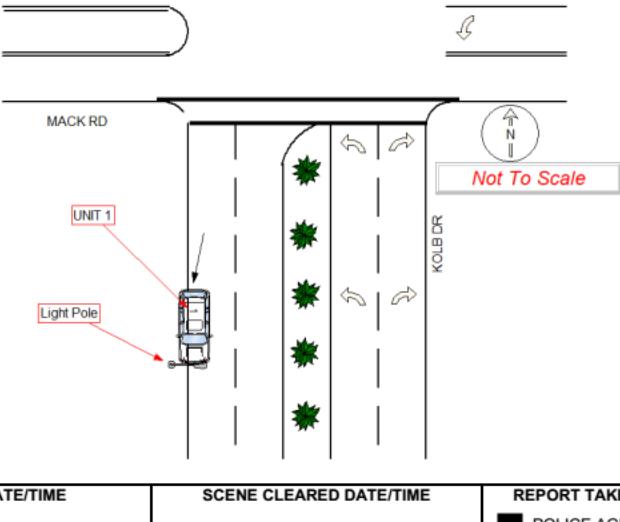




## TRAFFIC CRASH REPORT

ENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

 <b>TRAFFIC CRASH REPORT</b> <small>*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT</small>				LOCAL REPORT NUMBER*					
		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION					
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> PRIVATE PROPERTY		Fairfield Police Department		00901	<input type="checkbox"/> HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR
REFERENCE LOCATION	COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE/TIME*		CRASH SEVERITY
	09	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	Fairfield				05/02/2024 09:00		3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
		ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Kolb	ROAD TYPE DR	LATITUDE 39.311119		
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Mack	ROAD TYPE RD	LONGITUDE -84.527649			
REFERENCE POINT		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	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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 3 <input type="checkbox"/>	
DISTANCE FROM REFERENCE 230		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				ROADWAY			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
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 1 - NOT COLLISION 2 - BACKING 3 - TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - ANGLE 6 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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
<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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	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			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 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN			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			
NARRATIVE						DIAGRAM			
On 5-2-24 at around 9:00 a.m. Unit 1 was traveling south on Kolb Dr. near Mack Rd. Unit 1 reported she was distracted by something falling on the floorboard of her vehicle. Unit 1 went right off the roadway and struck a light pole(BT105UG319).									
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY	
05/02/2024 09:11		05/02/2024 09:13		05/02/2024 09:22		05/02/2024 09:46		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)	
			Hoelle, Andrew		Cresap, Lori				
0	30	63	OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
			144		87				

IR24-002396

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) WORPENBERG, FRANK G JR		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 5946 CRESTVIEW DR, FAIRFIELD, OH 45014					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH	LICENSE PLATE # KBC6209	VEHICLE IDENTIFICATION # 7FARS4H78PE017980	VEHICLE YEAR 2023		
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY AARP	INSURANCE POLICY # 55PHB998005	VEHICLE MAKE Honda		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS <input type="checkbox"/> 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE <input checked="" type="checkbox"/> 3	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	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE				
1	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT				
1	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL				
1	21 - MAIL CARRIER 99 - OTHER/UNKNOWN				
1	22 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN				
1	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN				
1	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP				
1	12 - TURN SIGNALS 13 - HEAD LAMPS 14 - TAIL LAMPS				
1	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT				
1	7 - WORN OR SLICK TIRES 8 - TRAILER DEFECTIVE				
1	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT				
1	99 - OTHER/UNKNOWN				
1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK				
1	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION				
1	6 - BICYCLE LANE 7 - SHOULDER/ ROADSIDE 8 - SIDEWALK				
1	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS				
1	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN				
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 7 - MAKING U-TURN 9 - OTHER/UNKNOWN				
3	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/ PASSED 5 - BOTH STRIKING PRE-CRASHES 6 - MAKING LEFT TURN 7 - MAKING U-TURN 9 - OTHER/UNKNOWN				
3	8 - ENTERING TRAFFIC 9 - LEAVING TRAFFIC 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS				
3	13 - NEGOTIATING A LANE 14 - ENTERING OR CROSSING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE				
3	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON- MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/UNKNOWN				
11	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
11	7 - LEFT OF CENTER CLOSE/ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING				
11	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY				
11	17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER ACTION				
1	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
1	24 - OTHER MOVABLE OBJECT				
1	25 - WORK ZONE MAINTENANCE EQUIPMENT 26 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 27 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN				
1	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				
1	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE				
1	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN 39 - LIGHT/LUMINARIES				
1	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT				
1	50 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN				
1	40 - BRIDGE OVERHEAD STRUCTURE 41 - BRIDGE PIER OR ABUTMENT 42 - MEDIAN CONCRETE 43 - MEDIAN OTHER BARRIER				
1	40 - OTHER POST, POLE OR SUPPORT 42 - CULVERT				
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1	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT				
1	50 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN				
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1	40 - OTHER POST, POLE OR SUPPORT 42 - CULVERT				
1					



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-002396

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER								
	1	WORPENBERG, WILMA F						09/29/1938			85	F								
ADDRESS: STREET, CITY, STATE, ZIP 5946 CRESTVIEW AV, FAIRFIELD, OH 45014													CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 3 OH		INJURED TAKEN BY 1		EMS AGENCY(NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1						
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER											
OL CLASS		ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY 7	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER								
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE							
INJURIES <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		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 <input type="checkbox"/>						
OL STATE <input type="checkbox"/>		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER											
OL CLASS <input type="checkbox"/>		ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER								
ADDRESS: STREET, CITY, STATE, ZIP													CONTACT PHONE - INCLUDE AREA CODE							
INJURIES <input type="checkbox"/>		INJURED TAKEN BY <input type="checkbox"/>		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 <input type="checkbox"/>						
OL STATE <input type="checkbox"/>		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER											
OL CLASS <input type="checkbox"/>		ENDORSEMENT SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN													SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		AIR BAG 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		OL CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	OL RESTRICTION(S) 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	DRIVER DISTRACTION 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN  ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER  DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER  DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS
INJURIES 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN													EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		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	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		