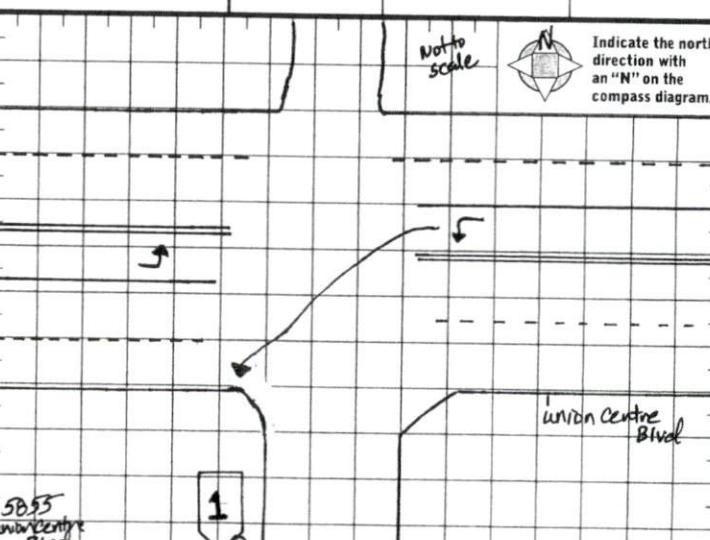




## TRAFFIC CRASH REPORT

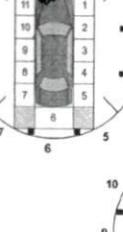
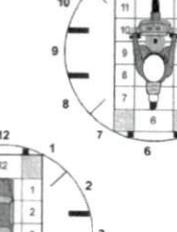
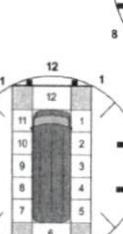
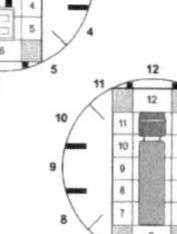
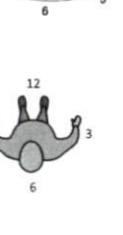
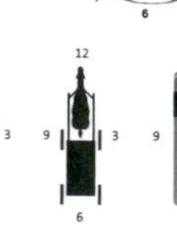
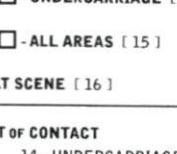
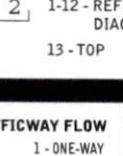
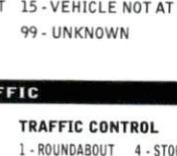
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

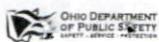
LOCAL INFORMATION			*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT			LOCAL REPORT NUMBER*													
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<b>REPORTING AGENCY NAME*</b> Fairfield Police Department			<b>NCIC*</b> 0 0 9 0 1		2 2 0 0 0 6 9 4												
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	City of Fairfield			<b>HIT/SKIP</b> 1 - SOLVED 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 0 1	<b>UNIT IN ERROR</b> 0 1 98 - ANIMAL 99 - UNKNOWN										
			City of Fairfield			<b>CRASH DATE / TIME*</b> 0 1 0 4 2 0 2 2 0 5 3 4		<b>CRASH SEVERITY</b> 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY											
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		<b>ROAD TYPE</b> B L	<b>LATITUDE</b> DECIMAL DEGREES 3 9 . 3 4 1 8 5 0												
				Union Centre			5855		<b>LONGITUDE</b> DECIMAL DEGREES 8 4 . 4 8 1 6 0 5										
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		<b>ROAD TYPE</b> L	<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA												
				5855					<b>NUMBER OF APPROACHES</b> 1										
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROUTE TYPE			<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED													
			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			<b>MEDIAN TYPE</b> RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY							
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #				1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON				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, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
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				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN											
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT				<b>WORK ZONE TYPE</b> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER				<b>LOCATION OF CRASH IN WORK ZONE</b> 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				<b>CONTOUR</b> 1		<b>CONDITIONS</b> 1		<b>SURFACE</b> 2			
<input type="checkbox"/> ACTIVE SCHOOL ZONE												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			
<b>LIGHT CONDITION</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				<b>WEATHER</b> 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											
<b>NARRATIVE</b> <p>On January 04, 2022 around 5:34 a.m. Unit 1 was traveling westbound on Union Centre Blvd, attempting to turn left into the driveway of 5855 Union Centre Blvd. The driver of Unit 1 advised that due to frost on the window impeding his visibility, he passed that driveway, and turned left onto the grass area. Unit 1 failed to maintain control struck a light pole.</p> <p>The light pole is owned by Duke Energy (1199 Nilles Road, Fairfield, OH 45014);</p> <p>The driver of Unit 1 was issued a citation for Failure To Control (331.34A).</p>																			
<b>CRASH REPORTED DATE / TIME</b> 0 1 0 4 2 0 2 2 0 5 3 5			<b>DISPATCH DATE / TIME</b> 0 1 0 4 2 0 2 2 0 5 3 6			<b>ARRIVAL DATE / TIME</b> 0 1 0 4 2 0 2 2 0 5 4 1			<b>SCENE CLEARED DATE / TIME</b> 0 1 0 4 2 0 2 2 0 6 3 5			<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
<b>TOTAL TIME ROADWAY CLOSED</b> 0		<b>OTHER INVESTIGATION TIME</b> 0		<b>TOTAL MINUTES</b> 5 9		<b>OFFICER'S NAME*</b> P.O. Cockfield		<b>CHECKED BY OFFICER'S NAME*</b> D. Pohl		<b>SUPPLEMENT</b> (CORRECTION or ADDITION TO AN EXISTING REPORT SENT TO ODDS)									
<b>OFFICER'S BADGE NUMBER*</b> 1 2 9						<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 1 3 0													



## UNIT

OWNER	UNIT # <b>01</b> OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>Snyder, Timothy, J.</b>			OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>L:</b>
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) <b>9513 Canyon Pass Drive, Hamilton, OH 45011</b>			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>	
LP STATE <b>O H</b>	LICENSE PLATE # <b>046YNV</b>	VEHICLE IDENTIFICATION # <b>WA U L F 7 8 K 4 9 N 0 1 3 5 0 4</b>		VEHICLE YEAR <b>2009</b> VEHICLE MAKE <b>Audi</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>Celina Mutual</b>	INSURANCE POLICY # <b>7242798-6</b>		COLOR <b>Black</b> VEHICLE MODEL <b>A4</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME <b>Wayne's Towing</b>
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <b>0 1</b>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		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
# OF TRAILING UNITS <b>0 1</b>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>1 2</b> 1-YES 2-NO 9-OTHER / UNKNOWN			0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
AUTONOMOUS MODE LEVEL				
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER				
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED 3 - CROSSWALK 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION				
1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED 3 - CROSSWALK 4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>0 1</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - STRIKING ACTIONS 7 - STRIKING 8 - STRUCK 9 - OTHER / UNKNOWN				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>0 1</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - STRIKING ACTIONS 7 - STRIKING 8 - STRUCK 9 - OTHER / UNKNOWN				
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN				
SEQUENCE OF EVENTS				
NON-COLLISION				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE				
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
NON-COLLISION				
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT				
50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
COLLISION WITH FIXED OBJECT - STRUCK				
2 - FIRST HARMFUL EVENT      2 - MOST HARMFUL EVENT				

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



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER									
	2 2 0 0 0 6 9 4									
	UNIT #	NAME: LAST, FIRST, MIDDLE								
	0 1	Snyder, Timothy, J.								
	ADDRESS: STREET, CITY, STATE, ZIP									
	9513 Canyon Pass Drive, Hamilton, OH 45011									
	INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME) Fairfield Medics	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	DATE OF BIRTH 0 8 0 5 1 9 6 6	AGE 5 5	GENDER M
	OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.34a	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure To Control			CITATION NUMBER 249207
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1
ALCOHOL TEST STATUS DRUG TEST(S)										
UNIT #	NAME: LAST, FIRST, MIDDLE									
ADDRESS: STREET, CITY, STATE, ZIP										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER	
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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
ALCOHOL TEST STATUS DRUG TEST(S)										
UNIT #	NAME: LAST, FIRST, MIDDLE									
ADDRESS: STREET, CITY, STATE, ZIP										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER	
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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
ALCOHOL TEST STATUS DRUG TEST(S)										
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 COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED				
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO=D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN				
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE				
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL & CLASS B BUS	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE				
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT APPLICABLE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7-TEST REFUSED				
8-THIRD - MIDDLE	8-THIRD - MIDDLE	8-NOT APPLICABLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	8-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	8-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	9-NOT APPLICABLE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	9-TEST GIVEN, RESULTS UNKNOWN	9-TEST GIVEN, RESULTS UNKNOWN				
10-SLEEPER SECTION OF TRUCK CAB	10-SLEEPER SECTION OF TRUCK CAB	10-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-TEST REFUSED	10-TEST REFUSED				
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)	11-NOT APPLICABLE	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-TEST REFUSED	11-TEST REFUSED				
12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-NOT APPLICABLE	12-LIMITED - OTHER	12-LIMITED - OTHER	12-TEST REFUSED	12-TEST REFUSED				
13-TRAILING UNIT	13-TRAILING UNIT	13-NOT APPLICABLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-TEST REFUSED	13-TEST REFUSED				
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-NOT APPLICABLE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-TEST REFUSED	14-TEST REFUSED				
15-NON-MOTORIST	15-NON-MOTORIST	15-NOT APPLICABLE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-TEST REFUSED	15-TEST REFUSED				
99-OTHER/UNKNOWN	99-OTHER/UNKNOWN	99-NOT APPLICABLE	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-TEST REFUSED	16-TEST REFUSED				
			17-PROSTHETIC AID	17-PROSTHETIC AID	17-TEST REFUSED	17-TEST REFUSED				
			18-OTHER	18-OTHER	18-TEST REFUSED	18-TEST REFUSED				
ALCOHOL TEST TYPE										
CONDITON										
DRUG TEST RESULT(S)										
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TRAPPED	GENDER	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	CONDITION	DRUG TEST TYPE	
1-NOT TRANSPORTED (TREATED AT SCENE)	1-NOT EJECTED	H-HAZMAT	1-NOT TRAPPED	F-FEMALE	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
2-EMS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-EXTRICATED BY MECHANICAL MEANS	M-MALE	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
3-POLICE	3-TOTALLY EJECTED	P-PASSENGER	3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN	1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N-TANKER			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
SAFETY EQUIPMENT		Q-MOTOR SCOOTER			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
1-NONE USED	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	R-THREE-WHEEL MOTORCYCLE			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
2-SHOULDER BELT ONLY USED	12-PASSENGER IN UNENCLOSED CARGO AREA	S-SCHOOL BUS			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
3-LAP BELT ONLY USED	13-TRAILING UNIT	T-DOUBLE & TRIPLE TRAILERS			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
4-SHOULDER & LAP BELT USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	X-TANKER / HAZMAT			1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	15-NON-MOTORIST				1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
6-CHILD RESTRAINT SYSTEM - REAR FACING	99-OTHER/UNKNOWN				1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
7-BOOSTER SEAT					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
8-HELMET USED					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
10-REFLECTIVE CLOTHING					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	
99-OTHER/UNKNOWN					1-NONE	2-BLOOD	3-URINE	4-BREATH	5-OTHER	