



TRAFFIC CRASH REPORT

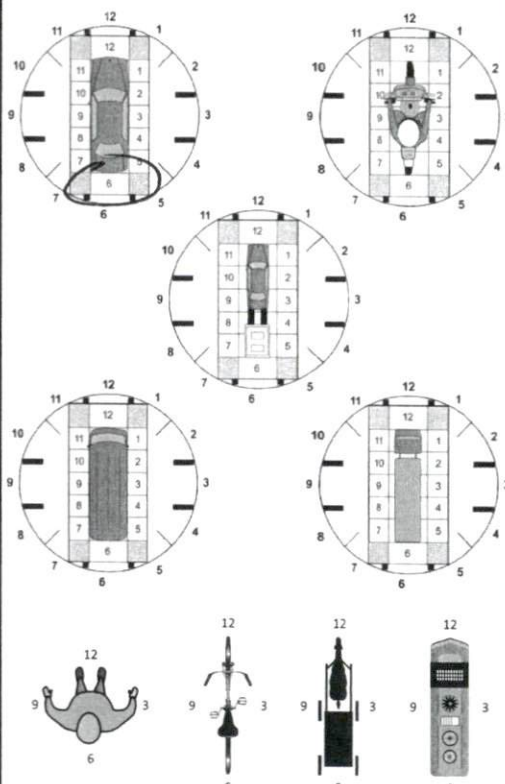
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | |
|--|--|---|--|---|--|---|----------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department | | NCIC* 00901 | | LOCAL REPORT NUMBER* 22003180 | |
| COUNTY* 09 | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield | | | | CRASH DATE / TIME* 01142022 2031 | | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5 |
| ROUTE TYPE LOCATION U S | ROUTE NUMBER 127 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME | | ROAD TYPE | LATITUDE DECIMAL DEGREES 39.313194 | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED |
| ROUTE TYPE REFERENCE | ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6140 | | ROAD TYPE | LONGITUDE DECIMAL DEGREES -84.561944 | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3 | DIRECTION FROM REFERENCE 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 PL-PLACE 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 | | DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS | | | |
| LOCATION OF FIRST HARMFUL EVENT 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP 01 | | | MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN 2 | | | DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST | | MEDIAN TYPE 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 |
| <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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN | | 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 |
| LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 3 | | 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 01 | | SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | | | | |
| NARRATIVE On 1/14/2022 at about 8:31 p.m. Unit 1 was traveling south on U.S. 127 at about 40 m.p.h. and when at 6140 U.S. 127 failed to stop within the assured clear distance ahead and struck Unit 2 which was also traveling south on U.S. 127 and stopped in traffic. | | | | | NOT TO SCALE | | | |
| CRASH REPORTED DATE / TIME 01142022 2031 | | DISPATCH DATE / TIME 01142022 2038 | | ARRIVAL DATE / TIME 01142022 2038 | | SCENE CLEARED DATE / TIME 01142022 2116 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HDPS) |
| TOTAL TIME ROADWAY CLOSED 015 | OTHER INVESTIGATION TIME 030 | TOTAL MINUTES 068 | OFFICER'S NAME* D. Gooch | | CHECKED BY OFFICER'S NAME* S.A. Acorn Meyer | | OFFICER'S BADGE NUMBER* 160 | CHECKED BY OFFICER'S BADGE NUMBER* 132 |

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|---|---|--|--|---|-------------------------|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # FUL2864 | VEHICLE IDENTIFICATION # 1FMCU0D1G0AKB00142 | VEHICLE YEAR 2010 | VEHICLE MAKE Ford |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Progressive | INSURANCE POLICY # 38730125 | COLOR Red | VEHICLE MODEL Escape |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | |
| | <input type="checkbox"/> DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| | TYPE OF USE | | TOWED BY: COMPANY NAME Marcells | | |
| | | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| | UNIT TYPE 03 | | CLASS # PLACARD ID # | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02 | | AUTONOMOUS MODE LEVEL 0 | | |
| | SPECIAL FUNCTION 01 | | | | |
| EVENT(S) | CARGO BODY TYPE 01 | | | | |
| | VEHICLE DEFECTS | | | | |
| | NON-MOTORIST LOCATION AT IMPACT | | | | |
| | ACTION 03 | | PRE-CRASH ACTIONS 01 | | |
| | CONTRIBUTING CIRCUMSTANCES 08 | | | | |
| | SEQUENCE OF EVENTS 120 | | | | |
| | NON-COLLISION | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK | | | | |
| | FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | |

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| LOCAL REPORT NUMBER 22003180 | |
| DAMAGE DAMAGE SCALE 4 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 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-WAY # OF THROUGH LANES ON ROAD 2 | |
| RAIL 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 040 POSTED SPEED 40 | |
| DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |

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|---|---|--|---|---|---------------------------|
| OWNER | UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # GNQ1691 | VEHICLE IDENTIFICATION # 1J4F16181S6XL16051141 | VEHICLE YEAR 1999 | VEHICLE MAKE Jeep |
| | INSURANCE VERIFIED | INSURANCE COMPANY Nationwide | INSURANCE POLICY # 9234J223196 | COLOR Maroon | VEHICLE MODEL Cherokee |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME Waynes | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | 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 | |
| | #OCCUPANTS 01 | | CLASS # PLACARD ID # | | |
| | UNIT TYPE 03 | | | | |
| | # OF TRAILING UNITS 00 | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 02 | | | | |
| | AUTONOMOUS MODE LEVEL 0 | | | | |
| | SPECIAL FUNCTION 01 | | | | |
| CARGO BODY TYPE 01 | | | | | |
| VEHICLE DEFECTS | | | | | |
| NON-MOTORIST LOCATION AT IMPACT | | | | | |
| ACTION 04 | | | | | |
| PRE-CRASH ACTIONS 11 | | | | | |
| CONTRIBUTING CIRCUMSTANCES 01 | | | | | |
| SEQUENCE OF EVENTS 120 | | | | | |
| NON-COLLISION | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| FIRST HARMFUL EVENT 1 | | | | | |
| MOST HARMFUL EVENT 1 | | | | | |

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| LOCAL REPORT NUMBER 22003180 | |
| DAMAGE DAMAGE SCALE 4 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 06 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-WAY | TRAFFIC CONTROL 1 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 | |
| UNIT SPEED 000 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 40 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 0 3 1 8 0

| | | | | | | | | | | |
|---|--|-----------------------------------|---|--|--|-------------------------|--|---------------|--|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE McHugh, Brendan, Seamus | DATE OF BIRTH 0 9 1 8 1 9 8 4 | | AGE 3 7 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5750 Red Oak Dr., Fairfield, OH, 45014 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED 333.03a | LOCAL CODE <input checked="" type="checkbox"/> | OFFENSE DESCRIPTION ACDA | | CITATION NUMBER 249859 | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 0 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 TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | |

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|--|--|-----------------------------------|---|--|--|-------------------------|--|---------------|--|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE Jenkins, Travis, Darryl | DATE OF BIRTH 0 4 2 1 1 9 7 2 | | AGE 4 9 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1793 Del Rio Dr., Hamilton, OH, 45013 | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O H | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 1 | ENDORSEMENT SELECT UP TO 2 T N | 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 TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | |

| | | | | | | | | | | |
|-----------------------------------|-------------------------------|-----------------------------------|---|--|--|------------------|-----------------------------------|----------|---|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | | AGE 0 | GENDER | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 |
|---|--|------------------------------------|------------------------------|--|--|--|
| 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | | |
| INJURED TAKEN BY | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 7 - EXCEPT TRACTOR-TRAILER | | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 1 - NONE |
| 2 - EMS | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 9 - LEARNER'S PERMIT RESTRICTIONS | | 2 - BLOOD |
| 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 10 - LIMITED TO DAYLIGHT ONLY | | 3 - URINE |
| 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 11 - LIMITED TO EMPLOYMENT | | 4 - BREATH |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | | 5 - OTHER |
| SAFETY EQUIPMENT | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | DRUG TEST TYPE |
| 1 - NONE USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | | 1 - NONE |
| 2 - SHOULDER BELT ONLY USED | | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 2 - BLOOD |
| 3 - LAP BELT ONLY USED | | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | CONDITION | 3 - URINE |
| 4 - SHOULDER & LAP BELT USED | | | | 17 - PROSTHETIC AID | 1 - APPARENTLY NORMAL | 4 - OTHER |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | GENDER | 18 - OTHER | 2 - PHYSICAL IMPAIRMENT | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | F - FEMALE | | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | DRUG TEST RESULT(S) |
| 7 - BOOSTER SEAT | | | M - MALE | | 4 - ILLNESS | 1 - AMPHETAMINES |
| 8 - HELMET USED | | | U - OTHER / UNKNOWN | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 2 - BARBITURATES |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 3 - BENZODIAZEPINES |
| 10 - REFLECTIVE CLOTHING | | | | | 9 - OTHER / UNKNOWN | 4 - CANNABINOIDS |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | 5 - COCAINE |
| 99 - OTHER / UNKNOWN | | | | | | 6 - OPIATES / OPIODIDS |
| | | | | | | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |