

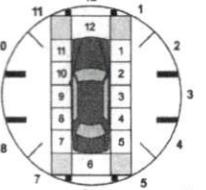
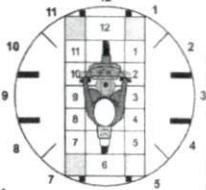
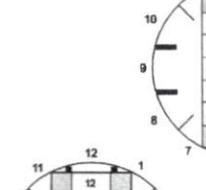
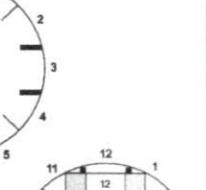
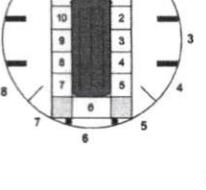
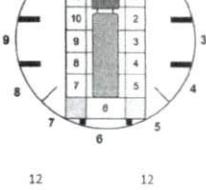
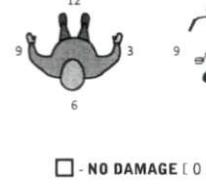
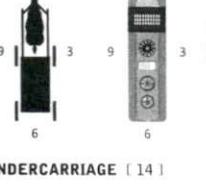
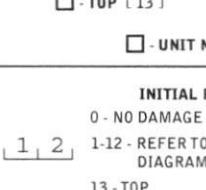
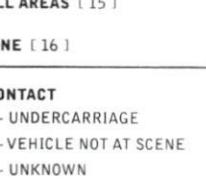


## TRAFFIC CRASH REPORT

\*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 7 4 4 9			
		Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS		
				1 - SOLVED    2 - UNSOLVED	0 1	UNIT IN ERROR 0 1 98 - ANIMAL 0 1 99 - UNKNOWN		
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 2 0 1 2 0 2 2 0 5 4 5			
ROUTE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME SYMMES	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 4 7 9 8 1		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2904	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 2 3 9 1 4		
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROUTE TYPE	ROAD TYPE	CRASH SEVERITY			
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	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	1 - MILES 2 - FEET 3 - YARDS						
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	INTERSECTION RELATED	
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	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES	
						ROADWAY		
						<input type="checkbox"/> ROADWAY DIVIDED		
WORK ZONE RELATED			WORK ZONE TYPE			DIRECTION OF TRAVEL	MEDIAN TYPE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	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		
						CONDITON	CONDITIONS	SURFACE
						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	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
LIGHT CONDITION			WEATHER					
3	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								
ON FEBRUARY 1, 2022 AT ABOUT 5:45 A.M., UNIT 1 WAS TRAVELING WESTBOUND ON SYMMES RD. AND WHEN AT 2904 SYMMES RD. ATTEMPTED TO MAKE A RIGHT HAND TURN ONTO TEDIA WAY, AND IN DOING SO FAILED TO MAINTAIN REASONABLE CONTROL BY TURNING TO SOON, DRIVING OFF THE RIGHT SIDE OF SYMMES RD., AND INTO A POND, IMMERSING THE VEHICLE.								
<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		REPORT TAKEN BY
0 2 0 1 2 0 2 2 0 5 4 5		0 2 0 1 2 0 2 2 0 5 4 6		0 2 0 1 2 0 2 2 0 5 5 1		0 2 0 1 2 0 2 2 0 7 0 5		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*			
		1 0 9	P.O. S. FINLEY					
			OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
			1 6 3		1 4 1			

