

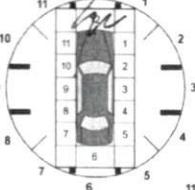
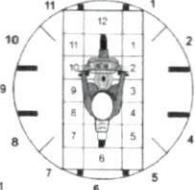
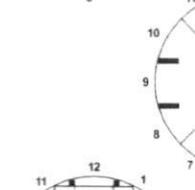
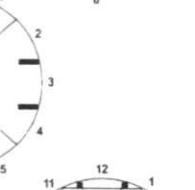
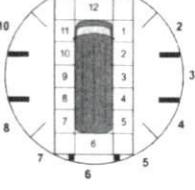
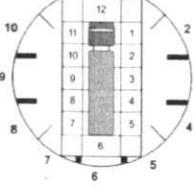
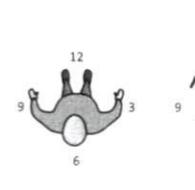
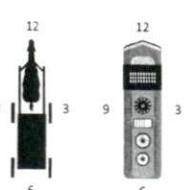
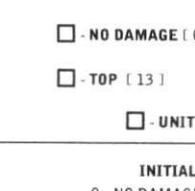
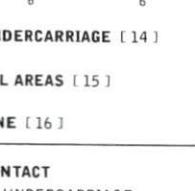


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*			
<input checked="" type="checkbox"/> PHOTOSTAKEN <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			2 2 0 0 6 4 9 8		
		REPORTING AGENCY NAME* NCIC*			HIT/SKIP	NUMBER OF UNITS	
		Fairfield Police Department 0 0 9 0 1			1-SOLVED 2-UNRESOLVED	0 1	
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
0 9	1 2-VILLAGE 3-TOWNSHIP	City of Fairfield			0 1 2 8 2 0 2 2 1 5 0 1	5	
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
	1-NORTH 2-SOUTH 3-EAST 4-WEST			Ridge	D r	3 9 3 2 7 1 8 2	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
	1-NORTH 2-SOUTH 3-EAST 4-WEST			1		-8 4 5 2 0 9 2 7	
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1-INTERSECTION 2-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 0 0	1 - MILES 2 - FEET 3 - YARDS	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED	MEDIAN TYPE	
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	
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	1- NOT COLLISION 2- BETWEEN 3- VEHICLES IN 4- TRANSPORT	4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN	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			
		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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			
CONTOUR			CONDITIONS			SURFACE	
2			3			2	
1-STRAIGHT LEVEL			1-DRY			1-CONCRETE	
2-STRAIGHT GRADE			2-WET			2-BLACKTOP, BITUMINOUS, ASPHALT	
3-CURVE LEVEL			3-SNOW			3-BRICK/BLOCK	
4-CURVE GRADE			4-ICE			4-SLAG, GRAVEL, STONE	
9-OTHER/UNKNOWN			5-SAND, MUD, DIRT, OIL, GRAVEL			5-DIRT	
			6-WATER (STANDING, MOVING)			9- OTHER/UNKNOWN	
			7-SLUSH				
			9- OTHER/UNKNOWN				
LIGHT CONDITION			WEATHER				
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN	6	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>On 1/28/22 at about 3:01 p.m. Unit 1 was traveling northwest on Ridge Dr. and when about 100 feet south of 1 Ridge Dr. the driver failed to maintain reasonable control of the vehicle, running off the left side of the roadway, striking a curb, utility box, and a tree.</p> <p>There was no damage to the tree.</p> <p>The utility box belongs to: Duke Energy 1199 Nilles Rd. Fairfield, Oh 45014</p>							
 <p>Indicate the north direction with an "N" on the compass diagram.</p>							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
0 1 2 8 2 0 2 2 1 5 0 1		0 1 2 8 2 0 2 2 1 5 0 4		0 1 2 8 2 0 2 2 1 5 1 5		0 1 2 8 2 0 2 2 1 5 5 6	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*	
0		0		5 2		J. Sons	
						CHECKED BY OFFICER'S NAME*	
						<i>[Signature]</i>	
						OFFICER'S BADGE NUMBER*	
						1 5 0	
						CHECKED BY OFFICER'S BADGE NUMBER*	
						<i>[Signature]</i>	
REPORT TAKEN BY							
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)							

UNIT #	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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR			
O H	HYS7490	J H L R E 4 8 7 5 9 C 0 2 2 5 7 5	2009 Honda			
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR			
	Progressive	948480717	Silver			
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Marcell's			
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS	HAZARDOUS MATERIAL			
		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #	
			<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	
UNIT TYPE	# OF TRAILING UNITS					
0 3		0				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL				
2 - YES		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
SPECIAL FUNCTION		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT / COMMUTER				
CARGO BODY TYPE		6 - BUS - CHARTER / TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE				
VEHICLE DEFECTS		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				
NON-MOTORIST LOCATION AT IMPACT		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS				
ACTION		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT				
CONTRIBUTING CIRCUMSTANCES		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT				
SEQUENCE OF EVENTS						
1 0 9		1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT				
2 4 3		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN				
3 5 4		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE				
4 4 8		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT				
5		21 - PARKED MOTOR VEHICLE				
6		22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT				
7		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE				
8		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER				
9		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT				
10		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT				
11		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT				
12		99 - OTHER / UNKNOWN				
13		FIRST HARMFUL EVENT				
14		3 MOST HARMFUL EVENT				

LOCAL REPORT NUMBER	
2 2 0 0 6 4 9 8	
DAMAGE	
3 - NONE	
2 - MINOR DAMAGE	
1 - NONE	
3 - FUNCTIONAL DAMAGE	
4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
         	
<input checked="" 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	
1 - 12 - REFER TO UNIT DIAGRAM	
13 - TOP	
14 - UNDERCARRIAGE	
15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN	
TRAFFIC	
TRAFFIC FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
6	5 - YIELD SIGN
6	3 - FLASHER
6	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
1	2 - INVOLVED-ACTIVE CROSSING
1	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
FROM 7	TO 6
UNIT SPEED	
1 5	1 - STATED / ESTIMATED SPEED
1	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	

MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER											
	2 2 0 0 6 4 9 8											
	DATE OF BIRTH AGE GENDER											
	0 3 1 3 1 9 6 7 5 4 F											
	CONTACT PHONE - INCLUDE AREA CODE											
	ADDRESS: STREET, CITY, STATE, ZIP 2012 Meadowlawn Way Apt A. Fairfield, Oh 45014											
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.34a	LOCAL CODE X	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 249988			
	DL 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 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE										
ADDRESS: STREET, CITY, STATE, ZIP	DATE OF BIRTH AGE GENDER 0											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER				
DL 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	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE											
ADDRESS: STREET, CITY, STATE, ZIP	DATE OF BIRTH AGE GENDER 0											
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0	DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE X	OFFENSE DESCRIPTION		CITATION NUMBER				
DL 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	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 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							
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							
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS								
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	9-DEPLOYMENT UNKNOWN	7-EXCEPT TRACTOR-TRAILER								
2-EMS	8-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	8-INTERMEDIATE LICENSE RESTRICTIONS								
3-POLICE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	9-LEARNER'S PERMIT RESTRICTIONS								
9-OTHER / UNKNOWN	11-PASSENGER IN UNENCLOSED CARGO AREA	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	10-LIMITED TO DAYLIGHT ONLY								
SAFETY EQUIPMENT		12-PASSENGER IN UNENCLOSED CARGO AREA	13-TRAILING UNIT	11-LIMITED TO EMPLOYMENT								
1-NONE USED	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-MILITARY VEHICLES ONLY	12-LIMITED - OTHER								
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	15-MOTOR VEHICLES WITHOUT AIR BRAKES	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
3-LAP BELT ONLY USED	15-NON-MOTORIST	99-OTHER / UNKNOWN	16-OUTSIDE MIRROR	14-ILLNESS								
4-SHOULDER & LAP BELT USED	99-OTHER / UNKNOWN	F-FEMALE	17-PROSTHETIC AID	15-FELL ASLEEP, FAINTED, FATIGUED, ETC.								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		M-MALE	18-OTHER	16-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
6-CHILD RESTRAINT SYSTEM - REAR FACING		U-OTHER / UNKNOWN		17-OTHER / UNKNOWN								
7-BOOSTER SEAT				18-OTHER / UNKNOWN								
8-HELMET USED				19-OTHER / UNKNOWN								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				20-OTHER / UNKNOWN								
10-REFLECTIVE CLOTHING				21-OTHER / UNKNOWN								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				22-OTHER / UNKNOWN								
99-OTHER / UNKNOWN				23-OTHER / UNKNOWN								
EJECTION DL ENDORSEMENT												
TRAPPED GENDER												
F-FEMALE M-MALE U-OTHER / UNKNOWN												
TEST STATUS												
ALCOHOL TEST TYPE												
1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER												
DRUG TEST TYPE												
1-NONE 2-BLOOD 3-URINE 4-OTHER												
CONDITION												
1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 7-OTHER 8-NEGATIVE RESULTS												
DRUG TEST RESULT(S)												