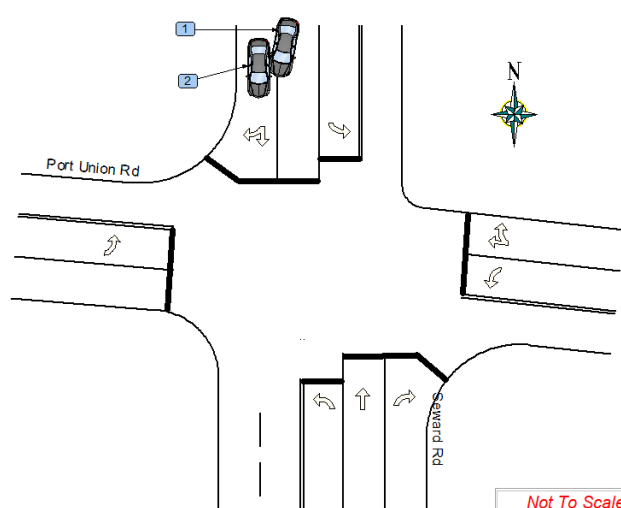


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |   |  |   |  |  |   |                                |   |   |
|---|---|--|---|--|--|---|--------------------------------|---|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |   | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |   | <b>LOCAL INFORMATION</b><br><b>REPORTING AGENCY NAME*</b><br>Fairfield Police Department   |  | <b>NCIC*</b><br>00901   |                                | <b>IR23-003962</b>  |   |
|   |   | <b>HIT/SKIP</b><br>1 - SOLVED<br>2 - UNSOLVED  |   | <b>NUMBER OF UNITS</b><br>2  |  | <b>UNIT IN ERROR</b><br>1 - 98 - ANIMAL<br>1 - 99 - UNKNOWN   |                                |   |   |
| <b>COUNTY*</b><br>09  |   | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1   |   | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP*<br>Fairfield   |  | <b>CRASH DATE/TIME*</b><br>11/24/2023 14:24   |                                | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |   |
| <b>LOCATION</b>   | <b>ROUTE TYPE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>ROUTE NUMBER</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>LOCATION ROAD NAME</b><br>Seward  |  | <b>ROAD TYPE</b><br>RD  | <b>LATITUDE</b><br>39.333432   |   | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|   | <b>ROUTE TYPE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>ROUTE NUMBER</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>8955   |  | <b>ROAD TYPE</b><br>RD  | <b>LONGITUDE</b><br>-84.492225 |   |   |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3   |   | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |   | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><input type="checkbox"/> ROADWAY DIVIDED                          |   |
| <b>DISTANCE FROM REFERENCE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   | <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN  |                                | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |   |
| <b>WORK ZONE RELATED</b><br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |   | <b>WORK ZONE TYPE</b><br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | <b>CONTOUR</b><br>1   |                                | <b>CONDITIONS</b><br>1  |   |
| <b>LIGHT CONDITION</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN   |   | <b>WEATHER</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN |   | <b>DIAGRAM</b><br>   |  | <b>SURFACE</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN   |                                |   |   |
| <b>NARRATIVE</b><br>On 11/24/23 at about 2:24 P.M. Unit 1 was traveling south bound on Seward Rd. at approximately 10 m.p.h. and when at 8955 Seward Rd attempted to change to the right turn lane of south bound Seward Rd. in order to turn right onto Port Union Rd and in doing so collided with Unit 2 which was stopped in the right turn lane of south bound Seward Rd. near Port Union Rd.<br><br>After striking Unit 2, Unit 1 continued as a hit/skip unit. |   |  |   |  |  |   |                                |   |   |
| <b>CRASH REPORTED DATE/TIME</b><br>11/25/2023 09:00   |   | <b>DISPATCH DATE/TIME</b><br>11/25/2023 09:05  |   | <b>ARRIVAL DATE/TIME</b><br>11/25/2023 09:15   |  | <b>SCENE CLEARED DATE/TIME</b><br>11/25/2023 09:45  |                                | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |   |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0   |   | <b>OTHER INVESTIGATION TIME</b><br>0   |   | <b>TOTAL MINUTES</b><br>40   |  | <b>OFFICER'S NAME*</b><br>Lamb, Gregg   |                                | <b>CHECKED BY OFFICER'S NAME*</b><br>Sprague, Jeffrey   |   |
|   |   |  |   | <b>OFFICER'S BADGE NUMBER*</b><br>65   |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>84   |                                |   |   |

