| OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT         |  |  |                              |                         |             |   |                                 |                                    |   |                         | LO            | CAL REP    | ORT NUM                                 | IBER*                                       |                                 |        |  |  |  |
|--|--|--|------------------------------|-------------------------|-------------|---|---------------------------------|------------------------------------|---|-------------------------|---------------|------------|---|---|---------------------------------|--------|--|--|--|
| OH-2 OH-3 LOCAL INFORMATION  |  |  |                              |                         |             |   |                                 |                                    |   | 0 2 3                   | 3 -           | 0 0        | 0 1                                     | 1 ;   | L 6 2                           |        |  |  |  |
| M PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*  SECONDARY CRASH PRIVATE PROPERTY Heath PD |  |  |                              |                         |             |   |                                 | NCIC*                              | HIT/SKIP NUMBER OF UN                               |                         |               |            |   | 00 4111141                                  |                                 |        |  |  |  |
|  |  | 0  | 4 5 0 7                      | 1-SOLVED 02             |             |   |                                 |                                    |   | 99 - UNKNOWN            |               |            |   |   |                                 |        |  |  |  |
| COUNTY* LOCALITY*  | CITY<br>VILLAGE <b>H</b>   |  |                              |                         | 10          | CRASH DA  |                                 | 1 - FA                             | SEVERITY<br>ATAL                                    |                         |               |            |   |   |                                 |        |  |  |  |
| 3-1  |  | ROAD TYPE  | 1 0                          | 05202                   |             |   | 2 - SERIOUS INJURY<br>SUSPECTED |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |
| S R 79   |  |  | R D                          | 4                       | 0 0 2       |   |                                 | 3 - MINOR INJURY                   |   |                         |               |            |   |   |                                 |        |  |  |  |
|  | OUSE #   | )  | ROAD TYPE                    |                         | LONGITU     |   |                                 | s                                  |   | JSPECTED<br>JURY POSSIB | LE            |            |   |   |                                 |        |  |  |  |
| ROUTE TYPE ROUTE NU  |  |  |                              |                         | -8          | 2 4 4   | 1 8                             | 3 0                                | 100   |                         | ROPERTY DAN   | /AGE       |   |   |                                 |        |  |  |  |
| REFERENCE POINT  | DIRECTION<br>FROM REFERENCE  | -WEST  | ROUTE TY                     | PE                      |             | ROAD  | TYPE                            |                                    |   |                         |               |            | ION REL                                 |   | VLT                             |        |  |  |  |
| 1 - INTERSECTION 2 - MILE POST   | HW-HI  | IGHWAY   | RD - ROAD<br>SQ - SQUARE     | ╽⊏                      | WITHIN I    | NTERS   | ECTION                          | R ON APF                           | PROACH  |                         |               |            |   |   |                                 |        |  |  |  |
| 3- HOUSE #   |  |  | ST - STREET                  |                         |             |   |                                 |                                    |   |                         | CHES          |            |   |   |                                 |        |  |  |  |
| DISTANCE<br>FROM REFERENCE   | TE - TERRACE<br>TL - TRAIL   |  |                              |                         | RO.         | DWAY  |                                 |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |
| 2 1 8  | 1-MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY                                       |  |                              |                         |             |   |                                 |                                    |   | ROADWAY DIVIDED         |               |            |   |   |                                 |        |  |  |  |
|  | LOCATION OF FIRST HARMFUL EVENT  LOCATION OF FIRST HARMFUL EVENT  MANNER OF CRASH COLLISION/IMPACT |  |                              |                         |             |   |                                 |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |
| 1 - ON ROADWA  | R-TO-REAR  | 461  | DIRE                         | CTION OF TR<br>1 - NOR1 |             |   |                                 | ED FLU                             | <b>YPE</b><br>SH MEDIAN                             |                         |               |            |   |   |                                 |        |  |  |  |
