

<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	1
								2 - UNSOLVED		98 - ANIMAL
										99 - UNKNOWN
REFERENCE LOCATION	COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE/TIME*		CRASH SEVERITY	
	09	1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	Fairfield				12/16/2024 17:02		2 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 North Gilmore				ROAD TYPE	LATITUDE 39.336895		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 8790				ROAD TYPE	LONGITUDE -84.520804		
REFERENCE POINT	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 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					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
NUMBER OF APPROACHES				ROADWAY						
				<input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE	
1 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	3 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN		<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 1 - LANE CLOSURE 2 - LANE SHFT/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		CONTOUR 1	CONDITIONS 2	SURFACE 2		
<input type="checkbox"/> LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		<input type="checkbox"/> 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		<input type="checkbox"/> WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN		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	<input type="checkbox"/> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN		
NARRATIVE				DIAGRAM						
<p>On 12-16-24 at approximately 5:02 p.m. Unit 2 was traveling southbound on North Gilmore Rd. near 8790 North Gilmore Rd. Unit 1 was traveling northbound on North Gilmore Rd near 8790 North Gilmore Rd. The driver of Unit 1 failed to maintain control of his vehicle and crossed into oncoming traffic striking Unit 2 head on. As a result of the collision Unit 2 struck a utility pole on the rear right corner.</p> <p>The utility pole is owned by spectrum and unmarked. Spectrum: 670 Northland Blvd. Cincinnati, Ohio 45213</p>				<p>Not To Scale</p>						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY		
12/16/2024 17:02		12/16/2024 17:02		12/16/2024 17:14		12/16/2024 17:58		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* Foster, Sandy III		CHECKED BY OFFICER'S NAME* Fleenor, Ryan			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)		
			OFFICER'S BADGE NUMBER* 178		CHECKED BY OFFICER'S BADGE NUMBER* 117					

IR24-006878

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) CHIROLDE, TOMAS CAPETILLO		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 2103 PRINCETON RD APT 15D, FAIRFIELD TWP, OH 45011		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH	LICENSE PLATE # KJJ2180	VEHICLE IDENTIFICATION # 5XXGM4A75DG171398	VEHICLE YEAR 2013
INSURANCE VERIFIED	INSURANCE COMPANY BRISTOL WEST CASUALTY	INSURANCE POLICY # G013874762	VEHICLE MAKE Kia
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNES TOWING
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.
UNIT TYPE 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN		
0	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - AUTOCYCLE 10 - MOPED OR 11 - ALL TERRAIN VEHICLE (ATV/UTV)		
# OF TRAILING UNITS			
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL		
1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT /COMMUTER		
CARGO BODY TYPE	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 - 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		
VEHICLE DEFECTS	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
NON-MOTORIST LOCATION AT IMPACT	9 - UNKNOWN		
3	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
7	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
7	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 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		
3	12 - FIRST RESPONDER AT INCIDENT SCENE 13 - FIREMAN		
12	14 - MAIL CARRIER 15 - AUTO TRANSPORTER 16 - CONCRETE MIXER 17 - GARBAGE/REFUSE 18 - OTHER/UNKNOWN		
1	19 - SNOW REMOVAL 20 - TOWING 21 - SAFETY SERVICE PATROL		
1	22 - OTHER/UNKNOWN		
1	23 - STANDING 24 - OTHER NON- SPECIFIED LOCATION 25 - MOTORIST		
1	26 - STANDING OUTSIDE 27 - JOGGING, PLAYING 28 - DISABLED VEHICLE 29 - OTHER/UNKNOWN		
1	30 - WORKING 31 - PUSHING VEHICLE		
1	32 - APPROACHING OR LEAVING VEHICLE 33 - DEFECTIVE EQUIPMENT 34 - OPENING DOOR INTO ROADWAY 35 - OTHER IMPROPER ACTION		
1	36 - LYING IN ROADWAY 37 - OPERATING DEFECTIVE EQUIPMENT 38 - SWERVING TO FALLING/SPILLING 39 - OTHER IMPROPER ACTION		
1	40 - SWERVING TO FALLING/SPILLING 41 - OTHER IMPROPER ACTION		
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1	430 - SWERVING TO FALLING/SPILLING 431 - OTHER IMPROPER ACTION		
1	432 - SWERVING TO FALLING/SPILLING 433 - OTHER IMPROPER ACTION		
1	434 - SWERVING TO FALLING/SPILLING 435 - OTHER IMPROPER ACTION		
1	436 - SWERVING TO FALLING/SPILLING 437 - OTHER IMPROPER ACTION		
1	438 - SWERVING TO FALLING/SPILLING 439 - OTHER IMPROPER ACTION		
1	440 - SWERVING TO FALLING/SPILLING 441 - OTHER IMPROPER ACTION		
1	442 - SWERVING TO FALLING/SPILLING 443 - OTHER IMPROPER ACTION		
1	444 - SWERVING TO FALLING/SPILLING 445 - OTHER IMPROPER ACTION		
1	446 - SWERVING TO FALLING/SPILLING 447 - OTHER IMPROPER ACTION		
1	448 - SWERVING TO FALLING/SPILLING 449 - OTHER IMPROPER ACTION		
1	450 - SWERVING TO FALLING/SPILLING 451 - OTHER IMPROPER ACTION		
1	452 - SWERVING TO FALLING/SPILLING 453 - OTHER IMPROPER ACTION		
1	454 - SWERVING TO FALLING/SPILLING 455 - OTHER IMPROPER ACTION		
1	456 - SWERVING TO FALLING/SPILLING 457 - OTHER IMPROPER ACTION		
1	458 - SWERVING TO FALLING/SPILLING 459 - OTHER IMPROPER ACTION		
1	460 - SWERVING TO FALLING/SPILLING 461 - OTHER IMPROPER ACTION		
1	462 - SWERVING TO FALLING/SPILLING 463 - OTHER IMPROPER ACTION		





## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER\*

IR24-006878

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH				AGE	GENDER			
	1	CHIROLDE, TOMAS CAPETILLO							04/20/1985				39	M			
ADDRESS: STREET, CITY, STATE, ZIP 2103 PRINCETON RD APT 15D, FAIRFIELD TWP, OH 45011										CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY(NAME) SPRINGDALE FIRE DEPA		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MERCY FAIRFIELD HOSPITAL, FAIRFIELD			SAFETY EQUIPMENT USED 3		DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1	
OL STATE OH		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34a			LOCAL CODE ■		OFFENSE DESCRIPTION Failure to Control			CITATION NUMBER 2400274453					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 □ □		RESTRICTION SELECT UP TO 3 □ □ □		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG			CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
UNIT # 2		NAME: LAST, FIRST, MIDDLE HINKSTON, ANDREW ALBERT							DATE OF BIRTH 05/03/1962				AGE 62	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 30 HEFFRON DR APT C, FAIRFIELD, OH 45014										CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 2		INJURED TAKEN BY 2		EMS AGENCY(NAME) CITY OF FAIRFIELD FIRE		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UC HEALTH WEST CHESTER, WEST CHESTER TWP			SAFETY EQUIPMENT USED 4		DOT-COMPLIANT MC HELMET		SEATING POSITION 1	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1	
OL STATE OH		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 □ ALCOHOL □ MARIJUANA □ OTHER DRUG			CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE .		DRUG TEST(S) STATUS 1 TYPE 1 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 □		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 □ ALCOHOL □ MARIJUANA □ 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										EJECTION OL ENDORSEMENT TRAPPED GENDER CONDITION DRUG TEST TYPE							
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		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)		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		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		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		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN					
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		INJURIES 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		INJURIES 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		INJURIES 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		INJURIES 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		INJURIES F - FEMALE M - MALE U - OTHER / UNKNOWN		INJURIES 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		INJURIES 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
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