IR23-003962

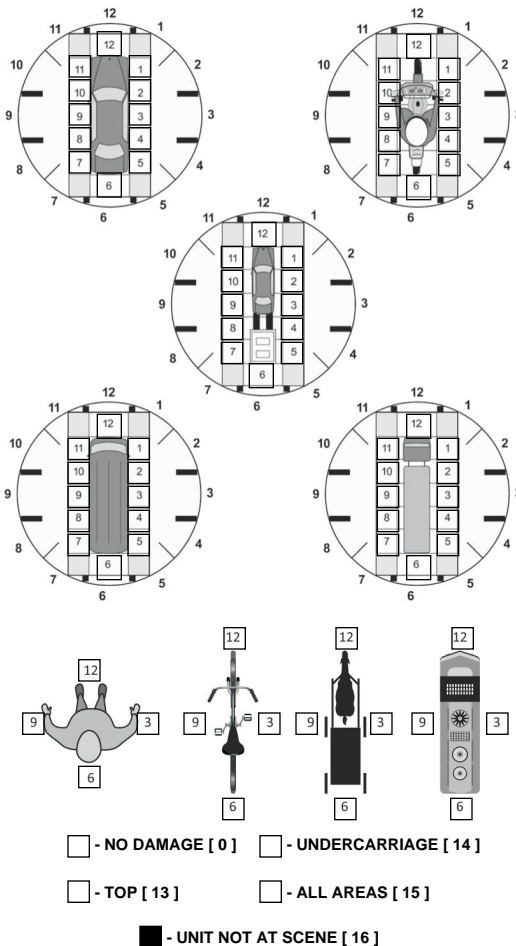
|  |   |  |  |  |
|--|---|--|--|--|
| UNIT #<br>1  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) |  | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER   |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                    |   |  |  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |
| LP STATE   | LICENSE PLATE #<br>HIT/SKIP   | VEHICLE IDENTIFICATION #   | VEHICLE YEAR   | VEHICLE MAKE   |
| <input type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY   | INSURANCE POLICY #   | COLOR<br>Black   | VEHICLE MODEL  |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #   | TOWED BY: COMPANY NAME   |  |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT                   |   | # OCCUPANTS<br>1   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>   |  |
| UNIT TYPE<br>99  |   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  | CLASS # PLACARD ID #   |  |
| 0  |   | # OF TRAILING UNITS  |  |  |
| 9  |   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN  |  |  |
| 9  |   | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |  |
| 99   |   | SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |  |  |
| 99   |   | CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |  |  |
| VEHICLE DEFECTS  |   | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN   |  |  |
| NON-MOTORIST LOCATION AT IMPACT  |   | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN   |  |  |
| ACTION   |   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC FROM A PARKED POSITION<br>14 - LEAVING TRAFFIC LANE<br>15 - PARKED ILLEGALLY<br>16 - STOPPED OR PARKED ILLEGALLY<br>17 - SWERVING TO AVOID<br>18 - WRONG WAY<br>19 - ENTERING A CURVE<br>20 - ENTERING OR CROSSING SPECIFIED LOCATION<br>21 - WALKING, RUNNING, JOGGING, PLAYING<br>22 - WORKING<br>23 - PUSHING VEHICLE<br>24 - APPROACHING OR LEAVING VEHICLE<br>25 - STANDING<br>26 - OTHER NON-MOTORIST<br>27 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN |  |  |
| CONTRIBUTING CIRCUMSTANCES   |   | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |  |
| SEQUENCE OF EVENTS   |   |  |  |  |
| EVENTS   |   |  |  |  |
| 1  | 20  | 1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT  | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN   | 11 - CROSS CENTERLINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
| COLLISION WITH FIXED OBJECT - STRUCK   |   |  |  |  |
| 4  |   | 25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE  | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN  |
| FIRST HARMFUL EVENT  |   | MOST HARMFUL EVENT   |  |  |
| 1  |   | 1  |  |  |

