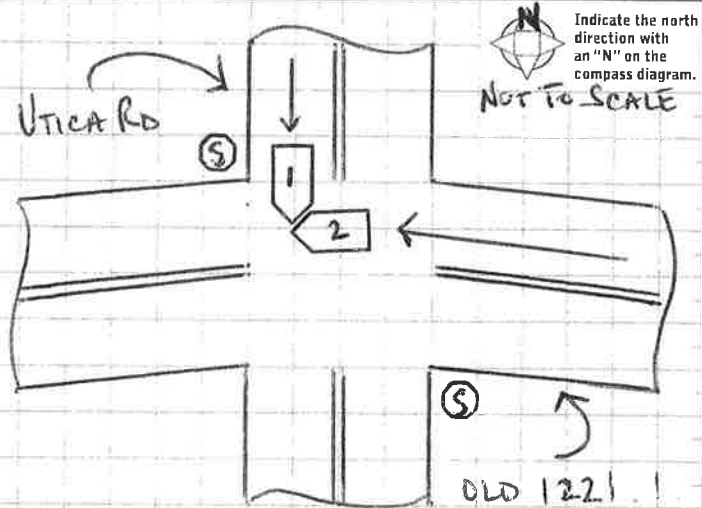


| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | | <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | | LOCAL INFORMATION REPORTING AGENCY NAME* CLEARCREEK TWP PD | | NCIC* 08316 | | LOCAL REPORT NUMBER* LP190705003328 | | | | | | | |
| COUNTY* 83 | | LOCALITY* 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* CLEARCREEK | | CRASH DATE / TIME* 07052019 1415 | | NUMBER OF UNITS 02 | | UNIT IN ERROR 01 98-ANIMAL 00 99-UNKNOWN | | | | | |
| ROUTE TYPE <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST | | ROUTE NUMBER 122 | | PREFIX 1-NORTH | | LOCATION ROAD NAME OLD 122 | | ROAD TYPE R D | | CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | | | | | |
| ROUTE TYPE <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST | | ROUTE NUMBER 122 | | PREFIX 1-NORTH | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) UTICA | | ROAD TYPE R D | | LONGITUDE DECIMAL DEGREES 84.161019 | | | | | |
| REFERENCE POINT <input checked="" type="checkbox"/> 1-INTERSECTION <input type="checkbox"/> 2-MILE POST <input type="checkbox"/> 3-HOUSE # | | DIRECTION FROM REFERENCE <input type="checkbox"/> 1-NORTH <input type="checkbox"/> 2-SOUTH <input type="checkbox"/> 3-EAST <input type="checkbox"/> 4-WEST | | ROUTE TYPE <input type="checkbox"/> IR-INTERSTATE ROUTE(TP) <input type="checkbox"/> US-FEDERAL US ROUTE <input type="checkbox"/> SR-STATE ROUTE <input type="checkbox"/> CR-NUMBERED COUNTY ROUTE <input type="checkbox"/> TR-NUMBERED TOWNSHIP ROUTE | | ROAD TYPE AL-ALLEY HW-HIGHWAY RD-ROAD AV-AVENUE LA-LANE SQ-SQUARE CR-CIRCLE OV-OVAL ST-STREET CT-COURT PK-PARKWAY TL-TRAIL DR-DRIVE PI-PIKE WA-WAY HE-HEIGHTS PL-PLACE | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 | | | | | | | |
| DISTANCE FROM REFERENCE <input type="checkbox"/> 1-MILES <input type="checkbox"/> 2- FEET <input type="checkbox"/> 3-YARDS | | DISTANCE UNIT OF MEASURE <input type="checkbox"/> 1-MILES <input type="checkbox"/> 2- FEET <input type="checkbox"/> 3-YARDS | | ROUTE TYPE <input type="checkbox"/> IR-INTERSTATE ROUTE(TP) <input type="checkbox"/> US-FEDERAL US ROUTE <input type="checkbox"/> SR-STATE ROUTE <input type="checkbox"/> CR-NUMBERED COUNTY ROUTE <input type="checkbox"/> TR-NUMBERED TOWNSHIP ROUTE | | ROAD TYPE AL-ALLEY HW-HIGHWAY RD-ROAD AV-AVENUE LA-LANE SQ-SQUARE CR-CIRCLE OV-OVAL ST-STREET CT-COURT PK-PARKWAY TL-TRAIL DR-DRIVE PI-PIKE WA-WAY HE-HEIGHTS PL-PLACE | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1- ON ROADWAY <input type="checkbox"/> 2- ON SHOULDER <input type="checkbox"/> 3- IN MEDIAN <input type="checkbox"/> 4- ON ROADSIDE <input type="checkbox"/> 5- ON GORE <input type="checkbox"/> 6- OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7- ON RAMP <input type="checkbox"/> 8- OFF RAMP | | | | MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2- REAR-END <input type="checkbox"/> 3- HEAD-ON <input type="checkbox"/> 4- REAR-TO-REAR <input type="checkbox"/> 5- BACKING <input type="checkbox"/> 6- ANGLE <input type="checkbox"/> 7- SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8- SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9- OTHER / UNKNOWN | | | | DIRECTION OF TRAVEL <input type="checkbox"/> 1- NORTH <input type="checkbox"/> 2- SOUTH <input type="checkbox"/> 3- EAST <input type="checkbox"/> 4- WEST | | MEDIAN TYPE <input type="checkbox"/> 1- DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2- DIVIDED