OHIO DEPARTMENT TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT  LICAL INFORMATION									LOCAL REPORT NUMBER *					
☐ PHOTOS TAKEN	□ OH-2 □	OH-3	[2 0 2 4 0 6 8 5											
SECONDARY CRASH		1	REPORTING AGENCY			0   1   8	HIT/SKIP 1 - Solved 2 - Unsolved	0 1 98 - ANIMAL 99 - UNKNOWN						
COUNTY* LOCA	LITY*	LOCATION: CITY, VILI	GARFIEL LAGE, TOWNSHIP*		CRASH DA	TE/TIME *	CRASH SEVERITY	_						
<u> </u>	1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	GARFIEI						10 3 1 8 2 0 2	4    2 0 3 5	4 1- FATAL 2- SERIOUS INJURY SUSPECTED				
ROUTE TYPE  I R	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	ROAD TYPE	I ATITUDE DECIMA		3 - MINOR INJURY SUSPECTED							
	4   8   0		4 - WEST	H <sub>I</sub> W <sub>I</sub>		2   7   5   2	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY							
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE 22.0	ROAD NAME (ROAD, MILEPOST, HOUSE #)	'	ROAD TYPE	- 8 1 - 6 1		UNLT				
REFERENCE POI  1 - INTERSECTIO 2 - MILE POST 3 - HOUSE #		IR - INTER US - FEDE SR - STAT CR - NUM	POLITE TYPE  ERSTATE ROUTE (TP)  AL - ALLEY  AV - AVENUE  LA - LANE  SQ - SQUARE  ATE ROUTE  BL - BOULEVARD  MF - MILEPOST  ST - STREET  JMBERED COUNTY ROUTE  CT - COURT  DR - DRIVE  MAY  WAY				INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH  WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
EDOM DEEEDENGE	1 - Miles 2 - Feet	ROU			ROADWAY									
[1]0]0]	2 3- Yards							ROADWAY DIVID						
0 4 1-0N Rd 2-0N Sh 3-IN ME 4-0N G 5-0N G 6-0UTS	HOULDER 10 - DRIVEW/ DIAN ACCESS DADSIDE 11 - RAILWAY DRE CROSSIN IDE 12 - SHARED FICWAY OR TRAI MMP 13 - BIKE LAN	VER AY/ALLEY GRADE IG USE PATHS LS IE OTH	1 - NOT COLLISION					4 1- NORTH 2- SOUTH 3- EAST 4- WEST	MEDIAN TYPE ED FLUSH MEDIAN ET) ED FLUSH MEDIAN ED) ED) ED) ED, DEPRESSED MEDIAN ED) ED, RAISED MEDIAN ED, RAISED MEDIAN EVPE) R / UNIKNOWN					
	1 2 3 3 L J 4 5	WORK ZON - LANE CLOSURE - LANE SHIFT/CROSS - WORK ON SHOULD! OR MEDIAN - INTERMITTENT OR M - OTHER	SOVER ER		LOCATION OF CRASH  1. BEFORE THE I: WARNING SIGN  2. ADVANCE WARS  3. TRANSITION A  4. ACTIVITY AREA  5. TERMINATION A	ST WORK ZONE I RNING AREA REA I		CONTOUR  1 - STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE	CONDITIONS  3  1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT,	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICKBLOCK				
								9- OTHER JUNKNOWN	OIL, GRAVEL  6 - WATER (STANDING, MOVING)  7 - SLUSH  9 - OTHERUNKNOWN	4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN				
NARRATIVE										Indicate the nor direction with	th			
	S TRAVELING			/ AT MILE	. 22.	.				an "N" on the compass diagram	m.			
	ONTO THE EX								PAR PAR	N				
	TATION BLVD.							ĵ.		K.S				
TO THE SNO	DW COVERED	ROAD C	ONDITIO	ŅS AŅD S	SLID			4 12						
OFF.THE.RIG	GHT SIDE OF.	THE ROA	AD/EXIT.F	RAMPTH	∃E		22.0			Unit 01 on side				
FRONT CEN	TER OF UNIT	01 THEN	STRUC	CA LIGHT			2	i î	XX ramo to					
POLE IN THE GRASS: UNIT-01-THEN ROLLED OVER														
AND LANDED ON ITS LEFT/DRIVER SIDE IN THE GRASS								\$44 \$44	ight.					
<u></u>							1 [	Unit	O1 PURE					
							-			/				
									Unit 01					
CRASH REPOR	TED DATE/TIME	1	DISPATCH DATE	E/TIME	ARRIVA	Not to s	cale	SCENE CLEAR	ED DATE/TIME	REPORT TAKEN BY				
	0/3/1/8/2/0/2/4   2/0/3/5     0/3/1/8/2/0/2/4   2/0/3/6     0/3/1/8/2/0/2/4   2/0/5/3							— POLICE AGENCY						
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	officer's B. Re		1		CHECKED BY OF	FICER'S NAME*		SUPPLEMENT	_			
2 5	OFFICER'S BADGE NUMBER*							CHECKED BY OFFICER'S BADGE NUMBER'    S   2   1						

	OH OF MAPET	O DEPARTMENT PUBLIC SAFETY UNIT		LOCAL REPORT NUMBER  2   0   2   4   0   6   8   5									
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE GOINS PATE	(= 3	Same As Driver)	OWNER PI	HONE: INCLUDE AREA CODE	( Same As Driver)	DAMAGE DAMAGE SCALE					
ER		SS: STREET, CITY, STATE, ZIP	( Same As	s Driver)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE				
OWN	5988	BEAR CRE		44146	4 2- MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN							
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIF	,	REA CODE		DAMAGED AREA(S)							
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #						VEHICLE YEAR	VEHICLE MAKE	INDICATE ALL THAT APPLY					
O_H_ HXU8615 \[ \( \bar{3} \) GNC_JKSB_1_L_L_3_3_15						2 0 2 0	Chevrolet  VEHICLE MODEL	11 12	11 12 1				
		RIFIED Allstate		974479518				10 1	2 10 11 1 2				
	☐ COMMERC	TYPE OF USE  CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPANY NAME Interstate			9 3	3 9 3 3				
	INTERLO	CK	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS.	HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS# PLACARD ID #			8 5	4 8 7 5 4				
	DEVICE EQUIPPE	HIT/SKIP UNIT	0 1	2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLACARD LIFE			7 6 5	11 12 7 6 5				
		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE		12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 20 - OTHER VEHICLE 25 - OTHER NON- MOTORIST			10/	11 1 2				
	0 0	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	21 - HEAVY	EQUIPMENT 2	5 - OTHER NON-MOTORIST 6 - BICYCLE 7 - TRAIN	9	9 2 3				
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT 17 - MOTORHOME			9 - UNKNOWN OR HIT/SKIP						
/EHICLE		# OF TRAILING UNITS						11 12 1	7 6 5 11 12 1				
VE							- UNKNOWN	10 12 1	2 10 11 1				
	2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 9 9 3							
	2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS COMPANY AUTONOMOUS AUTONOMOUS AUTONOMOUS AUTONOMOUS 2-		OUS VEL	AATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION									
	0 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE	11 - FIRE 12 - MILITARY 13 - POLICE	16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER JUNKNOWN 18 - SNOW REMOVAL			7 6 5	7 6 5				
		4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY  SPECIAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT		19 - TOWING 20 - SAFETY SERVICE PATROL				12 12 12					
	0 4	O 1 1 1 1-NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER CHARGO BODY TYPE MOTOR VEHICLE CHARGO CHARGO BODY TYPE 4 - LOGGING 6 - CARGO VANIENCI.OSED BOX 7 - GRAINCHIPSIGRAVEL		8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGEREFUSE 11 - DUMP 99 - OTHER / UNKNOWN  9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN		12 0 0							
						, ,	9 🔐 3 9 🗱 3						
							6	<b>↑</b>					
	VEURIE	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 7 - WORN OR SLICK TIRES 5 - STEERING 8 - TRAILER EQUIPMENT 6 - TIRE BLOWOUT DEFECTIVE		10 - DISABLED FROM PRIOR ACCIDENT				6 6 6				
Ī	1 1 1	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	9 - MEDIANICROSSING ISLAND 12 - FIRST RESPONDER 10 - DRIVEWAY ACCESS AT INCIDENT SCENE		O DAMAGE [0]	- UNDERCARRIAGE [14]					
	NON-MOTORIST LOCATION AT IMPACT	CROSSWALK 2 - INTERSECTION - UNMARKED	CROSSWALK 8. SIDEWALK		11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN TRAILS		■ - TOP [13]	☐ - ALL AREAS [15] IT NOT AT SCENE [16]					
		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN		13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE			IN	NITIAL POINT OF CONTACT					
	_ 2 _	2 - NON-COLLISION 3 - STRIKING  DEE CRASH	3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED	SPE	CIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	0 - NO DAMAGE	14 - UNDERCARRIAGE				
		4 - STRUCK			GING, PLAYING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 2 1-12 - REFER TO						
		8 STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 9 - OTHER / UNKNOWN		17 - PUSHING VEHICLE			13 - TOP	55 - DINAYOWN					
		1 NONE			17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY				TRAFFIC				
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	17 - VISION OBSTRUCTION         21 - LYING IN ROADWAY           18 - OPERATING DEFECTIVE         22 - NOT DISCERNABLE           EQUIPMENT         23 - OPENING DOOR INTO			TRAFFICWAY FLOW	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP SIGN				
	1.1.1.	4 - RAN STOP SIGN 9 - IMPROPER LANE ILLEGALLY  5 - UNSAFE SPEED 10 - IMPROPER PASSING 15 - SWEEVING TO AVOID 10 - IMPROPER PASSING 16 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 12 - IMPROPER PACKING		15 - SWERVING TO AVOID	FALI	D SHIFTING/ LING/SPILLING	ROADWAY 9 - OTHER IMPROPER	1 - ONE-WAY 1 1 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN				
	CONTRIBUTING			16 - WRUNG WAY	20 - IMPROPER CROSSING ACTION			#OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL  RAIL GRADE CROSSING				
	CIRCUMSTANCES							ON ROAD	1 - NOT INVOLVED				
/ENT(S)	SEQUENCE OF	EVENTS						. 4 .	2 - INVOLVED - ACTIVE CROSSING  3 - INVOLVED - PASSIVE CROSSING				
ũ		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		WAY VEHICLE 2	2 - WORK ZONE MAINTENANCE		0- INTOLYED-1 MOSIVE ONOGOING				
		2 - FIRE/EXPLOSION         7 - SEPARATION OF           3 - IMMERSION         UNITS           4 - JACKKNIFE         8 - RAN OFF ROAD RIGHT		TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIN	IAI - DEER	EQUIPMENT 3 - STRUCK BY FALLING,	UN	NIT / NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST				
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOT TRAI	OR VEHICLE IN NSPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST				
		15-PEDALCYCLE		IO - PEDALCYCLE	21 - PARKED MOTOR VEHICLE VEHICLE 24 - OTHER MOVABLE OBJECT			FROM   3   TO	3 - EAST 7 - SOUTHEAST				
<sup>3</sup> _ <b>0</b> _ <b>1</b>			COLLISION WITH FIXED OBJECT	CT - STRUCK				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUR 44 - DITC	Н	0 -WORKZONE MAINTENANCE EQUIPMENT 1 - WALL	UNIT SPEED	DETECTED SPEED				
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EMB 46 - FENO 47 - MAIL	DE 5	2 - BUILDING 3 - TUNNEL						
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE	54 99	4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN	3,5,	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
	6.	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED				
	<u> </u>												
2 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT								6 0					
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OF PUBLIC SAFETY  OF PUBLIC SAFETY  MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER							
SAFETY - SERVICE - PROTECTION	WOTORIST / NC	JIN-IVIO I OKI	31				_2	0 2 4	_ 0 _	6   8   5				
M UNIT# NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
TO 1 GOINS PATRICE HAZEL  ADDRESS: STREET, CITY, STATE, ZIP								0   3   1   6   2   0   0   1     2   3     F						
	5988 BEAR CREEK DR 310 BEDFORD HEIGHT OH 44146								CONTACT PRIORE - INCLUDE AREA CODE					
INJURIES INJURED TAKEN BY	CAL FACILITY (NAME, CITY)	AME, CITY) SAFETY EQUIPMENT USED				SEATING POS	SITION	AIR BAG USAGE	BAG USAGE EJECTION TRAPPED					
GHFD Squad 1					0   4		MC HELMET	DOT-COMPLIANT MC HELMET  0 1			4 1 1 1			
OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE (	CHARGED	CODE	OFFENSE DESCRIPT	TION				CITATION NUMBER	₹			
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	TED .	CONDITION		ALCOH	IOL TEST		DR	UG TEST(S)			
R SELECT UP TO 2		DISTRACTED BY	_	ARIJUANA	1 .	STATUS	1 1 1	VALUE	STATE 1	IS TYPE	RESU	LT SELECT UP TO 4		
M UNIT# NAME: LAST, FIR			OTHER DRUG	L	ı			DATE OF BI	1	_ -	AGE	GENDER		
O T O	SI, MIDDLE						l	DATE OF BI		_ , _ ] ,	AGE	GENDER		
R ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE						
S T														
N BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQ USED	UIPMENT		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED		
O L OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE O	HARGED	LOCAL	OFFENSE DESCRIPT	III III	MC HELMET			CITATION NUMBER		<u> </u>		
M O	ENGE NUMBER	0.72.02.0		CODE	0. 1 E.1.02 B2001					on the state of th				
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION			OL TEST			UG TEST(S)			
R   SELECT UP 102	1 11 1 11 1	BY	ALCOHOL MA	ARIJUANA		STATUS	TYPE	VALUE	STATU	S TYPE	RESUL	T SELECT UP TO 4		
S UNIT # NAME: LAST, FIF	ST, MIDDLE		OTHER DRUG	L				DATE OF BI	RTH		AGE	GENDER		
O T							l	1 1 1	1 1			1		
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE						
S T														
I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQU USED	IIPMENT		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE O	HARGED	LOCAL	OFFENSE DESCRIPT	TION	MC RELIMET			CITATION NUMBER				
M 0				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION	STATUS	ALCOH	OL TEST VALUE	STATU		DRUG TEST(S)  TYPE RESULT SELECT UP TO 4			
s	1 11 1 11 1	I I	ALCOHOL MA OTHER DRUG	ARIJUANA		l, i	l, ,				1 1			
INJURIES	SEATING POSITION	AIR BAG	OL C	LASS	) OL	. RESTRICTIO	N(S)	DRIVER DIS	TRACTION		TEST ST	ATUS		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED  2 - DEPLOYED FRONT	1 - CLASS A 2 - CLASS B		1 - ALCOHOL DEVICE	INTERLOCK		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN	NG AN	1 - NONE 2 - TEST	GIVEN REFUSED			
3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C			2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING.		3 - TEST GIVEN, CONTAMINATED				
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT /		4 - REGULAR CLASS (OHIO = D)				DIALING) 3 - TALKING ON HANDS-FREE			SAMPLE / UNUSABLE  4 - TEST GIVEN, RESULTS KNOWN			
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL				6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD		5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY	7 - THIRD - LEFT SIDE		o de comment officioni			7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE			COMMUNICATION DEVICE					
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE			9.1			RESTRICTIONS 9 - LEARNER'S PERMIT		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		ALCOHOL TEST TYPE			
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB		ED OL ENDORSEMENT  H - HAZMAT			TIONS TO DAYLIGHT		6 - PASSENGER 7 - OTHER DISTRACTION INSIDE		1 - NON	ALCOHOL TEST TYPE  1 - NONE			
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER	ENCLOSED CARGO AREA		M - MOTORCYCLE ONLY					THE VEHICLE  8 - OTHER DISTRACTIONS OUTSIDE		2 - BLOOD			
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	(NON-TRAILING UNIT, BUS,		P - PASSENGER			THE VEHICLE				3 - URINE 4 - BREATH			
SAFETY EQUIPMENT  1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER				(SPECIAL BRAKES, HAND CONTROLS, OR OTHER		9-OTHER/UNKNOWN		5-OTHER			
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE			all V							
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	- RIDING ON VEHICLE 2 - EXTRICATED BY			S - SCHOOL BUS 14 - MILITARY VEHICLES OF T - DOUBLE & TRIPLE TRAILERS 15 - MOTOR VEHICLES WITHOUT AIR BRAKES					1 - NONE	DRUG TES	T TYPE		
FORWARD FACING  6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT)  15 - NON-MOTORIST	IG UNIT) RIST 3 - FREED BY					16 - OUTSIDE MIRROR		CONDITION		2 - BLOOD			
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS					17 - PROSTHETIC AID 18 - OTHER		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER			
8 - HELMET USED								3 - EMOTIONAL (E.G. DEF						
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GEN	IDER				ANGRY, DISTURBED) 4 - ILLNESS		1 - AMP	DRUG TEST F	RESULT(S)		
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN				F - FEMALE M - MALE					5 - FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					FATIGUED, ETC.  6 - UNDER THE INFLUENCE OF		4 - CAN	3 - BENZODIAZEPINES 4 - CANNABINOIDS			
							MEDICATIONS / DRUGS / ALCOHOL			5 - COCAINE 6 - OPIATES / OPIOIDS				
									9 - OTHER / UNKNOWN		7 - OTHER 8 - NEGATIVE RESULTS			
										0 1120/				

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