



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

22-13055

|  |                                |   |                         |                                |
|--|--------------------------------|---|-------------------------|--------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2  | <input checked="" type="checkbox"/> OH-3  | LOCAL INFORMATION       | 3 / WEDGEWOOD                  |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P | <input checked="" type="checkbox"/> OTHER | REPORTING AGENCY NAME * | Montville Police Department    |
| <input type="checkbox"/> PRIVATE PROPERTY        |                                |   | NCIC *                  | 05213                          |
|  |                                |   | HIT/SKIP                | 2 / 2 - UNSOLVED               |
|  |                                |   | NUMBER OF UNITS         | 2                              |
|  |                                |   | UNIT IN ERROR           | 2 / 98 - ANIMAL / 99 - UNKNOWN |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 52      | 3         | Montville (Township of)            | 03/10/2022 12:05   | 5              |

|            |              |        |                    |           |                          |
|------------|--------------|--------|--------------------|-----------|--------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| SR         | 3            |        |                    |           | 41.099881                |

|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| SR         | 162          |        |   |           | -81.864193                |

|                  |                          |                              |                |  |
|------------------|--------------------------|------------------------------|----------------|--|
| REFERENCE POINT  | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED   |
| 1 - INTERSECTION | 1 - NORTH                | IR - INTERSTATE ROUTE (TP)   | AL - ALLEY     | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST    | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |
| 3 - HOUSE #      | 3 - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES   |
|                  | 4 - WEST                 | CR - NUMBERED COUNTY ROUTE   | MP - MILEPOST  | 4  |
|                  |                          | TR - NUMBERED TOWNSHIP ROUTE | OV - OVAL      |  |
|                  |                          |                              | TE - TERRACE   |  |
|                  |                          |                              | CT - COURT     |  |
|                  |                          |                              | DR - DRIVE     |  |
|                  |                          |                              | HE - HEIGHTS   |  |
|                  |                          |                              | PL - PLACE     |  |
|                  |                          |                              | RD - ROAD      |  |
|                  |                          |                              | LA - LANE      |  |
|                  |                          |                              | SQ - SQUARE    |  |
|                  |                          |                              | ST - STREET    |  |
|                  |                          |                              | TL - TRAIL     |  |
|                  |                          |                              | WA - WAY       |  |

|                         |                          |  |  |
|-------------------------|--------------------------|--|--|
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | ROADWAY                                  |  |
|                         | 1 - MILES                | <input type="checkbox"/> ROADWAY DIVIDED |  |
|                         | 2 - FEET                 |  |  |
|                         | 3 - YARDS                |  |  |

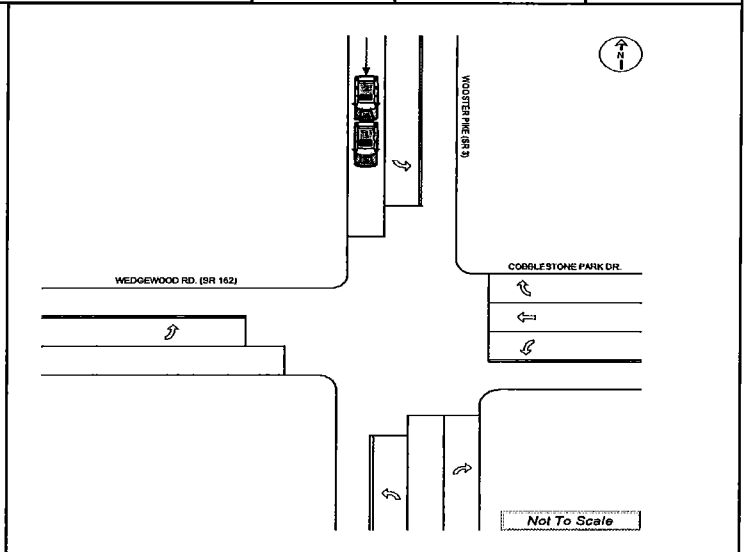
|                                 |                                   |                     |                                       |
|---------------------------------|-----------------------------------|---------------------|---------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT  | DIRECTION OF TRAVEL | MEDIAN TYPE                           |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION                 | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)    |
| 2 - ON SHOULDER                 | 4 - REAR-TO-REAR                  | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (>=4 FEET)   |
| 3 - IN MEDIAN                   | BETWEEN                           | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN         |
| 4 - ON ROADSIDE                 | 5 - BACKING                       | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
| 5 - ON GORE                     | 6 - ANGLE                         |                     | 9 - OTHER / UNKNOWN                   |
| 6 - OUTSIDE TRAFFIC WAY         | 7 - SIDESWIPE, SAME DIRECTION     |                     |                                       |
| 7 - ON RAMP                     | 8 - SIDESWIPE, OPPOSITE DIRECTION |                     |                                       |
| 8 - OFF RAMP                    | 9 - OTHER / UNKNOWN               |                     |                                       |
| 9 - CROSSOVER                   |                                   |                     |                                       |
| 10 - DRIVEWAY/ALLEY ACCESS      |                                   |                     |                                       |
| 11 - RAILWAY GRADE CROSSING     |                                   |                     |                                       |
| 12 - SHARED USE PATHS OR TRAILS |                                   |                     |                                       |
| 13 - BIKE LANE                  |                                   |                     |                                       |
| 14 - TOLL BOOTH                 |                                   |                     |                                       |
| 19 - OTHER / UNKNOWN            |                                   |                     |                                       |

|                          |                                 |   |         |                                  |                                   |
|--------------------------|---------------------------------|---|---------|----------------------------------|-----------------------------------|
| WORK ZONE RELATED        | WORK ZONE TYPE                  | LOCATION OF CRASH IN WORK ZONE            | CONTOUR | CONDITIONS                       | SURFACE                           |
| <input type="checkbox"/> | 1 - LANE CLOSURE                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 1       | 1 - DRY                          | 1 - CONCRETE                      |
| <input type="checkbox"/> | 2 - LANE SHIFT/ CROSSOVER       | 2 - ADVANCE WARNING AREA                  |         | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
| <input type="checkbox"/> | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
| <input type="checkbox"/> | 5 - OTHER                       | 5 - TERMINATION AREA                      |         | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |
|                          |                                 |   |         | 6 - WATER (STANDING, MOVING)     | 9 - OTHER / UNKNOWN               |
|                          |                                 |   |         | 7 - SLUSH                        |                                   |
|                          |                                 |   |         | 9 - OTHER / UNKNOWN              |                                   |

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 1 - DAYLIGHT                        | 1 - CLEAR                             |
| 2 - DAWN/DUSK                       | 2 - CLOUDY                            |
| 3 - DARK - LIGHTED ROADWAY          | 3 - FOG, SMOG, SMOKE                  |
| 4 - DARK - ROADWAY NOT LIGHTED      | 4 - RAIN                              |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL                       |
| 9 - OTHER / UNKNOWN                 | 6 - SNOW                              |
|                                     | 7 - SEVERE CROSSWINDS                 |
|                                     | 8 - BLOWING SAND, SOIL, DIRT, SNOW    |
|                                     | 9 - FREEZING RAIN OR FREEZING DRIZZLE |
|                                     | 99 - OTHER / UNKNOWN                  |

NARRATIVE

Unit #1 was southbound on Wooster Pike and stopped in traffic for the red light at Wedgewood Rd. Unit #2 was traveling southbound on Wooster Pike behind Unit #1. Unit #2 did not stop in time and struck the rear of Unit #1. An occupant of Unit #2 made contact with the driver of Unit #1 and asked her to pull off onto Wedgewood Rd. so to get out of traffic. After Unit #1 pulled onto Wedgewood Rd., Unit #2 had left the scene and did not provide any information. The driver of Unit #1 did not see what type of vehicle Unit #2 was but advised the person who made contact with her was a female, although it is unknown if the female was the driver. No injuries were reported and Unit #1 sustained functional damage to its rear bumper.



|                            |                          |                     |                                    |  |
|----------------------------|--------------------------|---------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 03/10/2022 12:13           | 03/10/2022 12:27         | 03/10/2022 12:27    | 03/10/2022 13:27                   | <input checked="" type="checkbox"/> POLICE AGENCY          |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST                          |
| 0                          | 0                        | 60                  | Gaede, Seth                        | <input checked="" type="checkbox"/> SUPPLEMENT             |
|                            |                          |                     | OFFICER'S BADGE NUMBER*            | (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |
|                            |                          |                     | 1616                               |  |
|                            |                          |                     | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                     | Harrison, Brett                    |  |
|                            |                          |                     | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                     | 1606                               |  |

**OWNER**

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**SAMPELL, PATRICIA, A**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**61 HIGH ST., SEVILLE, OH, 44273**

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

LP STATE **OH** LICENSE PLATE # **AB49FR** VEHICLE IDENTIFICATION # **JM3KE2CY9F0552829** VEHICLE YEAR **2015** VEHICLE MAKE **MAZDA**

INSURANCE VERIFIED INSURANCE COMPANY **HOME-OWNERS INSURANCE** INSURANCE POLICY # **48-204-583-01** COLOR **SIL** VEHICLE MODEL **CX-5**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS \_\_\_\_\_

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - > 26K LBS.