FLUSH MEDIAN (>4 FEET) <input type="checkbox"/> 3- DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4- DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 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 <input type="checkbox"/> 1- LANE CLOSURE <input type="checkbox"/> 2- LANE SHIFT/CROSSOVER <input type="checkbox"/> 3- WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4- INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5- OTHER | | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1- BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2- ADVANCE WARNING AREA <input type="checkbox"/> 3- TRANSITION AREA <input type="checkbox"/> 4- ACTIVITY AREA <input type="checkbox"/> 5- TERMINATION AREA | | CONTOUR <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1- STRAIGHT LEVEL <input type="checkbox"/> 2- STRAIGHT GRADE <input type="checkbox"/> 3- CURVE LEVEL <input type="checkbox"/> 4- CURVE GRADE <input type="checkbox"/> 9- OTHER/UNKNOWN | | CONDITIONS <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1- DRY <input type="checkbox"/> 2- WET <input type="checkbox"/> 3- SNOW <input type="checkbox"/> 4- ICE <input type="checkbox"/> 5- SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6- WATER (STANDING, MOVING) <input type="checkbox"/> 7- SLUSH <input type="checkbox"/> 9- OTHER/UNKNOWN | | SURFACE <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1- CONCRETE <input type="checkbox"/> 2- BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3- BRICK/BLOCK <input type="checkbox"/> 4- SLAG, GRAVEL, STONE <input type="checkbox"/> 5- DIRT <input type="checkbox"/> 9- OTHER/UNKNOWN | | | | | |
| LIGHT CONDITION <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1- DAYLIGHT <input type="checkbox"/> 2- DAWN/DUSK <input type="checkbox"/> 3- DARK - LIGHTED ROADWAY <input type="checkbox"/> 4- DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5- DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9- OTHER / UNKNOWN | | | | WEATHER <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1- CLEAR <input type="checkbox"/> 2- CLOUDY <input type="checkbox"/> 3- FOG, SMOG, SMOKE <input type="checkbox"/> 4- RAIN <input type="checkbox"/> 5- SLEET, HAIL <input type="checkbox"/> 6- SNOW <input type="checkbox"/> 7- SEVERE CROSSWINDS <input type="checkbox"/> 8- BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9- FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99- OTHER / UNKNOWN | | | | | | | | | | | |
| NARRATIVE UNIT 01 WAS TRAVELING SOUTHBOUND ON UTICA RD AND STOPPED FOR THE POSTED STOP SIGN AT THE INTERSECTION OF OLD 122. UNIT 02 WAS TRAVELING WESTBOUND ON OLD 122 WHEN UNIT 01 FAILED TO YIELD THE RIGHT OF WAY TO UNIT 02 AND ENTERED THE INTERSECTION. AS A RESULT, UNIT 02 STRUCK UNIT 01. | | | | | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME 07052019 1415 | | | | DISPATCH DATE / TIME 07052019 1415 | | | | ARRIVAL DATE / TIME 07052019 1427 | | | | SCENE CLEARED DATE / TIME 07052019 1517 | | | |
| TOTAL TIME ROADWAY CLOSED 062 | | OTHER INVESTIGATION TIME 030 | | TOTAL MINUTES 092 | | OFFICER'S NAME* JASON L BATES | | | | CHECKED BY OFFICER'S NAME* Col. Knobbe | | | | | |
| TOTAL TIME ROADWAY CLOSED 062 | | OTHER INVESTIGATION TIME 030 | | TOTAL MINUTES 092 | | OFFICER'S BADGE NUMBER* 1 L 2 2 | | | | CHECKED BY OFFICER'S BADGE NUMBER* 1 L 2 8 | | | | | |
| 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 DOPS) | | | | | | | | | | | | | | | |



OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
JOSEPH MOTORWERKS LLC OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
5135315500

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3813 MONTGOMERY RD, CINCINNATI, OH 45212

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

VEHICLE

LP STATE OH LICENSE PLATE # 0217249 VEHICLE IDENTIFICATION # 1VWA1P7A30D075784 VEHICLE YEAR 2013 VEHICLE MAKE VW

INSURANCE VERIFIED INSURANCE COMPANY CINCINNATI INSURANCE POLICY # ENP0308720 COLOR SILVER VEHICLE MODEL PASSAT

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 US DOT # _____ TOWED BY: COMPANY NAME A1 CLASSIC

HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE

| | | | | |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| <u>01</u> 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 | 99 - UNKNOWN OR HIT/SKIP | |

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

01 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION

| | | | | |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| <u>01</u> 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

| | | | | |
|---|--|----------------------------------|----------------|-----------------------|
| <u>01</u> 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 | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | | | 11 - DUMP | 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 | | | |

NON-MOTORIST LOCATION AT IMPACT

| | | | | |
|---------------------------------------|----------------------------------|-------------------------|---------------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/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

| | | | | |
|----------------------------|------------------------|------------------------------------|--|--|
| <u>4</u> 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 | 4 - OVERTAKING/PASSING | 10 - PARKED | 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 | | |

CONTRIBUTING CIRCUMSTANCES

| | | | | |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| <u>02</u> 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 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 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 | | | |
| 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |

SEQUENCE OF EVENTS

| | | | | |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| <u>20</u> 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 | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |

COLLISION WITH FIXED OBJECT - STRUCK

| | | | | |
|---|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| <u>1</u> 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 | |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

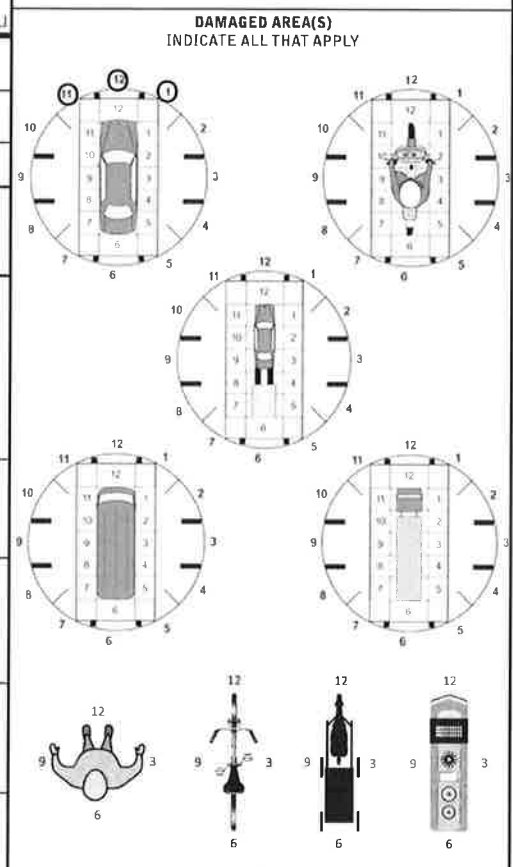
LOCAL REPORT NUMBER

L P 1 9 0 7 0 5 0 0 3 3 2 8

DAMAGE

DAMAGE SCALE

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



NO DAMAGE [0] UNDERCARRIAGE [14]

TOP [13] ALL AREAS [15]

UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

11 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

4 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 1 TO 2

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

UNIT SPEED

005

POSTED SPEED

50

DETECTED SPEED

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

| | | | | | | |
|----------|---|--|---|---|----------------------------------|--|
| OWNER | UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) | | | | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # 727YYM | VEHICLE IDENTIFICATION # 2G1WG5E35D1170508 | VEHICLE YEAR 2013 | VEHICLE MAKE CHEVY | |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY CINCINNATI | INSURANCE POLICY # A0101146144 | COLOR SILVER | VEHICLE MODEL IMPALA | |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME SANDYS | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | CLASS # PLACARD ID # | |
| | UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | | | | |
| | # OF TRAILING UNITS | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | | |
| | SPECIAL FUNCTION 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 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | | |
| | CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 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 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | |
| | VEHICLE DEFECTS 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 | | | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 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 | | | | | |
| | ACTION 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 | | | | | |
| | CONTRIBUTING CIRCUMSTANCES 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 | | | | | |
| | 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 MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 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 | | | | | |
| | FIRST HARMFUL EVENT | | | | | |
| | MOST HARMFUL EVENT | | | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER LP 190705003328 | |
| DAMAGE DAMAGE SCALE 4 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 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 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 050 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
L P 1 9 0 7 0 5 0 0 3 3 2 8

| | | | | | | | | | | | | | | |
|--------------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------|--|---------------------|--------------------------|------------------------------|--------------------------------|-------------------------|----------------------|------------------------|----------------|-----------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | AGE | GENDER | | |
| 0 1 | CLAYTON, JAJUAN M | | | | | 0 3 / 1 1 / 1 9 9 7 | | | | | 2 2 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 2234 VARELMAN AVE, NORWOOD, OH 45212 | | | | | 5 1 3 3 8 4 7 3 9 3 | | | | | | | | | |
| 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 | UE781515 | | | 4511.43A | | | <input type="checkbox"/> | FAIL TO YIELD FROM STOP SIGN | | | | 017684 | | |
| 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 | | 0 3 | | 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 | 1 | |

| | | | | | | | | | | | | | | |
|--------------------------------------|-----------------------------------|-----------------------------------|--|-----------------------------|--|---------------------|--------------------------|------------------------------|--------------------------------|-------------------------|----------------------|------------------------|----------------|-----------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | | | | AGE | GENDER | | |
| 0 2 | BAYES JR, ROY L | | | | | 1 1 / 2 7 / 1 9 5 5 | | | | | 6 3 | M | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| 730 DAYTON RD, WAYNESVILLE, OH 45068 | | | | | 9 3 7 4 7 5 3 6 4 2 | | | | | | | | | |
| 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 | RP679754 | | | | | | <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 | | 0 3 | | 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 | 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 = 0) | 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 MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | |
| INJURED TAKEN BY | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 2 - BLOOD |
| 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 10 - LIMITED TO DAYLIGHT ONLY | | 3 - URINE |
| 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 11 - LIMITED TO EMPLOYMENT | CONDITION | 4 - BREATH |
| SAFETY EQUIPMENT | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 1 - APPARENTLY NORMAL | 5 - OTHER |
| 1 - NONE USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 2 - SHOULDER BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1 - NONE |
| 3 - LAP BELT ONLY USED | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 4 - ILLNESS | 2 - BLOOD |
| 4 - SHOULDER & LAP BELT USED | 99 - OTHER / UNKNOWN | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - URINE |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | 17 - PROSTHETIC AID | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - OTHER |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | 18 - OTHER | 9 - OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 7 - BOOSTER SEAT | | | | | | 1 - AMPHETAMINES |
| 8 - HELMET USED | | | | | | 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 |