

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		IR23-003600		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input checked="" type="checkbox"/> 99 - UNKNOWN	
		COUNTY* 09		LOCALITY* <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 11/08/2023 14:42		CRASH SEVERITY <input checked="" type="checkbox"/> 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE SR		ROUTE NUMBER 4B		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE 39.335902		LONGITUDE -84.502477	
ROUTE TYPE		ROUTE NUMBER		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Port Union		ROAD TYPE RD					
REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 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		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <input checked="" type="checkbox"/> 4 ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
DISTANCE FROM REFERENCE <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		DISTANCE UNIT OF MEASURE <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP <input type="checkbox"/> 9 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 13 - BIKE LANE <input type="checkbox"/> 14 - TOLL BOOTH <input type="checkbox"/> 99 - OTHER/UNKNOWN		MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 6 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		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER OR MEDIAN <input type="checkbox"/> 3 - WORK ON SHOULDER <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		CONTOUR <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
LIGHT CONDITION <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER <input checked="" type="checkbox"/> 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 11/8/23 at 2:42 P.M. Unit 1 was traveling on westbound Port Union Road attempting to turn left onto southbound By Pass 4. Unit 2 was traveling eastbound on Port Union Road attempting to cross By Pass 4. Unit 2 struck Unit 1 in the passenger side middle. Unit 1 claimed they had a green left turn arrow. Unit 2 claimed they had a green light. Therefore, no one was cited.									
DIAGRAM 													
CRASH REPORTED DATE/TIME 11/08/2023 14:42		DISPATCH DATE/TIME 11/08/2023 14:44		ARRIVAL DATE/TIME 11/08/2023 14:45		SCENE CLEARED DATE/TIME 11/08/2023 15:18		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 ODPS)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 20		TOTAL MINUTES 54		OFFICER'S NAME* Davis, Robert		CHECKED BY OFFICER'S NAME* Meyer, Aaron		OFFICER'S BADGE NUMBER* 169			
						CHECKED BY OFFICER'S BADGE NUMBER* 132							

IR23-003600

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) PATEL, DURGA ANIL KUMAR		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2850 Southfork Dr., Lebanon, OH 45036				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # HFH9109	VEHICLE IDENTIFICATION # JHLRE48758C050004	VEHICLE YEAR 2008	VEHICLE MAKE Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE INSURANCE	INSURANCE POLICY # 992917114	COLOR Red	VEHICLE MODEL CR-V
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> WHEELED <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV/UTV)		<input type="checkbox"/> 1 - <= 10K LBS. <input type="checkbox"/> 2 - 10,001 - 26K LBS. <input type="checkbox"/> 3 - >= 26K LBS.	<input type="checkbox"/> 1 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> BUS (16+ PASSENGERS) <input type="checkbox"/> OTHER VEHICLE <input type="checkbox"/> HEAVY EQUIPMENT <input type="checkbox"/> ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> PEDESTRIAN/ SKATER <input type="checkbox"/> WHEELCHAIR (ANY TYPE) <input type="checkbox"/> OTHER NON-MOTORIST <input type="checkbox"/> BICYCLE <input type="checkbox"/> TRAIN <input type="checkbox"/> UNKNOWN OR HIT/SKIP	
UNIT TYPE 3	# OF TRAILING UNITS 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	AUTONOMOUS MODE LEVEL 0			
SPECIAL FUNCTION 1	<input type="checkbox"/> NONE <input type="checkbox"/> TAXI <input type="checkbox"/> ELECTRONIC RIDE SHARING <input type="checkbox"/> SCHOOL TRANSPORT <input type="checkbox"/> BUS - TRANSIT /COMMUTER <input type="checkbox"/> BUS - CHARTER/TOUR <input type="checkbox"/> BUS - INTERCITY <input type="checkbox"/> BUS - SHUTTLE <input type="checkbox"/> BUS - OTHER <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FIRE <input type="checkbox"/> MILITARY <input type="checkbox"/> POLICE <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> CONSTRUCTION EQUIPMENT <input type="checkbox"/> FARM <input type="checkbox"/> MOWING <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> TOWING <input type="checkbox"/> SAFETY SERVICE PATROL <input type="checkbox"/> MAIL CARRIER <input type="checkbox"/> OTHER/UNKNOWN			
CARGO BODY TYPE 1	<input type="checkbox"/> NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> BUS <input type="checkbox"/> VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> LOGGING <input type="checkbox"/> INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> CARGO VAN/ ENCLOSED BOX <input type="checkbox"/> GRAIN/CHIPS/GRAVEL <input type="checkbox"/> POLE <input type="checkbox"/> CARGO TANK <input type="checkbox"/> FLAT BED <input type="checkbox"/> DUMP <input type="checkbox"/> CONCRETE MIXER <input type="checkbox"/> AUTO TRANSPORTER <input type="checkbox"/> GARBAGE/REFUSE <input type="checkbox"/> OTHER/UNKNOWN			
VEHICLE DEFECTS 1	<input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> HEAD LAMPS <input type="checkbox"/> TAIL LAMPS <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> TIRE BLOWOUT <input type="checkbox"/> WORN OR SLICK TIRES <input type="checkbox"/> TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> MOTOR TROUBLE <input type="checkbox"/> DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> OTHER/UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT 1	<input type="checkbox"/> INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> INTERSECTION - OTHER <input type="checkbox"/> MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> BICYCLE LANE <input type="checkbox"/> SHOULDER/ROADSIDE <input type="checkbox"/> SIDEWALK <input type="checkbox"/> MEDIAN/CROSSING ISLAND <input type="checkbox"/> DRIVEWAY ACCESS OR TRAILS <input type="checkbox"/> FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> OTHER/UNKNOWN			
ACTION 4	<input type="checkbox"/> NON-CONTACT <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> STRIKING <input type="checkbox"/> STRUCK <input type="checkbox"/> BOTH STRIKING & STRUCK <input type="checkbox"/> OTHER/UNKNOWN <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> BACKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> OVERTAKING/ PASSING <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> MAKING LEFT TURN <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTERING TRAFFIC LANE <input type="checkbox"/> LEAVING TRAFFIC LANE <input type="checkbox"/> PARKED <input type="checkbox"/> SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> WORKING <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> STANDING <input type="checkbox"/> OTHER NON-MOTORIST <input type="checkbox"/> STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> OTHER/UNKNOWN			
CONTRIBUTING CIRCUMSTANCES 22	<input type="checkbox"/> NONE <input type="checkbox"/> FAILURE TO YIELD <input type="checkbox"/> RAN RED LIGHT <input type="checkbox"/> RAN STOP SIGN <input type="checkbox"/> UNSAFE SPEED <input type="checkbox"/> IMPROPER TURN <input type="checkbox"/> LEFT OF CENTER <input type="checkbox"/> FOLLOWING TOO CLOSE/ACDA <input type="checkbox"/> IMPROPER LANE CHANGE <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> DROVE OFF ROAD <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> SWERVING TO AVOID <input type="checkbox"/> WRONG WAY <input type="checkbox"/> VISION OBSTRUCTION <input type="checkbox"/> OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> LOAD SHIFTING/ FALLING/SPILLING <input type="checkbox"/> IMPROPER CROSSING <input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT DISCERNIBLE <input type="checkbox"/> OPENING DOOR INTO ROADWAY <input type="checkbox"/> OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS				
EVENTS				
1	20	<input type="checkbox"/> OVERTURN/ ROLLOVER <input type="checkbox"/> FIRE/EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> JACKKNIFE <input type="checkbox"/> CARGO/EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> SEPARATION OF UNITS <input type="checkbox"/> RAN OFF ROAD <input type="checkbox"/> CARGO/EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> CROSS MEDIAN <input type="checkbox"/> CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> DOWNHILL RUNAWAY <input type="checkbox"/> OTHER NON-COLLISION <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PEDALCYCLE <input type="checkbox"/> RAILWAY VEHICLE <input type="checkbox"/> ANIMAL - FARM <input type="checkbox"/> ANIMAL - DEER <input type="checkbox"/> ANIMAL - OTHER <input type="checkbox"/> MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> OTHER MOVABLE OBJECT		
COLLISION WITH FIXED OBJECT - STRUCK				
4	1	<input type="checkbox"/> IMPACT ATTENUATOR/ CRASH CUSHION <input type="checkbox"/> BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> BRIDGE PIER OR ABUTMENT <input type="checkbox"/> BRIDGE PARAPET <input type="checkbox"/> BRIDGE RAIL <input type="checkbox"/> GUARDRAIL FACE <input type="checkbox"/> GUARDRAIL END <input type="checkbox"/> PORTABLE BARRIER <input type="checkbox"/> MEDIUM CABLE BARRIER <input type="checkbox"/> MEDIUM GUARDRAIL BARRIER <input type="checkbox"/> MEDIUM CONCRETE BARRIER <input type="checkbox"/> MEDIUM OTHER BARRIER <input type="checkbox"/> TRAFFIC SIGN POST <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER POST, POLE OR SUPPORT <input type="checkbox"/> CULVERT <input type="checkbox"/> CURB <input type="checkbox"/> DITCH <input type="checkbox"/> EMBANKMENT <input type="checkbox"/> FENCE <input type="checkbox"/> MAILBOX <input type="checkbox"/> TREE <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> WALL <input type="checkbox"/> BUILDING <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER FIXED OBJECT <input type="checkbox"/> OTHER/UNKNOWN		

DAMAGE	
DAMAGE SCALE	
4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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	
3	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 3 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
UNIT SPEED	DETECTED SPEED
20	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED	
35	