## DAMAGE

## DAMAGE SCALE

9 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

IR23-003962

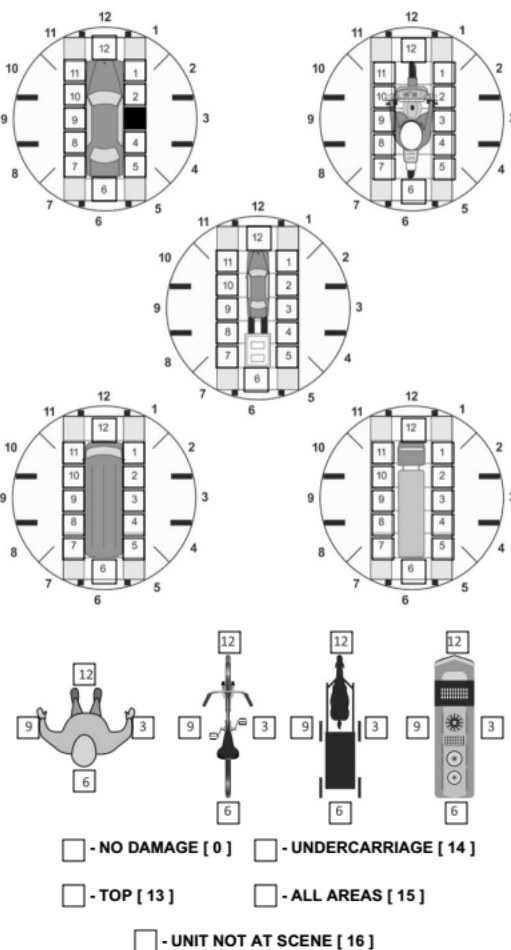
|  |   |  |
|--|---|--|
| UNIT #<br>2  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SINGH, MENKA | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1208 Buckhead Dr #D, FAIRFIELD, OH 45014  |   |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH   | LICENSE PLATE #<br>KDV6701  | VEHICLE IDENTIFICATION #<br>JHMFC1F75JX043185                          |
| VEHICLE YEAR<br>2018   |   | VEHICLE MAKE<br>Honda  |
| INSURANCE<br>VERIFIED  | INSURANCE COMPANY<br>GEICO  | INSURANCE POLICY #<br>6132682987                                       |
| COLOR<br>Silver  |   | VEHICLE MODEL<br>Civic   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |   |  |
| US DOT #   |   |  |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #  |   |  |
| TOWED BY: COMPANY NAME   |   |  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.  |   |  |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>  |   |  |
| # OCCUPANTS<br>1   |   |  |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - MOTORCYCLE<br>7 - WHEELED<br>8 - MOTORCYCLE<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/ SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP  |   |  |
| # OF TRAILING UNITS<br>0   |   |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |   |  |
| SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT /COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER/UNKNOWN  |   |  |
| CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   |   |  |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN  |   |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN  |   |  |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>6 - PRE-CRASH ACTIONS<br>7 - MAKING RIGHT TURN<br>8 - MAKING LEFT TURN<br>9 - MAKING U-TURN<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - ENTERING TRAFFIC<br>14 - LEAVING TRAFFIC<br>15 - PARKED<br>16 - SLOWING OR STOPPED IN TRAFFIC<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER/UNKNOWN   |   |  |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |   |  |
| SEQUENCE OF EVENTS<br>1 - OVERTURN/ ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>12 - RAILWAY VEHICLE<br>13 - ANIMAL - FARM<br>14 - ANIMAL - DEER<br>15 - ANIMAL - OTHER<br>16 - MOTOR VEHICLE IN TRANSPORT<br>17 - PARKED MOTOR VEHICLE<br>18 - WORK ZONE MAINTENANCE EQUIPMENT<br>19 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>20 - OTHER MOVABLE OBJECT  |   |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR/ CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER/UNKNOWN |   |  |
| FIRST HARMFUL EVENT<br>1   |   |  |
| MOST HARMFUL EVENT<br>1  |   |  |

## DAMAGE

## DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

3 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

## TRAFFIC

TRAFFICWAY FLOW  
2 1 - ONE-WAY  
2 - TWO-WAYTRAFFIC CONTROL  
6 1 - ROUNDABOUT  
2 - STOP SIGN  
3 - SIGNAL  
4 - YIELD SIGN  
5 - NO CONTROL  
6 - NO CONTROL# OF THROUGH LANES ON ROAD  
4RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

## UNIT / NON-MOTORIST DIRECTION

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

## UNIT SPEED

0

## DETECTED SPEED

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

## POSTED SPEED

35



|   |  |   |  |   |  |  |                     |                          |                                   | LOCAL REPORT NUMBER* |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|---|--|---|--|---|--|--|---------------------|--------------------------|-----------------------------------|----------------------|---------------|----------|---------|----------|------------------|---------|----------|-------------------|--------------------|-------------|--|--|---|--|---|--|--|------------------|----------|--|----------------|--|-------------------|--|--|---|--|--|--|---|--|------------------|---------|--|--------|--|----------------|--|--|--|--|---|--|---|--|--|--|--|--|-----------|--|---------------------|--|--|--|--|---|--|--|
| MOTORIST / NON-MOTORIST   | UNIT #   | NAME: LAST, FIRST, MIDDLE   |  |   |  |  |                     |                          |                                   | DATE OF BIRTH        |               | AGE      | GENDER  |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | 1  | DRIVER, UNKNOWN   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |   |  |  |                     |                          | CONTACT PHONE - INCLUDE AREA CODE |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | unknown,   |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | 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 |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| 5   |  |   |  |   |  |  | 99                  | <input type="checkbox"/> | 1                                 | 9                    | 1             | 1        |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| 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   |  | CONDITION           | ALCOHOL TEST             |                                   | DRUG TEST(S)         |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  | 9   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  | 9                   | STATUS                   | TYPE                              | VALUE                | STATUS        | TYPE     |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     | 1                        | 1                                 | .                    | 1             | 1        |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| MOTORIST / NON-MOTORIST   | UNIT #   | NAME: LAST, FIRST, MIDDLE   |  |   |  |  |                     |                          |                                   | DATE OF BIRTH        |               | AGE      | GENDER  |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | 2  | SINGH, MENKA  |  |   |  |  |                     |                          |                                   | 12/15/1997           |               | 25       | F       |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP  |   |  |   |  |  |                     |                          | CONTACT PHONE - INCLUDE AREA CODE |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | 1208 Buckhead Dr #D, FAIRFIELD, OH 45014   |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   | 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 |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| 5   |  |   |  |   |  |  | 4                   | <input type="checkbox"/> | 1                                 | 1                    | 1             | 1        |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| OL STATE  | OPERATOR LICENSE NUMBER  |   |  | OFFENSE CHARGED   |  | LOCAL CODE   | OFFENSE DESCRIPTION |                          |                                   | CITATION NUMBER      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| OH  |  |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| OL CLASS  | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3  |  | DRIVER DISTRACTED BY  | ALCOHOL / DRUG SUSPECTED   |  | CONDITION           | ALCOHOL TEST             |                                   | DRUG TEST(S)         |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| 4   |  |   |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  | 1                   | STATUS                   | TYPE                              | VALUE                | STATUS        | TYPE     |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     | 1                        | 1                                 | .                    | 1             | 1        |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| MOTORIST / NON-MOTORIST   | 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 |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     | <input type="checkbox"/> |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
| 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   |  | CONDITION           | ALCOHOL TEST             |                                   | DRUG TEST(S)         |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG   |  |                     | STATUS                   | TYPE                              | VALUE                | STATUS        | TYPE     |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
|   |  |   |  |   |  |  |                     |                          |                                   |                      |               |          |         |          |                  |         |          |                   |                    |             |  |  |   |  |   |  |  |                  |          |  |                |  |                   |  |  |   |  |  |  |   |  |                  |         |  |        |  |                |  |  |  |  |   |  |   |  |  |  |  |  |           |  |                     |  |  |  |  |   |  |  |
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