| 0 1 2 - ON SHOULD  |  |  |                              |                         |             |   |                                 |                                    | 2 - SOUTH   |                         |               |            | ( < 4 F                                 | EET)  | SH MEDIAN                       |        |  |  |  |
| 4 - ON ROADSID   | DE 12-S  | HARED USE  |                              | TF                      | RANSPORT    |   | SWIPE, SAF                      | ME DIRECTION                       | 3 - EAST<br>4 - WEST                                |                         |               |            | (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN |   |                                 |        |  |  |  |
| 5 - ON GORE<br>6 - OUTSIDE TR  | ER/UNKNO   | POSITE DIRECTION<br>OWN                                  |                              |                         |             |   | 4 - DIVID                       | ED, RAI                            | SED MEDIAN  | ,,,,,,                  |               |            |   |   |                                 |        |  |  |  |
| 7 - ON RAMP 14-TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99-OTHER/UNKNOWN 9-OTHER/UNKNOWN           |  |  |                              |                         |             |   |                                 |                                    |   |                         |               | own        |   |   |                                 |        |  |  |  |
| WORK ZONE RELAT  | TED  |  | WORK ZONE TY                 | /PE                     | LOCATIO     | N OF C  | RASH IN W                       | ORK ZONE                           | CONTOUR   |                         |               | CONDITIONS |   |   | SURFACE                         |        |  |  |  |
| WORKERS PRESEN   |  |  | ANE CLOSURE<br>ANE SHIFT/CRO | ISSUMED                 | 1.          |   | RE THE 1ST<br>ING SIGN          | WORK ZONE                          | 1   |                         |               |            | 1                                       | 2   |                                 |        |  |  |  |
| LAW ENFORCEMEN   |  | , 3-W  | ORK ON SHOUL<br>R MEDIAN     |                         | S 260 11124 |   | ICE WARNI<br>SITION ARE         |                                    | 1 - STRAIGHT LEVEL 1 - DRY                          |                         |               |            | 1 - CONCRETE                            |   |                                 |        |  |  |  |
|  |  |  |                              | or MOVING WO            | RK 4        | - ACTIV   | ITY AREA                        |                                    | 2 - STRAIGHT GRADE 2 - WET 3 - CURVE LEVEL 3 - SNOW |                         |               |            | 2 - BLACKTOP,<br>BITUMINOUS,            |   |                                 |        |  |  |  |
| ACTIVE SCHOOL ZO   | ONE  | 5 - 0  | THER                         |                         | 5           | - TERMI   | INATION A                       | REA                                | 4 - CURVE GRADE 4 - ICE                             |                         |               |            |   | ASPHALT<br>3 - BRICK/BLOCK                  |                                 |        |  |  |  |
| COMMISSION BY  | CONDITION  |  | 1.0                          | WEAT                    |             |   |                                 |                                    | 9 - OTHER/UNKNOWN 5 - SAND, MU<br>OIL, GRAV         |                         |               |            |   | D, DIRT, 4 - SLAG, GRAVEL,                  |                                 |        |  |  |  |
| 1 - DAYLIGHT   |  |  |                              |                         |             |   |                                 |                                    | 6 - WATER (ST<br>MOVING)                            |                         |               |            |   | STUNE                                       |                                 |        |  |  |  |
| 3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZI                |  |  |                              |                         |             |   |                                 | T, SNOW<br>ZING DRIZZLE            | 7 - SLUSH   |                         |               |            |   | 9 - OTHER/UNKNOV                            |                                 |        |  |  |  |
| 5 - DARK – UNKI<br>9 - OTHER / UNK   | NOWN ROADWAY I   | LIGHTING   | 5 - S                        | LEET, HAIL              | 99 - OTHER  | / UNKN  | OWN                             |                                    | 9 - OTI   |                         |               |            | UNKNOWI                                 | N   |                                 |        |  |  |  |
| NARRATIVE  | NA - 2.8.2.1   |  | -                            |                         |             |   | 1 1                             |                                    | Н   |                         | 1             |            | 1                                       | <b>M</b>                                    | Indicate the i                  | north  |  |  |  |
| Unit 2 was st  | opped in t   | raffic o   | on SR 79                     | southbo                 | ound in     |   |                                 |                                    |   |                         |               |            | $ \leqslant$                            |   | direction with<br>an "N" on the | h<br>E |  |  |  |
| the right lane   | . Unit 1 w   | as app   | roaching                     | g Unit 2 a              | and         |   |                                 |                                    | Scen  | ePD ™ - Evaluation I    | Edition       |            |   | ~~  | compass diag                    | ram.   |  |  |  |
| rear ended Ui  | nit 2.   |  |                              |                         |             | Evaluation Edition  Evaluation Edition  Evaluation Edition  V |                                 |                                    |   |                         |               |            |   |   | 2==                             |        |  |  |  |
|  |  |  |                              |                         |             | Evaluation Edition  Evaluation Edition  Evaluation Edition    |                                 |                                    |   |                         |               |            |   |   | :=                              |        |  |  |  |
|  | Evaluation Edition  Evaluation Edition   |  |                              |                         |             |   |                                 |                                    |   | /                       |               |            |   |   |                                 |        |  |  |  |
|  | Evaluation Edition  Evaluation Edition  Evaluation Edition   |  |                              |                         |             |   |                                 |                                    |   |                         | -             |            |   |   |                                 |        |  |  |  |
|  | Evaluation Edition   |  |                              |                         |             |   |                                 |                                    | =   |                         |               |            |   |   |                                 |        |  |  |  |
|  | Evaluation Editor  Evaluation Editor   |  |                              |                         |             |   |                                 |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |
|  | Ev   | aluation Edition   | Evaluation Edition           | ., Edition              | / ,         |   |                                 | Evaluatio                          | n Edition   |                         |               |            |   |   |                                 |        |  |  |  |
|  |  | Evaluation Edition Evaluation Edition Evaluation Edition |                              |                         |             |   |                                 |                                    | 1220031120031114                                    |                         |               |            |   |   |                                 |        |  |  |  |
| Evaluation Edition  Evaluation Edition  Evaluation Edition  Evaluation Edition               |  |  |                              |                         |             |   |                                 |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |
| Evaluation Ed<br>Evaluation Edition  |  |  |                              |                         |             |   |                                 |                                    |   | valuation Edition       | aluation Edit | tion       |   | _   |                                 | 1-     |  |  |  |
|  |  |  |                              |                         |             |   | aluation Edition                | T 1 1 1                            |   | rancite (877) 908-47    |               | Not To     | scale                                   |   |                                 |        |  |  |  |
| CRASH REPORTED D   |  |  | SPATCH DATE                  |                         |             |   | DATE / TIM                      |                                    |   | ENE CLEAF               |               |            |   |   | ORT TAKEN B                     | ~      |  |  |  |
| 1,0,0,5,2,0,2,3  |  |  |                              |                         | 1005        | 2 0 2   |                                 | 206 1                              |   |                         | 23            | 12         | 28                                      |   | OTORIST                         |        |  |  |  |
| TOTAL TIME<br>ROADWAY CLOSED INVE  | TOTAL TIME OTHER TOTAL OFFICER'S NAME*  ROADWAY CLOSED INVESTIGATION TIME MINUTES RISCH            |  |                              |                         |             |   |                                 |                                    | CHECKED BY OFFICER'S NAME*                          |                         |               |            |   |   | JPPLEMENT                       | 000000 |  |  |  |
| _  | OFFICER'S BADGE NUMBER   |  |                              |                         |             |   | _                               | CHECKED BY OFFICER'S BADGE NUMBER* |   |                         |               |            |   | ORRECTION OR ADE<br>IN EXISTING REPORT SENT |                                 |        |  |  |  |
| 2_05_2071  |  |  |                              |                         |             |   | 3                               |                                    |   |                         |               |            |   |   |                                 |        |  |  |  |

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

| OHIO DE<br>OF PUBL<br>SAFETY - SER    | SOUND DEPARTMENT MOTORIST / NON-MOTORIST  MOTORIST / NON-MOTORIST                             |   |   |  |   |  |                                      |  |                             | 2 0 2 3 - 0 0 0 1 1 1 6 2               |  |   |                     |  |                                      |  |                |  |  |
|---------------------------------------|---|---|---|--|---|--|--------------------------------------|--|-----------------------------|---|--|---|---------------------|--|--------------------------------------|--|----------------|--|--|
| UNIT #                                |   |   |   |  |   |  |                                      |  |                             |   | DATE OF BIRTH AGE GEN                      |   |                     |  |                                      |  |                |  |  |
| 0 1                                   | HOFFER, BRITTANY TAYLOR SS: STREET.CITY.STATE.ZIP   |   |   |  |   |  |                                      |  |                             |   | 1 2 / 2 5 / 1 9 8 9 3 3 F                  |   |                     |  |                                      |  |                |  |  |
|                                       | , , , ,   | Bridge RD Newark, O   | H 4305!   | 5  |   |  |                                      |  |                             | CUNIA                                   | ACT PHU                                    | NE - INCLU  | JDE AREA C          |  | <b>.</b>                             |  |                |  |  |
| INJURIES                              | INJURED   | EMS AGENCY (NAME)   | EQUIPMENT   |  |   | SEATIN   | IG POSITION                          | N AIR BAG  | USAGE                       | EJECTION                                | TRAPPED                                    |   |                     |  |                                      |  |                |  |  |
| NON 5                                 | TAKEN<br>BY   |   |   |  | l l   |  |                                      |  | 0 4                         |   | F-COMPLIA<br>HELME                         |   | , 1                 | 1  |                                      | 1  | <b>, 1</b> ,   |  |  |
| OL STATE                              | OPERATOR L  | ICENSE NUMBER   | OFFENSE CHARGED LOCAL                                     |  |   |  | OFFE                                 | NSE DESC   | RIPTION                     | I                                       | CITA                                       |   |                     | TION NUMBER                                    |                                      |  |                |  |  |
| INJURIES OL STATE O H                 |   |   | CODE  |  |   |  |                                      |  |                             |   |  |   |                     |  |                                      |  |                |  |  |
| OL CLASS                              | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT  | DIST  | VER<br>Tracted   |   | DHOL / DRUG SUSPI                                | ECTED<br>RIJUANA                     | CON  | IDITION                     | STATUS                                  |  | L TEST<br>VAL   |                     |  | DRUG<br>TYPE                         | RESULT                                     | SELECT UP TO 4 |  |  |
| 4                                     |   |   | BY  | 1  | =   | THER DRUG  | TIJUANA                              | 1  | . ,                         | 1 ,                                     | ,1   |   | , ,                 | 1  | 1                                    |  | 11 11 1        |  |  |
| UNIT #                                | NAME: LAST, F   | FIRST, MIDDLE   |   |  |   |  |                                      |  |                             | D                                       | DATE OF BIRTH                              |   |                     | T  | AGE                                  | GENDER                                     |                |  |  |
| 0 2                                   | OSBORN,   | ASA EARL  |   |  |   |  |                                      |  |                             |   | / 0  | 1,  | 5  8                | 6  | 5                                    | M  |                |  |  |
| ADDRESS                               |   |   |   |  |   |  |                                      |  |                             |   |  |   |                     | _  |                                      |  |                |  |  |
| 3419 L                                |   | LLEY RD NEWARK,   | OH 4305   | 55   |   |  |                                      |  |                             |   |  |   |                     |  |                                      |  |                |  |  |
| ADDRESS 3419 L INJURIES OL STATE OL H | TAKEN   |   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)            |   |  |                                      |  | equipment<br>0 .4           | DOT-COMPLIANT O                         |  |   |                     | AIR BAG  | USAGE                                | EJECTION<br>1                              | TRAPPED 1      |  |  |
| OL STATE                              |   |   |   | OFFENSE CHARGED LOCAL                                      |   |  |                                      |  | ENSE DESCRIPTION            |   |  |   |                     |  | CITATION NUMBER                      |  |                |  |  |
| <b>В</b> о н                          |   |   |   |  | CODE  |  |                                      |  |                             |   |  |   |                     |  |                                      |  |                |  |  |
| OL CLASS                              | ENDORSEMENT<br>SELECT UP TO 2   | PT0 2 DIS   |   |  | VER ALCOHOL / DRUG SUSPECTED TRACTED                |  |                                      |  | IDITION                     | ALCOHOL TEST<br>STATUS TYPE VALUE       |  |   | .UE                 | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 |                                      |  |                |  |  |
| 4                                     |   | BY  |   |  | 1 ALCOHOL MARIJUANA  OTHER DRUG                     |  |                                      |  | L                           | 1 ,                                     | ,1   | 1   |                     |  | 1                                    |  |                |  |  |
| UNIT #                                | UNIT # NAME: LAST, FIRST, MIDDLE  |   |   |  |   |  |                                      |  |                             |   | D  | ATE OF E  | BIRTH               |  |                                      | AGE  | GENDER         |  |  |
|                                       |   |   |   |  |   |  |                                      |  |                             |   |  |   |                     |  |                                      |  |                |  |  |
| ADDRESS                               | ADDRESS: STREET, CITY, STATE, ZIP   |   |   |  |   |  |                                      |  |                             | CONTACT PHONE - INCLUDE AREA CODE       |  |   |                     |  |                                      |  |                |  |  |
| 010                                   | I   |   |   | T  |   |  |                                      |  | EQUIPMENT                   | ш                                       |  |   |                     | 1 1  | <u> </u>                             |  |                |  |  |
| ADDRESS<br>2010<br>INJURIES           | TAKEN<br>BY   | INJURED TAKEN BY  |   |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAF |  |                                      |  |                             | DOT-COMPLIANT MC HELMET                 |  |   | AIR BAG             | R BAG USAGE   EJECTION   TRAPPED               |                                      |  |                |  |  |
| OL CLASS                              | OPERATOR L  | OPERATOR LICENSE NUMBER   |   |  | OFFENSE CHARGED LOCAL CODE                          |  |                                      |  | NSE DESC                    | CRIPTION                                |  |   |                     | CITATION NUMBER                                |                                      |  |                |  |  |
|                                       |   |   |   |  |   |  |                                      |  | O O NEVEYOR                 |   | ALCOHOL TEST                               |   |                     | DRUG TEST(S)                                   |                                      |  |                |  |  |
| ≥ OL CLASS                            | S ENDORSEMENT RESTRICTION SELECT SELECT UP TO 2   |   | T UP TO 3 DRIVER DISTRACTE BY                             |  | TED ALCOHOL / DRUG SUSF                             |  | E <b>CTED</b><br>RIJUANA             | CONDITION  |                             | STATUS                                  |  |   |                     | STATUS TYPE                                    |                                      |  |                |  |  |
|                                       |   |   |   |  | 0   | THER DRUG  |                                      |  |                             |   |  | •   |                     |  |                                      |  |                |  |  |
| INJU<br>1-FATAL                       | JRIES   | SEATING POSITION  1 - FRONT - LEFT SIDE                               | A 1 - NOT DEP   | IR BAG   |   | OL CLASS<br>1 - CLASS A                          | S                                    | 4 430 ( 200 ( 200 )                                | RESTRIC                     |   | and the same                               | NOT DISTRA  | ISTRACI             |  |                                      | ST STA                                     | TUS            |  |  |
|                                       | SERIOUS INJURY  | (MOTORCYCLE DRIVER) 2 - DEPLOYE                                       |   |  |   | 2 - CLASS B                                      |                                      |  | L INTRASTAT                 |   | 2-   | MANUALLY  | G AN                |  |                                      |  |                |  |  |
| 3 - SUSPECTED<br>4 - POSSIBLE II      | MINOR INJURY  | 2 - FRONT - MIDDLE 3 - DEPLOYI<br>3 - FRONT - RIGHT SIDE 4 - DEPLOYI  |   | ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS |   |  |                                      |  | RRECTIVE LE<br>RM WAIVER    | NSES                                    | NSES ELECTRONIC<br>DEVICE (TEX<br>DIALING) |   |                     |  |                                      | TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |                |  |  |
| 5 - NO APPAREI                        |   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  4 - DEPLOY 5 - NOT API |   | PLICABLE (OHIO = D)  |   |  |                                      |  | CEPT CLASS                  | A BUS 3-TALKING                         |  |   | KING ON HANDS-FREE  |  |                                      | 4 - TEST GIVEN, RESULTS KNOWN              |                |  |  |