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE: **1**

# OF TRAILING UNITS: **0**

1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL: 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: **1**

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 EQUIP. 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE: **1**

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

VEHICLE DEFECTS: **1**

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: **1**

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

ACTION: **4** PRE-CRASH ACTIONS: **11**

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

CONTRIBUTING CIRCUMSTANCES: **1**

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

SEQUENCE OF EVENTS: **1**

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

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 55 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

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

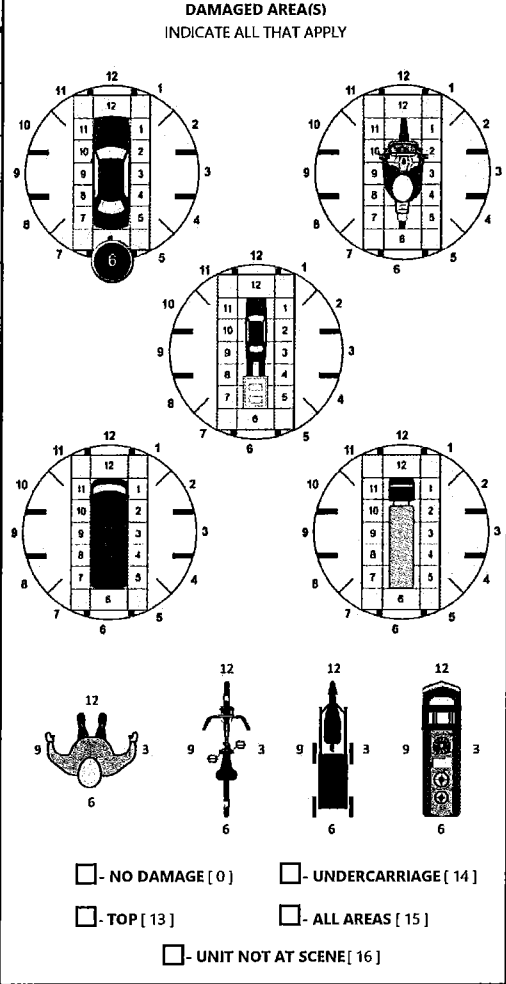
LOCAL REPORT NUMBER  
**22-13055**

DAMAGE

DAMAGE SCALE

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

**3**



INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
**6**

TRAFFIC

TRAFFICWAY FLOW: **2**

1 - ONE-WAY  
 2 - TWO-WAY

TRAFFIC CONTROL: **2**

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: **0**

POSTED SPEED: **45**

DETECTED SPEED: **1**

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

**OWNER**

UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**UNKNOWN, UNKNOWN, UNKNOWN**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**UNKNOWN, OH**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **99** VEHICLE IDENTIFICATION # **0** VEHICLE YEAR **0** VEHICLE MAKE **0**

INSURANCE VERIFIED INSURANCE COMPANY **0** INSURANCE POLICY # **0** COLOR **0** VEHICLE MODEL **0**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # **0** TOWED BY: COMPANY NAME **0**

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # **0** PLACARD ID # **0**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS **0**

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - > 26K LBS.

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 **0**

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 EQUIP., 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 - CARGOVAN / 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

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

NON-MOTORIST LOCATION: 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 **20** 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 - GUARDRAIL FACE, 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

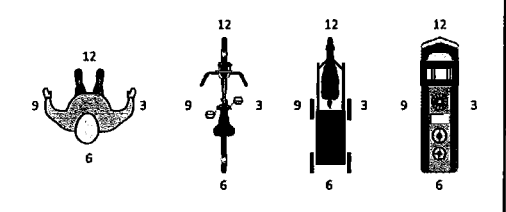
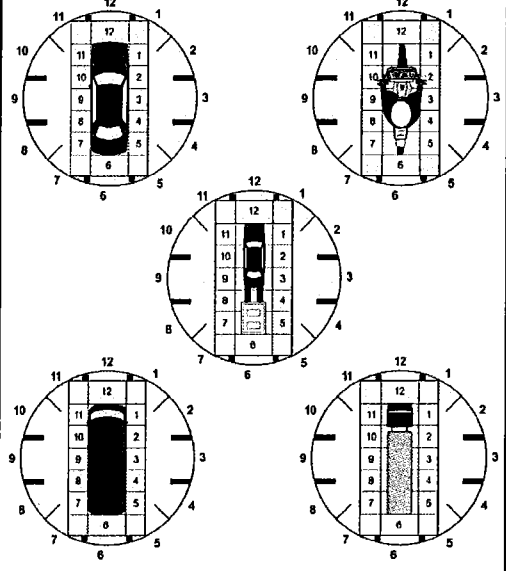
FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

LOCAL REPORT NUMBER  
**22-13055**

DAMAGE

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]

