



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | |
|---|--|--|---|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION | | 2 2 0 3 9 7 9 1 | | |
| COUNTY* 0 9 | | LOCALITY* 1 1-CITY 2-VILLAGE 3-TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | CRASH DATE / TIME* 0 6 0 4 2 0 2 2 2 2 0 9 | | |
| ROUTE TYPE S R | | ROUTE NUMBER 4 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 3 9 . 3 4 7 9 9 6 | |
| ROUTE TYPE | | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4737 | ROAD TYPE | LONGITUDE DECIMAL DEGREES - 8 4 . 5 4 2 6 6 9 | |
| REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 3 | | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST | | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE TRAFFIC WAY 7- ON RAMP 8- OFF RAMP 0 6 | | | | MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN 1 | | DIRECTION OF TRAVEL 1- NORTH 2- SOUTH 3- EAST 4- WEST | |
| MEDIAN TYPE 1- DIVIDED FLUSH MEDIAN (<4 FEET) 2- DIVIDED FLUSH MEDIAN (≥4 FEET) 3- DIVIDED, DEPRESSED MEDIAN 4- DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN | | WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input checked="" type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER OR MEDIAN 4- INTERMITTENT OR MOVING WORK 5- OTHER | | LOCATION OF CRASH IN WORK ZONE 1- BEFORE THE 1ST WORK ZONE WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA | |
| CONTOUR 1 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER/UNKNOWN | | CONDITIONS 1 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN | | SURFACE 2 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN | | | |
| LIGHT CONDITION 4 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN | | WEATHER 0 1 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL 6- SNOW 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SNOW 9- FREEZING RAIN OR FREEZING DRIZZLE 99- OTHER / UNKNOWN | | NARRATIVE On 06/4/2022 at 10:09 P.M. Unit 1 was in the parking lot of 4737 Dixie Hwy. The driver of Unit 1 lost control of their motorcycle and the motorcycle slid through the parking lot. Law enforcement were nearby on a separate incident when this incident occurred. The driver was also arrested for Operation Of A Motor Vehicle While Under The Influence F.C.O. 333.01 a1A M-1 | | | |
| CRASH REPORTED DATE / TIME 0 6 0 4 2 0 2 2 2 2 0 9 | | DISPATCH DATE / TIME 0 6 0 4 2 0 2 2 2 2 1 0 | | ARRIVAL DATE / TIME 0 6 0 4 2 0 2 2 2 2 1 1 | | SCENE CLEARED DATE / TIME 0 6 0 4 2 0 2 2 2 2 4 2 | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 3 0 | | TOTAL MINUTES 6 2 | | OFFICER'S NAME* D. Miller | |
| OFFICER'S BADGE NUMBER* 1 6 7 | | CHECKED BY OFFICER'S NAME* Sgt. B. James | | CHECKED BY OFFICER'S BADGE NUMBER* 1 3 9 | | 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) | |



Indicate the north direction with an "N" on the compass diagram.

| | | | | | | |
|---|--|--|---|---|---------------|--|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | | OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) | | |
| | 01 | Tunstall, Karicko | | | | |
| OWNER | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) | | | | | |
| | 1216 Ludlow St. Hamilton, OH 45011 | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | |
| VEHICLE | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE | |
| | OH | COT70 | J51GT74A622109467 | 2002 | Suzuki | |
| | INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR | VEHICLE MODEL | |
| | | | | Black | GSXR | |
| | TYPE OF USE | IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME | | |
| | COMMERCIAL | GOVERNMENT | | | | |
| | INTERLOCK DEVICE EQUIPPED | HIT/SKIP UNIT | #OCCUPANTS | HAZARDOUS MATERIAL | | |
| | | | 01 | CLASS # PLACARD ID # | | |
| | UNIT TYPE | | VEHICLE WEIGHT GVWR/GCWR | | | |
| | 07 | | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | |
| # OF TRAILING UNITS | | 0 | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | AUTONOMOUS MODE LEVEL | | | | |
| 2 | | 0 | | | | |
| SPECIAL FUNCTION | | 01 | | | | |
| CARGO BODY TYPE | | 01 | | | | |
| VEHICLE DEFECTS | | 01 | | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 01 | | | | |
| ACTION | | 01 | | | | |
| CONTRIBUTING CIRCUMSTANCES | | 99 | | | | |
| SEQUENCE OF EVENTS | | 13 | | | | |
| FIRST HARMFUL EVENT | | 1 | | | | |
| MOST HARMFUL EVENT | | 1 | | | | |

| | |
|--|-------------------------------|
| LOCAL REPORT NUMBER | |
| 22039791 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 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 | TRAFFIC CONTROL |
| 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOP SIGN |
| 2 - TWO-WAY | 2 - SIGNAL 5 - YIELD SIGN |
| | 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED |
| | 2 - INVOLVED-ACTIVE CROSSING |
| | 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 5 - NORTHEAST | |
| 2 - SOUTH 6 - NORTHWEST | |
| 3 - EAST 7 - SOUTHEAST | |
| 4 - WEST 8 - SOUTHWEST | |
| 9 - OTHER / UNKNOWN | |
| UNIT SPEED | DETECTED SPEED |
| 15 | 1 - STATED / ESTIMATED SPEED |
| | 2 - CALCULATED / EDR |
| | 3 - UNDETERMINED |
| POSTED SPEED | |
| | |



MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------|----------------------------|---|---|-------------------------------------|--------------------------|------------------|-----------------|--------------|--|------|------------------------------------|--------|------------------------------|--|--|--|--|--|--|--|
| 2 2 0 3 9 7 9 1 | | | | | | | | | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | | | | | | |
| 0 1 | Collins, Steven | | | | 0 4 1 2 1 9 7 7 | | 4 5 | M | | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| 1124 Chestnut St. Hamilton, OH 45011 | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 3 | 1 | | | | 0 1 | <input type="checkbox"/> | 0 1 | 5 | 1 | 1 | | | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | | | | | | | | |
| O H | | | 331.34 A | | <input checked="" type="checkbox"/> | Failure to Control | | 251462 | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | | | | | | | | | |
| 1 | | | 1 | <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 6 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | | | | | | | | | |
| | | | | | | | 2 | | | 1 | 1 | | | | | | | | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | |
| | | | | | | | | | | | | 0 | | | | | | | | | |
| 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 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | | | DATE OF BIRTH | | AGE | GENDER | | | | | | | | |
| | | | | | | | | | | | | 0 | | | | | | | | | |
| 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 = 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 - MIC MOPED ONLY | | 5 - EXCEPT CLASS A BUS | | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 5 - TEST GIVEN, RESULTS UNKNOWN | |
| INJURED TAKEN BY | | | | | | | | | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | | 6 - PASSENGER | | ALCOHOL TEST TYPE | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | | | | | | | | | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | Q - MOTOR SCOOTER | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 1 - NONE | |
| 2 - EMS | | | | | | | | | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | R - THREE-WHEEL MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 2 - BLOOD | |
| 3 - POLICE | | | | | | | | | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | S - SCHOOL BUS | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 3 - URINE | |
| 9 - OTHER / UNKNOWN | | | | | | | | | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | T - DOUBLE & TRIPLE TRAILERS | | 10 - LIMITED TO DAYLIGHT ONLY | | 10 - LIMITED TO EMPLOYMENT | | 4 - BREATH | |
| SAFETY EQUIPMENT | | | | | | | | | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | X - TANKER / HAZMAT | | 11 - LIMITED TO OTHER | | 11 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 5 - OTHER | |
| 1 - NONE USED | | | | | | | | | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | Q - MOTOR SCOOTER | | 12 - LIMITED - OTHER | | 12 - MILITARY VEHICLES ONLY | | DRUG TEST TYPE | |
| 2 - SHOULDER BELT ONLY USED | | | | | | | | | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 13 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 1 - NONE | |
| 4 - SHOULDER & LAP BELT USED | | | | | | | | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | S - SCHOOL BUS | | 14 - MILITARY VEHICLES ONLY | | 14 - OUTSIDE MIRROR | | 2 - BLOOD | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | | | | | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 15 - PROSTHETIC AID | | 3 - URINE | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | | | | | | 99 - OTHER / UNKNOWN | | | | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | 16 - OTHER | | 4 - OTHER | |
| 7 - BOOSTER SEAT | | | | | | | | | | | | | | | | 17 - PROSTHETIC AID | | 17 - OTHER | | DRUG TEST RESULT(S) | |
| 8 - HELMET USED | | | | | | | | | | | | | | | | 18 - OTHER | | 18 - OTHER | | 1 - AMPHETAMINES | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | | | | | | | | | | 2 - BARBITURATES | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | | | | | | | | 3 - BENZODIAZEPINES | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | | | | | | | | | | 4 - CANNABINOIDS | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | 5 - COCAINE | |
| | | | | | | | | | | | | | | | | | | | | 6 - OPIATES / OPIOIDS | |
| | | | | | | | | | | | | | | | | | | | | 7 - OTHER | |
| | | | | | | | | | | | | | | | | | | | | 8 - NEGATIVE RESULTS | |