



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		2 2 0 6 2 8 4 1		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCTC*		HIT/SKIP
<input checked="" type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department		0 0 9 0 1		1 - SOLVED
						2 - UNSOLVED	
						NUMBER OF UNITS	
						0 1	
						UNIT IN ERROR	
						0 1 98 - ANIMAL	
						0 1 99 - UNKNOWN	

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*		CRASH SEVERITY	
0 9	1	City of Fairfield		0 8 3 0 2 0 2 2 2 0 0 9		2	

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
			Wildwood	D, R	3 9 . 3 1 4 3 9 1	
REFERENCE	REFERENCE	REFERENCE	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
			15		- 8 4 . 5 1 3 1 2 5	

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED	
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	<input 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		
		TR - NUMBERED TOWNSHIP ROUTE	OV - OVAL		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE		PK - PARKWAY		
	1 - MILES		TL - TRAIL		
	2 - FEET		PI - PIKE		
	3 - YARDS		WA - WAY		
			PL - PLACE		
				<input type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	2 - REAR-END	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - IN MEDIAN	3 - HEAD-ON	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	4 - REAR-TO-REAR	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	5 - BACKING		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	6 - ANGLE		
7 - ON RAMP	7 - SIDESWIPE, SAME DIRECTION		
8 - OFF RAMP	8 - SIDESWIPE, OPPOSITE DIRECTION		
	9 - OTHER / UNKNOWN		

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	9	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA		2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		4 - ICE	4 - SLAG, GRAVEL, STONE
	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
2	0 1
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

On 8/30/2022 at about 8:09 p.m. Unit 1 was driving recklessly doing donuts in the grassy field east of 15 Wildwood Dr. and rolled over.

The driver of Unit 1 was charged with OVI 333.01a1A, and driving with a suspended license FCO 335.074a.

Private Property



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

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 8 3 0 2 0 2 2 2 0 0 9	0 8 3 0 2 0 2 2 2 0 1 1	0 8 3 0 2 0 2 2 2 0 1 5	0 8 3 0 2 0 2 2 2 1 1 5	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 0 0	6 0 0	6 6 4	D. Gooch	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DPS)
			OFFICER'S BADGE NUMBER*	
			1 6 0	
			CHECKED BY OFFICER'S NAME*	
			J. Sans	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 5 0	

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
Hart, Diane OWNER PHONE: (INCLUDE AREA CODE) (  SAME AS DRIVER )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )

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

**DAMAGE**

**DAMAGE SCALE**

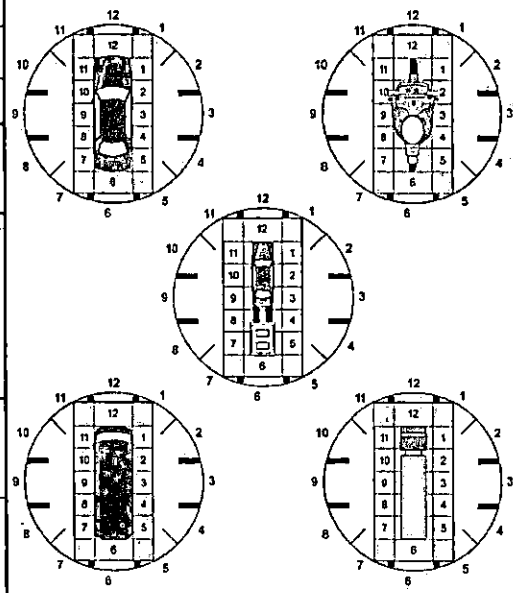
1 - NONE 3 - FUNCTIONAL DAMAGE  
 4 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**

LP STATE OH LICENSE PLATE # JMB9111 VEHICLE IDENTIFICATION # 1J8GW158N64C11711245 VEHICLE YEAR 2014 VEHICLE MAKE Jeep

INSURANCE VERIFIED INSURANCE COMPANY Good Sam Ins Co INSURANCE POLICY # 2013134545 COLOR Blue VEHICLE MODEL Grand Ch

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # 01 OCCUPANTS \_\_\_\_\_

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

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

UNIT TYPE 03

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - HOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0

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

SPECIAL FUNCTION 01

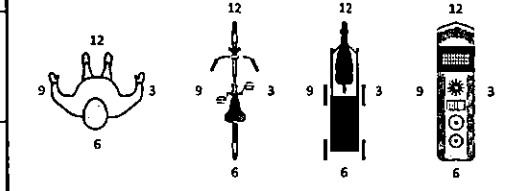
1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 01

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

VEHICLE DEFECTS

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			



- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT

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

ACTION 02

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

INITIAL POINT OF CONTACT

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

CONTRIBUTING CIRCUMSTANCES 05

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

**TRAFFIC**

<b>TRAFFICWAY FLOW</b>	<b>TRAFFIC CONTROL</b>
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

1 01 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 01 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE

3 01 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 01 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - IMPACT ATTENUATOR / CRASH CUSHION

5 01 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTORVEHICLE IN TRANSPORT 26 - BRIDGE OVERHEAD STRUCTURE

6 01 6 - IMPROPER TURN 11 - DROVE OFF ROAD 21 - PARKED MOTORVEHICLE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

# OF THROUGH LANES ON ROAD \_\_\_\_\_

RAIL GRADE CROSSING

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIUM CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIUM GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIUM CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIUM OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

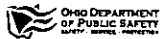
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER / UNKNOWN	

UNIT SPEED \_\_\_\_\_

POSTED SPEED 00

DETECTED SPEED

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 6 2 8 4 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Harrell, Kenneth, Michael	DATE OF BIRTH 0 2 2 7 1 9 7 2	AGE 5 0	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 14 Friars Green Ct., Fairfield, OH, 45014	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) Fairfield EMS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC Hospital Cincinnati	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 2	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 333.02b	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Willful or Wanton Disre	CITATION NUMBER Warrant				
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS 5 TYPE 2 VALUE		DRUG TEST(S) STATUS 5 TYPE 2 RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) 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 UNKNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPE 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 & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY		
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT		
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER		
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY		
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR		
				17 - PROSTHETIC AID		
				18 - OTHER		

**INJURED TAKEN BY**

- NOT TRANSPORTED / TREATED AT SCENE
- EMS
- POLICE
- OTHER / UNKNOWN

**SAFETY EQUIPMENT**

- NONE USED
- SHOULDER BELT ONLY USED
- LAP BELT ONLY USED
- SHOULDER & LAP BELT USED
- CHILD RESTRAINT SYSTEM - FORWARD FACING
- CHILD RESTRAINT SYSTEM - REAR FACING
- BOOSTER SEAT
- HELMET USED
- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)
- REFLECTIVE CLOTHING
- LIGHTING - PEDESTRIAN / BICYCLE ONLY
- OTHER / UNKNOWN

**EJECTION**

- NOT EJECTED
- PARTIALLY EJECTED
- TOTALLY EJECTED
- NOT APPLICABLE

**TRAPPED**

- NOT TRAPPED
- EXTRICATED BY MECHANICAL MEANS
- FREED BY NON-MECHANICAL MEANS

**OL ENDORSEMENT**

- H - HAZMAT
- M - MOTORCYCLE
- P - PASSENGER
- N - TANKER
- Q - MOTOR SCOOTER
- R - THREE-WHEEL MOTORCYCLE
- S - SCHOOL BUS
- T - DOUBLE & TRIPLE TRAILERS
- X - TANKER / HAZMAT

**GENDER**

- F - FEMALE
- M - MALE
- U - OTHER / UNKNOWN

**ALCOHOL TEST TYPE**

- NONE
- BLOOD
- URINE
- BREATH
- OTHER

**DRUG TEST TYPE**

- NONE
- BLOOD
- URINE
- OTHER

**CONDITION**

- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)
- ILLNESS
- FELL ASLEEP, FAINTED, FATIGUED, ETC.
- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
- OTHER / UNKNOWN

**DRUG TEST RESULT(S)**

- AMPHETAMINES
- BARBITURATES
- BENZODIAZEPINES
- CANNABINOIDS
- COCAINE
- OPIATES / OPIOIDS
- OTHER
- NEGATIVE RESULTS