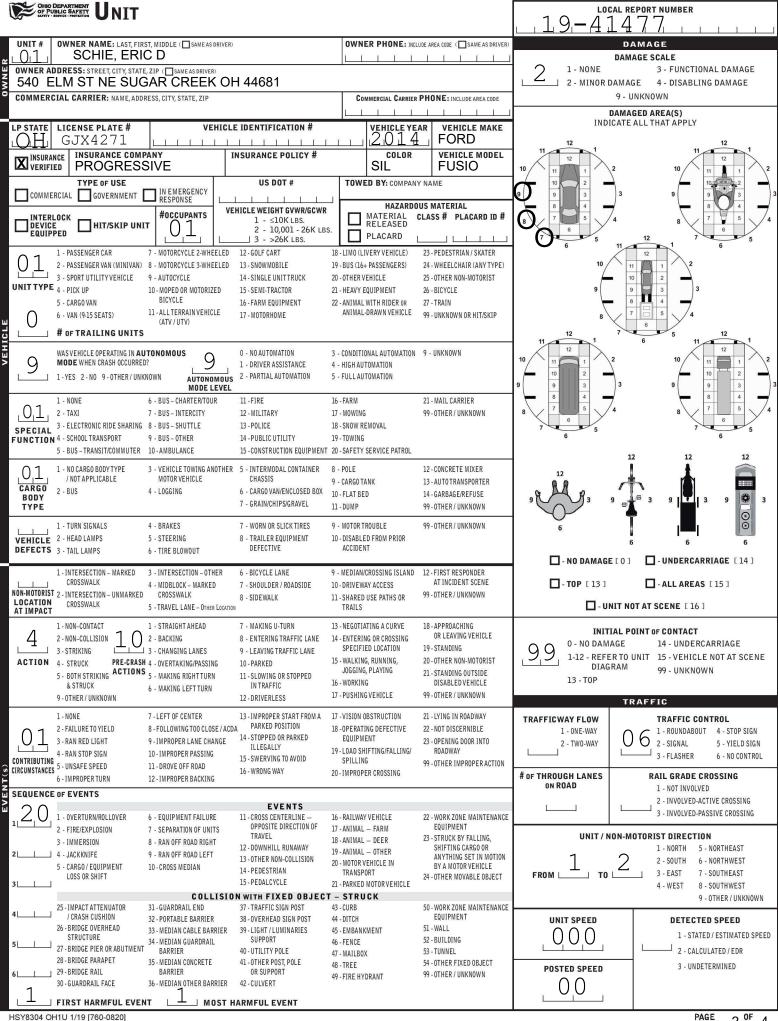
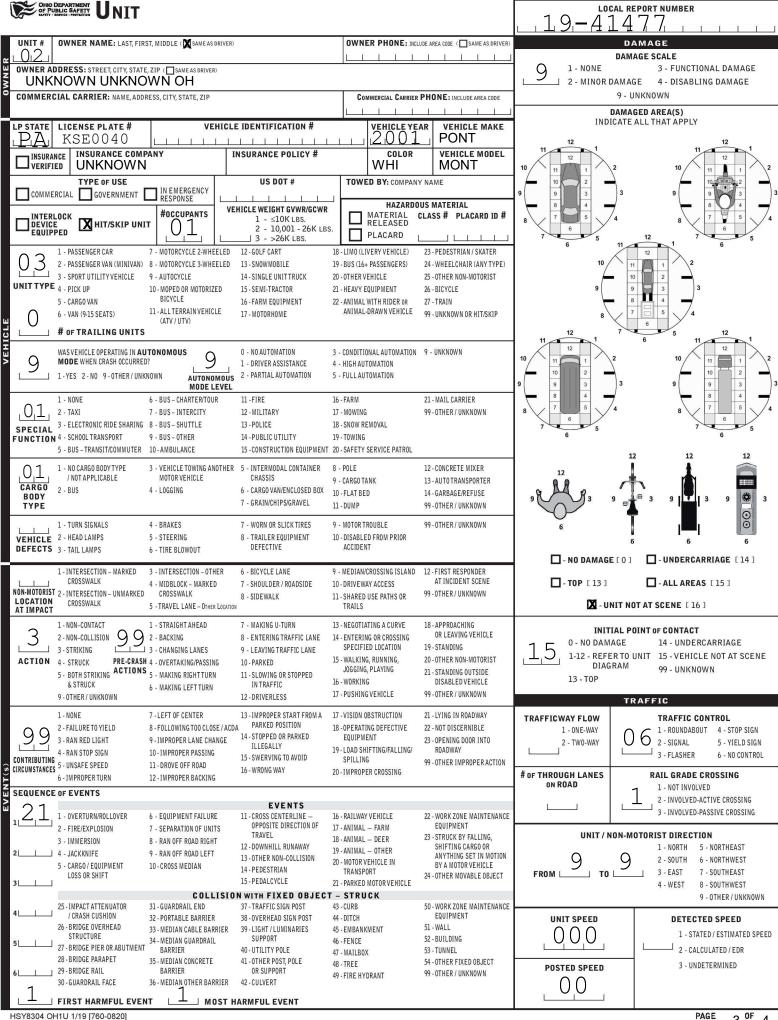
| OHO DEPARTMENT TRAFFIC CRASH | LOCAL REPORT NUMBER* 19 - 41477 | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|--|--|--|
| | | | | | | | | | | |
| | REPORTING AGENCY NAME* JACKSON TWP POL | c* 5,2,4, | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | $\left O_{1}^{\text{UNIT IN ERROR}} \right _{1} O_{2}^{98 - ANIMAL} O_{1}^{99 - UNKNOWN}$ | | | | | |
| COUNTY* LOCALITY* COUNTY* LOCALITY* 1 - CITY | | CRASH DATE / TIME* CRASH SEVERITY | | | | | | | | |
| $\begin{bmatrix} 1 & 1 & 1 \\ 2 & 2 & 1 \\ 3 & 3 & 7 & 0 \\ 3 & 7 & 0 & 0 \\ 3 & 7 & 0 & 0 \\ 3 & 7 & 0 & 0 \\ 3 & 7 & 0 & 0 \\ 3 & 7 & 0 & 0 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 & 0 & 1 \\ 1 $ | | 09052019 1349 2 - SERIOUS INJURY | | | | | | | | |
| E ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH | | | | | | | | | | |
| | STRIP | | | ĄV | 3 - MINOR INJ SUSPECTE | | | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH | REFERENCE ROAD NAME (ROAD, N | MILEPOST, HOUSE #) | ROA | D TYPE | LONGITUDE D | ECIMAL DEGREES | 4 - INJURY POSSIBLE | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 6493 | | L | | 5 - PROPERTY | | | | | |
| REFERENCE POINT DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD | | | INTERSECTION RELATED | | | | | |
| | | - ALLEY HW- HIG - AVENUE LA - LAM | | | WITHIN INTE | PPROACH | | | | |
| └───┘ 3 - HOUSE # | STATE ROUTE BL - | - BOULEVARD MP - MIL | | ST - STREET WITHIN INTERCHANGE AREA NUMBER OF | | | | | | |
| DISTANCE DISTANCE FROM REFERENCE UNIT OF MEASURE CR - 1 | NUMBERED COUNTY ROUTE | | BOADWAY | | | | | | | |
| 2 - FEET | ROUTE | - DRIVE PI - PIK - HEIGHTS PL - PLA | | AY | ROADWAY DI | /IDED | | | | |
| 3 - YARDS | | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVENT | 1 - NOT 0 | NER OF CRASH COLLIS COLLISION 4 - REAR- | | | DIRECTION OF TRAVEL MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN | | | | | |
| C C ON SHOULDER 10-DRIVEWAY/A 3-IN MEDIAN 11-RAILWAY GF | TWO | WEEN 5-BACKI MOTOR 6-ANGLE | | | 2 - SOUTH | 4 FEET) /IDED FLUSH MEDIAN | | | | |
| 4 - ON ROADSIDE 12-SHARED US | VEHI | ICLLS IN | ► SWIPE, SAME DIREC | CTION | 3 - EAST 4 - WEST | (≥ | 4 FEET) | | | |
| 5 - ON GORE TRAILS 6 - OUTSIDE TRAFFIC WAY 13- BIKE LANE | 2 - REAR 3 - HEAD | | SWIPE, OPPOSITE DI R / UNKNOWN | IRECTION | | | /IDED, DEPRESSED MEDIAN /IDED, RAISED MEDIAN | | | |
| 7 - ON RAMP 14-TOLL BOOTH | 1 | | | | | | NY TYPE) HER/UNKNOWN | | | |
| 8-OFF RAMP 99-OTHER/UNI | | | | 0115 | CONTOUR | CONDITION | IS SURFACE | | | |
| WORK ZONE RELATED | WORK ZONE TYPE ANE CLOSURE | | E THE 1ST WORK | | CONTOOR | 9 | | | | |
| | ANE SHIFT/CROSSOVER VORK ON SHOULDER | | NG SIGN CE WARNING ARE | EA | 1 - STRAIGHT LEVEL | 1 - DRY | 1 - CONCRETE | | | |
| | DR MEDIAN | └───┘ 3-TRANSI | TION AREA | | 2 - STRAIGHT GRADE | 2 - WET | 2 - BLACKTOP, | | | |
| | NTERMITTENT OR MOVING WORK DTHER | | TY AREA NATION AREA | | 3 - CURVE LEVEL | 3 - SNOW | BITUMINOUS, ASPHALT | | | |
| LIGHT CONDITION | WEATHE | = R | | | 4 - CURVE GRADE 9 - OTHER/UNKNOWN | 4 - ICE 5 - SAND, MUD, DI | 3 - BRICK/BLOCK | | | |
| 1 1 - DAYLIGHT | | 6 - SNOW | | | 9-01HER/UNKNOWN | OIL, GRAVEL | 4 - SLAG, GRAVEL, STONE | | | |
| ⊥ 2 - DAWN/DUSK └───┘ 3 - DARK – LIGHTED ROADWAY | 2 - CLOUDY 3 - FOG, SMOG, SMOKE | 7 - SEVERE CROSSW 8 - BLOWING SAND | | w | | 6 - WATER (STANI MOVING) | DING, 5 - DIRT | | | |
| 4 - DARK - ROADWAY NOT LIGHTED | 4 - RAIN | 9 - FREEZING RAIN | OR FREEZING DF | | | 7 - SLUSH | 9 - OTHER/UNKNOWN | | | |
| 5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | 5 - SLEET, HAIL | 99 - OTHER / UNKNO | WN | | | 9 - OTHER/UNKNO | WN | | | |
| NARRATIVE | | | I J L | | | | Indicate the north | | | |
| ON SEPTEMBER 5. 2019 AT 1349 HOUR | S. POLICE WERE DISPA | TCHED | | ++ | | | direction with an "N" on the | | | |
| TO 6493 STRIP AVE NW FOR A HIT/SKI | P ACCIDENT. UNIT 1 WAS | S PARKED | | | | | compass diagram. | | | |
| IN THE PARKING SPOT. UNIT 2 WAS LE TO UNIT 1. UNIT 2 STRUCK UNIT 1 LEF | | | | | | | | | | |
| DAMAGE TO UNIT 1 AND UNKNOWN D/ THE SCENE PRIOR TO POLICE ARRIVA | | | | | | | | | | |
| DRIVER OF UNIT 1. UNIT 2'S PLATE INF | | | | | | | | | | |
| PASSERBY. | | | | | | | | | | |
| NO STATEMENTS | | | | | | | | | | |
| LF | | | | | | | | | | |
| | | | | | | | | | | |
| | | _ | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 52019 1350 | ARRIVAL DA | | 5 0 | scene cleared | | POLICE AGENCY | | | |
| | | 0 90 92 0 1 | | | | 1429 | MOTORIST | | | |
| TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE | | 20 A | CHECKED BY OFFICER'S NAME* | | | | | | | |