| INJURED                               | INJURED TAKEN BY 5- SECOND - MIDDLE   |   | 9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID OL |  |   |  |                                      |  | CEPT CLASS A                |   |  |   |                     |  |                                      | GIVEN, RES<br>DWN                          | ULTS           |  |  |
|                                       | 1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE<br>/TREATED AT SCENE 7 - THIRD - LEFT SIDE        |   | EJECTION OL ENDORSEMENT                                   |  |   |  |                                      | 7 - EXCEPT TRACTOR-TRAIL 8 - INTERMEDIATE LICENSE  |                             |   | AILER COMMUNICATION DEVICE                 |   |                     | CE   | ALCOHOL TEST TYPE                    |  |                |  |  |
| 2 - EMS                               | 2 - EMS (MOTORCYCLE SIDE CAR)   |   | 1 - NOT EJECTED H - HAZMAT                                |  |   |  | RESTRICTIONS                         |  |                             | ELECTRONI                               |  |   | IC DEVICE           |  |                                      |  |                |  |  |
| 3 - POLICE                            | 3 - POLICE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE                      |   |   |  |   | M - MOTORCYCLE<br>P - PASSENGER                  | DECEDICATIONS                        |  |                             | RMIT 6 - PASSENGER<br>7 - OTHER DISTRAC |  |   |                     | 2 UDINE  |                                      |  |                |  |  |
|                                       | 10 - SLEEPER SECTION  |   |   |  |   | N - TANKER                                       | N - TANKER 10 - LIMITED TO           |  |                             |   | γ  | INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE              |                     |  | 4 - BREATH<br>5 - OTHER              |  |                |  |  |
| 1 - NONE USED                         | JAPETT EQUIPMENT  |   |   | Q - MUTUR SCOULER  |   |  |                                      | 11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED – OTHER |                             |   |  | THE VEHICLE   |                     |  | DRUG TEST TYPE                       |  |                |  |  |
|                                       | 2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP) |   | 1 - NOT TRAPPED 2 - EXTRICATED BY                         |  |   | S - SCHOOL BUS                                   | 13 - MECHANICAL DE<br>(SPECIAL BRAKE |  |                             | 9-                                      | 9 - OTHER / UNKNOWN                        |   |                     | 1-NONE   |                                      |  |                |  |  |
|                                       | 4 - SHOULDER & LAP BELT USED 12 - PASSENGER   |   |   | CAL MEANS  |   | T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT |                                      | CONTROLS, OR O<br>ADAPTIVE DEVI                    |                             |   | 1 -  | CONDITION  1 - APPARENTLY NORMAL                              |                     |  | 2 - BLOOD<br>3 - URINE               |  |                |  |  |
| 5 - CHILD REST<br>FORWARD F           | RAINT SYSTEM –<br>ACING   | 13 - TRAILING UNIT  | Y<br>CHANICAL MI  | EANS   |   |  | 14 - MILITARY VEHIC                  |  |                             |   | 2 - PHYSICAL IMPAIRMENT                    |   |                     | 4 - OTHER                                      |                                      |  |                |  |  |
| 6 - CHILD REST<br>REAR FACIN          | RAINT SYSTEM –  | 14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)                |   |  |   |  | AII                                  | RBRAKES  |                             | ANGRY, DISTURBED                        |  |   | RESSED,  DRUG TEST  |  |                                      | SULT(S)                                    |                |  |  |
| 7 - BOOSTER SI                        |   | 15 - NON-MOTORIST   |   |  |   |  |                                      |  | TSIDE MIRRO<br>OSTHETIC AII |   |  | 4- ILLNESS<br>5- FELL ASLEEP, FAINTED,                        |                     |  | 1 - AMPHETAMINES<br>2 - BARBITURATES |  |                |  |  |
|                                       | 8 - HELMET USED 99 - OTHER / UNKNO<br>9 - PROTECTIVE PADS USED                                |   |   |  |   |  | 18 - OT                              |  |                             | FATIGUED, ETC.                          |  |   | 3 - BENZODIAZEPINES |  |                                      | ES   |                |  |  |
| (ELBOW, KN                            | EES, ETC.)  |   |   |  |   |  |                                      |  |                             |   |  | 6- UNDER THE INFLUENCE<br>OF MEDICATIONS / DRUGS<br>/ ALCOHOL |                     |  | 4 - CANNABINOIDS<br>5 - COCAINE      |  |                |  |  |
| 10 - REFLECTIV                        | PEDESTRIAN  | ı   |   |  |   |  |                                      |  |                             |   |  |   | 9- OTHER / UNKNOWN  |  |                                      | 6 - OPIATES / OPIOIDS<br>7 - OTHER         |                |  |  |
|                                       | / BICYCLE ONLY<br>99 - OTHER / UNKNOWN  |   |   |  |   |  |                                      |  |                             |   |  |   |                     | ₹<br>FIVE RESUL                                | TS                                   |  |                |  |  |