TOP [ 13 ]  ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY **2**

TRAFFIC CONTROL: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL **2**

# 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 **1** TO **2**

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

UNIT SPEED **0** DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

POSTED SPEED **0**



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
22-13055

|             |   |                             |           |             |
|-------------|---|-----------------------------|-----------|-------------|
| UNIT #<br>1 | NAME: LAST, FIRST, MIDDLE<br>SAMPELL, PATRICIA, A | DATE OF BIRTH<br>01/21/1949 | AGE<br>73 | GENDER<br>F |
|-------------|---|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>61 HIGH ST., SEVILLE, OH, 44273 | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED] |
|--|---|

|               |                       |                   |   |                            |   |                       |                    |               |              |
|---------------|-----------------------|-------------------|---|----------------------------|---|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>4 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|-------------------|---|----------------------------|---|-----------------------|--------------------|---------------|--------------|

|                |                                       |                 |  |                     |                 |
|----------------|---------------------------------------|-----------------|--|---------------------|-----------------|
| OL STATE<br>OH | OPERATOR LICENSE NUMBER<br>[REDACTED] | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------------|---------------------------------------|-----------------|--|---------------------|-----------------|

|               |             |                            |                           |  |                |  |  |  |  |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|--|--|--|--|--|--|
| OL CLASS<br>4 | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1 | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |  |  | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 |  |  |
|---------------|-------------|----------------------------|---------------------------|--|----------------|--|--|--|--|--|--|

|             |  |               |     |             |
|-------------|--|---------------|-----|-------------|
| UNIT #<br>2 | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN, UNKNOWN, UNKNOWN | DATE OF BIRTH | AGE | GENDER<br>U |
|-------------|--|---------------|-----|-------------|

|   |                                   |
|---|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP<br>UNKNOWN, UNKNOWN, OH | CONTACT PHONE - INCLUDE AREA CODE |
|---|-----------------------------------|

|          |                  |                   |   |                             |   |                        |                    |               |              |
|----------|------------------|-------------------|---|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>99 | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>99 | AIR BAG USAGE<br>9 | EJECTION<br>1 | TRAPPED<br>1 |
|----------|------------------|-------------------|---|-----------------------------|---|------------------------|--------------------|---------------|--------------|

|          |                         |                 |  |                     |                 |
|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

|          |             |                            |                      |  |           |  |  |  |  |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|--|--|--|--|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS: ., TYPE: ., VALUE: . |  |  | DRUG TEST(S)<br>RESULTS 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<br><input type="checkbox"/> MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|

|          |                         |                 |  |                     |                 |
|----------|-------------------------|-----------------|--|---------------------|-----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER |
|----------|-------------------------|-----------------|--|---------------------|-----------------|

|          |             |                            |                      |  |           |  |  |  |  |  |  |
|----------|-------------|----------------------------|----------------------|--|-----------|--|--|--|--|--|--|
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION | ALCOHOL TEST<br>STATUS: ., TYPE: ., VALUE: . |  |  | DRUG TEST(S)<br>RESULTS 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 (MOTORCYCLE PASSENGER)  | 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   | 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 - M/C MOPED ONLY           | 5 - EXCEPT CLASS A BUS & CLASS B 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   | 6 - PASSENGER  |  |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
|   | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |  |
|   | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | <b>OL ENDORSEMENT</b>        | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | <b>ALCOHOL TEST TYPE</b>                       |
|   | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | H - HAZMAT                   | 10 - LIMITED TO DAYLIGHT ONLY  |  | 1 - NONE                                       |
| <b>INJURIES TAKEN BY</b>                      | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | M - MOTORCYCLE               | 11 - LIMITED TO EMPLOYMENT   |  | 2 - BLOOD                                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   |  | 3 - URINE                                      |
| 2 - EMS                                       | 13 - TRAILING UNIT   |                                    | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | <b>CONDITION</b>   | 4 - BREATH                                     |
| 3 - POLICE                                    | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | <b>TRAPPED</b>                     | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 9 - OTHER / UNKNOWN                           | 15 - NON-MOTORIST  | 1 - NOT TRAPPED                    | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT  |  |
|   | 99 - OTHER / UNKNOWN   | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | <b>DRUG TEST TYPE</b>                          |
| <b>SAFETY EQUIPMENT</b>                       |  | 3 - FREED BY NON-MECHANICAL MEANS  | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 4 - ILLNESS  | 1 - NONE                                       |
| 1 - NONE USED                                 |  |                                    |                              | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BLOOD                                      |
| 2 - SHOULDER BELT ONLY USED                   |  |                                    | <b>GENDER</b>                |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - URINE                                      |
| 3 - LAP BELT ONLY USED                        |  |                                    | F - FEMALE                   |  | 9 - OTHER / UNKNOWN  | 4 - OTHER                                      |
| 4 - SHOULDER & LAP BELT USED                  |  |                                    | M - MALE                     |  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | U - OTHER / UNKNOWN          |  |  | 1 - AMPHETAMINES                               |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 7 - BOOSTER SEAT                              |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 8 - HELMET USED                               |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 7 - OTHER                                      |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |