

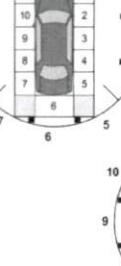
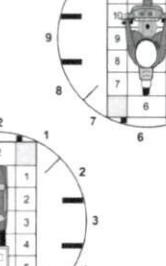
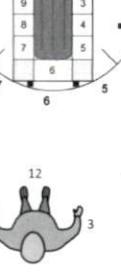
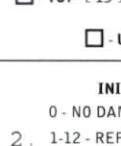
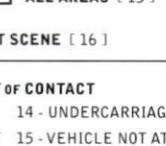


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION			LOCAL REPORT NUMBER*				
			REPORTING AGENCY NAME* NCIC*			2 2 0 0 4 5 7 2				
			Fairfield Police Department 0 0 9 0 1			HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR		
						1 - SOLVED	0 1	98 - ANIMAL		
						2 - UNSOLVED		0 1	99 - UNKNOWN	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	City of Fairfield			CRASH DATE / TIME*	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
0 9	1	1 - CITY 2 - VILLAGE 3 - TOWNSHIP				0 1 2 1 2 0 2 2 0 8 2 5				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME GILMORE		ROAD TYPE D R			LATITUDE DECIMAL DEGREES 3 9 3 1 8 9 5 0	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5774		ROAD TYPE			LONGITUDE DECIMAL DEGREES - 8 4 5 2 4 4 5 6	
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED						
1 - INTERSECTION 3 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	ROADWAY						
	1 - MILES 2 - FEET 3 - YARDS			<input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE			
0 6	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1 - NOT COLLISION BETWEEN VEHICLES IN TRANSPORT	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	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				
<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	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE				
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2				
				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				
LIGHT CONDITION			WEATHER							
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 1	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						
NARRATIVE						<p>Not to Scale</p>				
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 1 2 1 2 0 2 2 0 8 2 6			0 1 2 1 2 0 2 2 0 8 2 7		0 1 2 1 2 0 2 2 0 8 3 2		0 1 2 1 2 0 2 2 0 9 2 0		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* A. ROUSH		CHECKED BY OFFICER'S NAME* <i>[Signature]</i>		
1 0		3 0		8 3		OFFICER'S BADGE NUMBER* 1 7 0		CHECKED BY OFFICER'S BADGE NUMBER* <i>[Signature]</i>		

UNIT # 0_1	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		
OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
LP STATE O_H	LICENSE PLATE # JBZ9071	VEHICLE IDENTIFICATION # 2T3BFRREV9JW763695	VEHICLE YEAR 2018	VEHICLE MAKE TOYOTA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY FOUNDERS	INSURANCE POLICY # ITOH622835	COLOR RED	VEHICLE MODEL RAV4
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNE'S TOWING	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0_1	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	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
1 - NO 0_3 2 - YES 0_2 3 - NO 4 - OTHER/ UNKNOWN		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
1 - NONE 0_1 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
1 - NO CARGO BODY TYPE 0_1 2 - BUS 3 - TURN SIGNALS 4 - HEAD LAMPS 5 - TAIL LAMPS		1 - NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
1 - TURN SIGNALS 0_1 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
1 - INTERSECTION - MARKED 0_1 2 - INTERSECTION - UNMARKED 3 - CROSSWALK 4 - CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
1 - NON-CONTACT 0_3 2 - NON-COLLISION 3 - STRIKING 0_5 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
1 - NONE 0_6 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ADOA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING
SEQUENCE OF EVENTS		NON-COLLISION		
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 0_8		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 4_7		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE		
31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 4_18		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 5_1		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		
2 - FIRST HARMFUL EVENT 3 - MOST HARMFUL EVENT				

LOCAL REPORT NUMBER													
2	2	0	0	4	5	7	2						
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													
0 - NO DAMAGE						14 - UNDERCARRIAGE							
<u>1</u>	<u>2</u>	1-12 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN							
TRAFFIC													
TRAFFICWAY FLOW						TRAFFIC CONTROL							
1 - ONE-WAY			4 - STOP SIGN										
<u>2</u>	2 - TWO-WAY			5 - YIELD SIGN									
			6 - NO CONTROL										
# OF THROUGH LANES ON ROAD						RAIL GRADE CROSSING							
<u>2</u>							1 - NOT INVOLVED						
						<u>1</u>	2 - INVOLVED-ACTIVE CROSSING						
						3 - INVOLVED-PASSIVE CROSSING							
UNIT / NON-MOTORIST DIRECTION													
FROM <u>3</u> TO <u>1</u>						1 - NORTH 5 - NORTHEAST							
						2 - SOUTH 6 - NORTHWEST							
						3 - EAST 7 - SOUTHEAST							
						4 - WEST 8 - SOUTHWEST							
						9 - OTHER / UNKNOWN							
UNIT SPEED													
<u>1</u>	<u>5</u>	1 - STATED / ESTIMATED SPEED											
POSTED SPEED													
<u>2</u>	<u>5</u>	2 - CALCULATED / EDR											
										3 - UNDETERMINED			



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

MOTORIST / NON-MOTORIST

SAFETY EQUIPMENT

LOCAL REPORT NUMBER

2 2 0 0 4 5 7 2

UNIT #

NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH

1 0 1 0 1 9 7 5

AGE

4 6

GENDER

F

ADDRESS:

STREET, CITY, STATE, ZIP

5655 GILMORE DR, FAIRFIELD, OH 45014

CONTACT PHONE - INCLUDE AREA CODE

INJURIES

INJURED TAKEN BY

EMS AGENCY (NAME)
FAIRFIELD EMSINJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)
MERCY FAIRFIELDSAFETY EQUIPMENT USED
0 4 DOT-Compliant
MC HELMETSEATING POSITION
0 1AIR BAG USAGE
1EJECTION
1TRAPPED
1

DL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

FAILURE TO CONTROL

CITATION NUMBER

250305

DL CLASS

ENDORSEMENT
SELECT UP TO 2RESTRICTION SELECT UP TO 3
0 3DRIVER DISTRACTED
BY
1ALCOHOL / DRUG SUSPECTED
 ALCOHOL
 MARIJUANA
 OTHER DRUGCONDITION
5ALCOHOL 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
0

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

DL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

DL CLASS

ENDORSEMENT
SELECT UP TO 2

RESTRICTION SELECT UP TO 3

DRIVER DISTRACTED
BY
1ALCOHOL / DRUG SUSPECTED
 ALCOHOL
 MARIJUANA
 OTHER DRUG

CONDITION

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
0

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

DL STATE

OPERATOR LICENSE NUMBER

OFFENSE CHARGED

LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

DL CLASS

ENDORSEMENT
SELECT UP TO 2

RESTRICTION SELECT UP TO 3

DRIVER DISTRACTED
BY
1ALCOHOL / DRUG SUSPECTED
 ALCOHOL
 MARIJUANA
 OTHER DRUG

CONDITION

ALCOHOL TEST
STATUS
1
TYPE
1
VALUE
.DRUG TEST(S)
STATUS
1
TYPE
1
RESULT
SELECT UP TO 4

INJURIES

SEATING POSITION

AIR BAG

DL CLASS

DL 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

2-TEST REFUSED

3-SUSPECTED MINOR INJURY

3-FRONT - RIGHT SIDE

3-DEPLOYED SIDE

3-CLASS C

3-CORRECTIVE LENSES

3-FARM WAIVER

3-TEST GIVEN, CONTAMINATED

4-POSSIBLE INJURY

4-SECOND - LEFT SIDE
(MOTORCYCLE PASSENGER)

4-DEPLOYED BOTH FRONT / SIDE

4-REGULAR CLASS
(OHIO = D)