| 0 0 3 | | CHECKED BY OFFICER'S BADGE NUMBER* | | | | | | | | |
| | | | 1 | 1 | 1 1 1 | 2 , 2 | | | | |





| | | OHIO DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | 19 - 41477 | | | | | | | |
|------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------------|--------------------------------------------------------|---------------------------------------|-------------------------------------------------|----------------------------------------------------|------------------------|---------------------|--|--|
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | | |
| | 01 | PARKED, UNOCCUPIED | | | | | | | | | | | | | | |
| RIST | ADDRESS: | STREET, CITY, ST | REET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 010 | | | | | | | | | | | | | | | | |
| NON-MOTORIS | INJURIES | INJURED I TAKEN BY | AKEN | | | FAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED | | | AIR BAG USAG | E EJECTION | TRAPPED | | |
| ORIST / | OL STATE | OPERATOR L | ICENSE NUMBER | | OFFENS | OFFENSE CHARGED LOCAL CODE | | OFFENSE DESC | RIPTION | | CITATION | CITATION NUMBER | | | | |
| 0T0R | | | | | | | | | | | | | | | | |
| Σ | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | TRACTED | | DHOL / DRUG SUSP | E CTED RIJUANA | CONDITION | STATUS TYPE | IOL TEST | STATUS TYP | E RESULT | SELECT UP TO 4 | | |
| L | 4 | | | | | | THER DRUG | | | L IL | | | | | | |
| | UNIT # | NAME: LAST, F | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH | | AGE | GENDER | | |
| | 02 | UNKNO | WN, UNKNOWN | | | | | | | | | | | | | |
| | | STREET, CITY, ST | | | | | | | | CONTACT PH | ONE - INCLUDE AREA CO | DE | | | | |
| 010 | | | NKNOWN | | | | | | | | | <u> </u> | <u> </u> | | | |
| NON-MOTORI | | INJURED I TAKEN BY | EMS AGENCY (NAME) | | | | | SAFETY EQUIPMENT | | | | e ejection | | | | |
| <u> </u> | OL STATE | OPERATOR LICENSE NUMBER | | | | OFFENSE CHARGED LOCAL OFFENSE DESC | | | | RIPTION | | CITATION | NUMBER | | | |
| MOTO | OL CLASS | ENDORSEMENT | RESTRICTION SELECT | | | AL CC | DHOL / DRUG SUSP | | CONDITION | ALCO | IOL TEST | DRI | JG TEST(S |) | | |
| _ | UL CLASS | SELECT UP TO 2 | RESTRICTION SELECT | | TRACTED | | LCOHOL 🔲 MA | RIJUANA | 1 | status type | | TATUS TYP | | SELECT UP TO 4 | | |
| L | | | | | | | THER DRUG | | | | | | | | | |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | | | |
| ST | ADDRESS: | STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| NON-MOTORI | | | | | | | | | | | | | | | | |
| N-M | INJURIES | INJURED I TAKEN | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED | | | AIR BAG USAG | E EJECTION | TRAPPED | | |
| | OL STATE | | | | | SECHAR | RED | LOCAL | OFFENSE DESC | | | | | <u>ــــــ</u> | | |
| DTORIS | | of English E | | | | | | | | | | | | | | |
| Σ | OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | DIS | VER TRACTED | | DHOL / DRUG SUSP | ECTED RIJUANA | CONDITION | ALCO STATUS TYPE | HOL TEST VALUE | DRU STATUS TYP | E RESULT |) SELECT UP TO 4 | | |
| 1 | Т | LΠ | | BY | 1 | Ξ | THER DRUG | | li i | L IL | | TI I | | пп | | |
| | | RIES | SEATING POSITION | 2.01 | AIR BAG | | OL CLAS | s | OL RESTRIC | | DRIVER DISTRACT | | TEST STA | | | |
| | - FATAL - SUSPECTED : | L 1 - FRONT – LEFT SIDE 1 - NOT DEP PECTED SERIOUS INJURY (MOTORCYCLE DRIVER) 2 - DEPLOYI | | | | | | 1 - ALCOHOL INTER 2 - CDL INTRASTAT | | | | NE GIVEN ST REFUSED | | | | |
| | 3 - SUSPECTED MINOR INJURY 2 - FRONT - | | 2 - FRONT - MIDDLE | 3 - DEPLOY | - DEPLOYED SIDE | | 3 - CLASS C | | 3 - CORRECTIVE LENSES | | ELECTRONIC COMMUNICATION 3 - TES | | ST GIVEN, CON | | | |
| 5 - NO APPARENT INJURY 4 - SECON | | 3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE | | 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE | | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER 5 - EXCEPT CLASS A | ABUS | DIALING) 3 - TALKING ON HANDS-FREE | | SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN | | | | |
| (MOTORCYCLE PASSENGER) | | | | YMENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT | | | 6 - EXCEPT CLASS | SS A COMMUNICATION DEVICE | | | 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | |
| | 1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE | | | | 6 - NO VALID OL & CLASS B BUS 7 - EXCEPT TRACT | | | | | | - TALKING ON HAND-HEL COMMUNICATION DEVI | CF | ALCOHOL TEST TYPE | | | |
| 2. | /TREATED AT SCENE 2 - EMS | | 7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION 1 - NOT EJECTED | | | | | 8 - INTERMEDIATE RESTRICTIONS | LICENSE | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | 1-NONE | | | |
| 3 - POLICE | | | 8 - THIRD – MIDDLE 9 - THIRD – RIGHT SIDE | 2 - PARTIALLY EJECTED | | | M - MOTORCYCLE 9- | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 6 - PASSENGER | | 2 - BLOOD 3 - URINE | | | |
| 10 - SLEEPER SECTION | | 10 - SLEEPER SECTION | 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | P - PASSENGER N - TANKER | | 10 - LIMITED TO DAY | 7 - OTHER DISTRACTION LIGHT ONLY INSIDE THE VEHICLE | | | 4 - BREATH | | | | |
| SAFETY EQUIPMENT OF TRUCK CAB 1 - NONE USED 11 - PASSENGER IN OTHER | | | | Q - MOTOR SCOOTER | | | 11 - LIMITED TO EMPLOYMENT | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 5 - OTHER | | | | | |
| | - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, | | TRAPPED R - THREE-WHEEL MOTORCYCLE 1 - NOTTRAPPED S - SCHOOL BUS | | | 12 - LIMITED – OTHER 13 - MECHANICAL DEVICES | | 9 - OTHER / UNKNOWN | | DRUG TEST TYPE 1-NONE | | | | | | |
| | 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED | | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICATED BY MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS CONTROLS, | | (SPECIAL BRAKE CONTROLS, OR O | OTHER CONDITION | | | 2 - BLOOD | | | | |
| 5 - CHILD RESTRAINT SYSTEM - | | RAINT SYSTEM - | CARGOAREA | 3 - FREED BY NON-MECHANICAL MEANS | | | A PRIME IN TRADING | | ADAPTIVE DEVI | 1 ATTACHTET TOTAL | | | 3 - URINE 4 - OTHER | | | |
| 6. | FORWARD FACING 6 - CHILD RESTRAINT SYSTEM – | | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | | | GENDER 15 - MOTOR VEHICL | | S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSE | | SSED, | | | | | | |
| | REAR FACING | | (NON-TRAILING UNIT) 15 - NON-MOTORIST | | | | | 16 - OUTSIDE MIRRO | ANGRY, DISTURBED) OR 4 - ILLNESS | | DRUG TEST RESULT(S) 1 - AMPHETAMINES | | | | | |
| | 7 - BOOSTER SEAT 8 - HELMET USED | | 99 - OTHER / UNKNOWN | | | | U - OTHER / UNKNOWN 17 - PROST | | 17 - PROSTHETIC AID |) 5 | EATIGHED ETC | | BARBITURATES | | | |
| 9. | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | 18 - OTHER | | 6 - UNDER THE INFLUENCE | | | 3 - BENZODIAZEPINES 4 - CANNABINOIDS | | | | |
| | 10 - REFLECTIVE CLOTHING | | | | | | | | | OF MEDICATIONS / DRUGS / ALCOHOL | | 5 - 00 | 5 - COCAINE | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | 9 - OTHER / UNKNOWN | | | 6 - OPIATES / OPIOIDS 7 - OTHER | | | | |
| | - OTHER / UNK | NOWN | | | | | | | | | | 8 - NI | GATIVE RESU | TS | | |

HSY8306 OH1M 1/19 [760-1500]