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 3	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
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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 - MC MOPED 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	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	DRUG TEST TYPE	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - NONE	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - BLOOD	
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - URINE	
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - OTHER	
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	DRUG TEST RESULT(S)	1 - AMPHETAMINES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	1 - NONE	2 - BARBITURATES
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17 - PROSTHETIC AID	2 - BLOOD	3 - URINE
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER	3 - URINE	4 - OTHER
8 - HELMET USED			M - MALE		4 - OTHER	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN		5 - OTHER	
10 - REFLECTIVE CLOTHING					6 - BREATH	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					7 - OTHER	
99 - OTHER / UNKNOWN					8 - BREATH	