4-EXCEPT CLASS A BUS

4-EXCEPT CLASS A & CLASS B BUS

4-TEST GIVEN, RESULTS KNOWN

5-NO APPARENT INJURY

5-SECOND - MIDDLE

5-NOT APPLICABLE

5-M/C MOPED ONLY

5-MICROSCOPIC

5-EXCEPT CLASS A & CLASS B BUS

5-TEST GIVEN, RESULTS UNKNOWN

INJURED TAKEN BY

6-SECOND - RIGHT SIDE

6-NOT APPLICABLE

6-NO VALID DL

6-NO VALID DL

6-EXCEPT TRACTOR-TRAILER

6-TEST REFUSED

1-NOT TRANSPORTED

7-THIRD - LEFT SIDE
(MOTORCYCLE SIDE CAR)

7-NOT APPLICABLE

7-HAZMAT

7-INTERMEDIATE LICENSE

7-INTERMEDIATE LICENSE

7-TEST REFUSED

/TREATED AT SCENE

8-THIRD - MIDDLE

8-NOT APPLICABLE

8-MOTORCYCLE

8-LEARNER'S PERMIT

8-LEARNER'S PERMIT

8-TEST REFUSED

2-EMS

9-THIRD - RIGHT SIDE

9-NOT APPLICABLE

9-PASSENGER

9-TEST REFUSED

9-TEST REFUSED

8-TEST REFUSED

3-POLICE

10-SLEEPER SECTION
OF TRUCK CAB

10-NOT APPLICABLE

10-NOT APPLICABLE

10-TEST REFUSED

10-TEST REFUSED

8-TEST REFUSED

9-OTHER / UNKNOWN

11-PASSENGER IN OTHER
ENCLOSED CARGO AREA
(NON-TRAILING UNIT, BUS,
PICK-UP WITH CAP)

11-NOT APPLICABLE

11-NOT APPLICABLE

11-TEST REFUSED

11-TEST REFUSED

8-TEST REFUSED

4-SHOULDER & LAP BELT USED

12-PASSENGER IN UNENCLOSED
CARGO AREA

12-NOT APPLICABLE

12-NOT APPLICABLE

12-TEST REFUSED

12-TEST REFUSED

8-TEST REFUSED

5-CHILD RESTRAINT SYSTEM -
FORWARD FACING

13-TRAILING UNIT

13-NOT APPLICABLE

13-NOT APPLICABLE

13-TEST REFUSED

13-TEST REFUSED

8-TEST REFUSED

6-CHILD RESTRAINT SYSTEM -
REAR FACING14-RIDING ON VEHICLE EXTERIOR
(NON-TRAILING UNIT)

14-NOT APPLICABLE

14-NOT APPLICABLE

14-TEST REFUSED

14-TEST REFUSED

8-TEST REFUSED

7-BOOSTER SEAT

15-NON-MOTORIST

15-NOT APPLICABLE

15-NOT APPLICABLE

15-NOT APPLICABLE

15-NOT APPLICABLE

8-TEST REFUSED

8-HELMET USED

99-OTHER / UNKNOWN

99-NOT APPLICABLE

99-NOT APPLICABLE

99-NOT APPLICABLE

99-NOT APPLICABLE

8-TEST REFUSED

9-PROTECTIVE PADS USED
(ELBOW, KNEES, ETC.)10-REFLECTIVE CLOTHING
/ BICYCLE ONLY

10-NOT APPLICABLE

10-NOT APPLICABLE

10-NOT APPLICABLE

10-NOT APPLICABLE

8-TEST REFUSED

11-LIGHTING - PEDESTRIAN
/ BICYCLE ONLY

99-OTHER / UNKNOWN

99-NOT APPLICABLE

99-NOT APPLICABLE

99-NOT APPLICABLE

99-NOT APPLICABLE

8-TEST REFUSED

99-OTHER / UNKNOWN