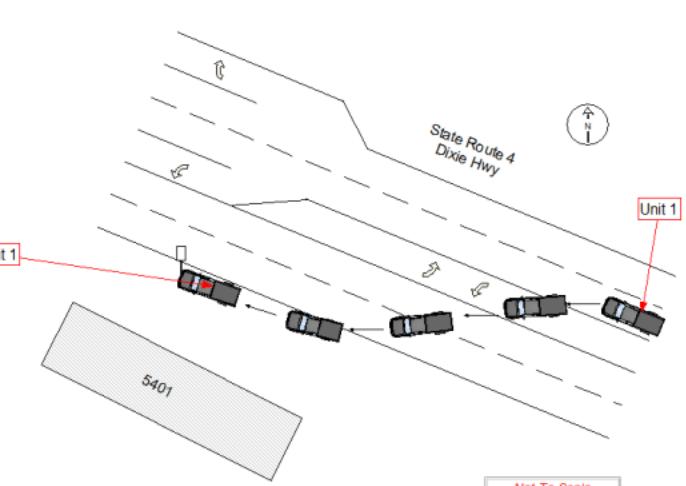
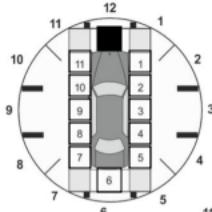
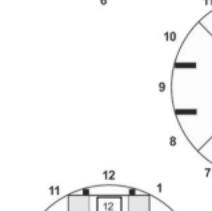
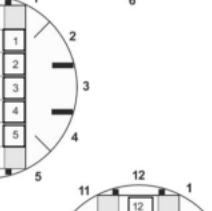
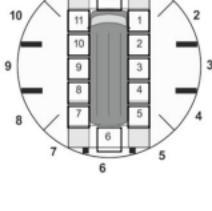
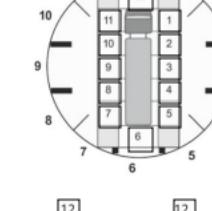
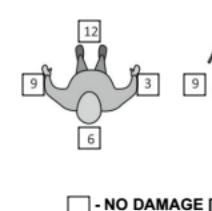
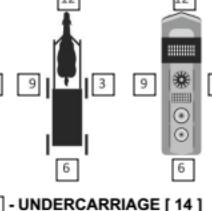


<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION				LOCAL REPORT NUMBER*		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* NCIC*				<input type="checkbox"/> HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
		Fairfield Police Department				00901		1 - SOLVED 2 - UNSOLVED	1	1 98 - ANIMAL 99 - UNKNOWN
REFERENCE LOCATION	COUNTY* 09	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield				CRASH DATE/TIME* 06/13/2025 17:57		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE SR	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME				ROAD TYPE	LATITUDE 39.334789		4
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5401				ROAD TYPE	LONGITUDE -84.526488		
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 PL - PLACE	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				ROADWAY	
1	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	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN	1	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 9 - OTHER/UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
1	<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 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 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1 1	1	1	2		
1	LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN	WEATHER 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	1 1	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN			
NARRATIVE On June 13, 2025, at 5:57 P.M., Unit 1 was traveling northwest on State Route 4. The vehicle crossed over the median and multiple lanes of traffic, ultimately going off the road on the left side. Unit 1 then struck a pole located in front of 5401 Dixie Highway. The pole is owned by Bob Hicks, who resides at 1420 Clovernook Drive, Hamilton, OH, 45013. There were signs attached to the pole that belong to several businesses, listed as follows:-Penn Station Address: 5401 Dixie Highway, Fairfield, OH, 45014 - Cricket Address: 5411 Dixie Highway, Fairfield, OH, 45014 -I Force Staffing Address: 5407 Dixie Highway, Fairfield, OH, 45014 - Metro Address: 5405 Dixie Highway, Fairfield, OH, 45014 - Royalties Salon and Spa Address: 5403 Dixie Highway, Fairfield, OH, 45014 - State Farm Insurance Address: 5409 Dixie Highway, Fairfield, OH, 45014					DIAGRAM 					
CRASH REPORTED DATE/TIME 06/13/2025 17:57		DISPATCH DATE/TIME 06/13/2025 17:58		ARRIVAL DATE/TIME 06/13/2025 18:03		SCENE CLEARED DATE/TIME 06/13/2025 18:38		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 70	OFFICER'S NAME* Hannon, Ryan		CHECKED BY OFFICER'S NAME* Miller, Matthew				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)	
			OFFICER'S BADGE NUMBER* 180		CHECKED BY OFFICER'S BADGE NUMBER* 141					

IR25-002989

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) PLATINUM ROOFING LLC		OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) 904 S FRONT ST, HAMILTON, OH 45011					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH	LICENSE PLATE # PLW7213	VEHICLE IDENTIFICATION # 3D73Y4CL6BG551248	VEHICLE YEAR 2011		
INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM INSURANCE	INSURANCE POLICY # 4089492-SFP-35	COLOR Black		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME FOX TOWING		
INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE 4	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	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
0	# OF TRAILING UNITS				
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER				
1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS				
4	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH 6 - STRIKING PRE-CRASH 7 - MAKING LEFT TURN 8 - MAKING U-TURN 9 - OTHER/UNKNOWN				
11	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
EVENT(S)	SEQUENCE OF EVENTS				
1	1 - OVERTURN/ ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION				
2	4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT				
3	9 - CROSS ROAD LEFT 10 - CROSS MEDIAN				
4	25 - IMPACT ATTENUATOR/ CRASH CUSHION				
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT				
6	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				
1	FIRST HARMFUL EVENT				
EVENTS					
1	10	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT
2	11	7 - SEPARATION OF UNITS	12 - DOWNTOWN RUNAWAY 13 - OTHER NON- COLLISION	20 - MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3	9	8 - RAN OFF ROAD RIGHT	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY
4	41	9 - IMPROPER LANE CHANGE	16 - WORKING 17 - PUSHING VEHICLE	19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION	21 - LYING IN ROADWAY
5		10 - IMPROPER PASSING	18 - SWERVING TO AVOID	22 - OTHER IMPROPER ACTION	24 - OTHER IMPROPER ACTION
6		11 - DROVE OFF ROAD	19 - LOAD SHIFTING/ FALLING/SPILLING	21 - LYING IN ROADWAY	25 - OTHER IMPROPER ACTION
7		12 - IMPROPER BACKING	20 - IMPROPER ACTION	22 - OTHER IMPROPER ACTION	26 - OTHER IMPROPER ACTION
COLLISION WITH FIXED OBJECT - STRUCK					
4	41	25 - IMPACT ATTENUATOR/ CRASH CUSHION	31 - GUARDRAIL END PORTABLE BARRIER	37 - TRAFFIC SIGN POST OVERHEAD SIGN	43 - CURB DITCH
5		26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	45 - EMBANKMENT SUPPORT	50 - WORK ZONE MAINTENANCE EQUIPMENT
6		27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	46 - FENCE 47 - MAILBOX	51 - WALL 52 - BUILDING
1		28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	48 - TREE 49 - FIRE HYDRANT	53 - TUNNEL 54 - OTHER FIXED OBJECT
EVENTS					
1	4	MOST HARMFUL EVENT			

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	
12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
FROM 7	TO 6
UNIT SPEED 40	
DETECTED SPEED 1	
POSTED SPEED 35	



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR25-002989

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER		
	1	GARCIA SALAZAR, OSCAR EDUARDO							01/14/1985				40	M		
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE						
803 HEATON ST, HAMILTON, OH 45011																
INJURIES	INJURED TAKEN BY	EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	4	DOT-COMPLIANT MC HELMET	SEATING POSITION	1	AIR BAG USAGE	1	EJECTION	1	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	1	ALCOHOL / DRUG SUSPECTED			CONDITION	1	ALCOHOL TEST	DRUG TEST(S)			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> .	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> RESULT 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 MC HELMET	SEATING POSITION	<input type="checkbox"/>	AIR BAG USAGE	<input type="checkbox"/>	EJECTION	<input type="checkbox"/>	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	<input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED			CONDITION	<input type="checkbox"/>	ALCOHOL TEST	DRUG TEST(S)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> .	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> RESULT 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 MC HELMET	SEATING POSITION	<input type="checkbox"/>	AIR BAG USAGE	<input type="checkbox"/>	EJECTION	<input type="checkbox"/>	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	<input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	<input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED			CONDITION	<input type="checkbox"/>	ALCOHOL TEST	DRUG TEST(S)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> OTHER DRUG	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> .	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 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	2 - TEST REFUSED										
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED											
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - SAMPLE / UNUSABLE											
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS KNOWN											
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - TEST GIVEN, RESULTS UNKNOWN											
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT	ALCOHOL TEST TYPE											
2 - EMS	8 - THIRD - MIDDLE	9 - THIRD - RIGHT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	1 - NONE											
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	2 - BLOOD											
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	3 - URINE											
SAFETY EQUIPMENT		12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	4 - BREATH										
1 - NONE USED	13 - TRAILING UNIT	13 - TRAILING UNIT	12 - LIMITED - OTHER	12 - LIMITED - OTHER	5 - OTHER											
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	DRUG TEST TYPE											
3 - LAP BELT ONLY USED	15 - NON-MOTORIST	15 - NON-MOTORIST	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	1 - NONE											
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	3 - URINE											
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID	17 - PROSTHETIC AID	4 - OTHER											
7 - BOOSTER SEAT			18 - OTHER	18 - OTHER	DRUG TEST RESULT(S)											
8 - HELMET USED					1 - AMPHETAMINES											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					2 - BARBITURATES											
10 - REFLECTIVE CLOTHING					3 - BENZODIAZEPINES											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					4 - CANNABINOID											
99 - OTHER / UNKNOWN					5 - COCAINE											
					6 - OPIATES / OPIOIDS											
					7 - OTHER											
					8 - NEGATIVE RESULTS											