OWNER	UNIT # <u>0 1</u>	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 <u>O H</u>	LICENSE PLATE # <u>HEP5749</u>	VEHICLE IDENTIFICATION # <u>1H1G1CM15617517A01241173</u>	VEHICLE YEAR <u>2007</u>
INSURANCE COMPANY <input type="checkbox"/> VERIFIED		INSURANCE POLICY #	COLOR <u>TAN</u>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <u>0 1</u>	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 - MOVED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME
# OF TRAILING UNITS <u>0 1</u>		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	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION <u>0 1</u> 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
CARGO BODY TYPE <u>0 1</u> 2 - BUS		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	
VEHICLE DEFECTS <u>0 1</u> 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - STEERING 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
NON-MOTORIST LOCATION AT IMPACT <u>0 1</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		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	
ACTION <u>0 1</u> 3 - STRIKING <u>0 5</u> 4 - STRUCK 5 - BOTH STRIKING & STRUCK		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - PRE-CRASH 5 - STRUCK 6 - BOTH STRIKING & STRUCK 7 - TURN SIGNALS 8 - HEAD LAMPS 9 - TAIL LAMPS	
CONTRIBUTING CIRCUMSTANCES <u>1 1</u> 1 - RAN RED LIGHT 2 - RAN STOP SIGN 3 - UNSAFE SPEED 4 - IMPROPER TURN		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
SEQUENCE OF EVENTS <u>0 8</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION		1 - NON-COLLISION 2 - EQUIPMENT FAILURE 3 - SEPARATION OF UNITS 4 - RAN OFF ROAD RIGHT 5 - RAN OFF ROAD LEFT 6 - CROSS MEDIAN 7 - CHANGING LANES 8 - LEAVING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVING LEFT TURN 13 - DRIVING RIGHT TURN 14 - MAKING LEFT TURN 15 - MAKING RIGHT TURN 16 - SWERVING TO AVOID 17 - TURNING 18 - FOLLOWING TOO CLOSE / ACDA 19 - IMPROPER LANE CHANGE 20 - IMPROPER PASSING 21 - DROVE OFF ROAD 22 - IMPROPER BACKING	
NON-COLLISION <u>2 9</u> 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		1 - NON-COLLISION 2 - EQUIPMENT FAILURE 3 - SEPARATION OF UNITS 4 - RAN OFF ROAD RIGHT 5 - RAN OFF ROAD LEFT 6 - CROSS MEDIAN 7 - CHANGING LANES 8 - LEAVING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVING LEFT TURN 13 - DRIVING RIGHT TURN 14 - MAKING LEFT TURN 15 - MAKING RIGHT TURN 16 - SWERVING TO AVOID 17 - TURNING 18 - FOLLOWING TOO CLOSE / ACDA 19 - IMPROPER LANE CHANGE 20 - IMPROPER PASSING 21 - DROVE OFF ROAD 22 - IMPROPER BACKING	
COLLISION WITH FIXED OBJECT - STRUCK <u>3 1</u> 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		1 - NON-COLLISION 2 - EQUIPMENT FAILURE 3 - SEPARATION OF UNITS 4 - RAN OFF ROAD RIGHT 5 - RAN OFF ROAD LEFT 6 - CROSS MEDIAN 7 - CHANGING LANES 8 - LEAVING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVING LEFT TURN 13 - DRIVING RIGHT TURN 14 - MAKING LEFT TURN 15 - MAKING RIGHT TURN 16 - SWERVING TO AVOID 17 - TURNING 18 - FOLLOWING TOO CLOSE / ACDA 19 - IMPROPER LANE CHANGE 20 - IMPROPER PASSING 21 - DROVE OFF ROAD 22 - IMPROPER BACKING	
FIRST HARMFUL EVENT <u>2</u>		2 - MOST HARMFUL EVENT	

LOCAL REPORT NUMBER <u>2 2 0 0 7 4 4 9</u>	
DAMAGE	
DAMAGE SCALE 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 <u>0</u> <input type="checkbox"/> - UNDERCARRIAGE <u>14</u> <input type="checkbox"/> - TOP <u>13</u> <input type="checkbox"/> - ALL AREAS <u>15</u> <input type="checkbox"/> - UNIT NOT AT SCENE <u>16</u>	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 2 - DIAGRAM 99 - UNKNOWN 3 - TOP	
TRAFFIC TRAFFIC WAY FLOW <u>2</u> <input type="checkbox"/> - ONE-WAY <u>6</u> <input type="checkbox"/> - TWO-WAY <input type="checkbox"/> - TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>2</u> <input type="checkbox"/> - NOT INVOLVED <u>1</u> <input type="checkbox"/> - INVOLVED-ACTIVE CROSSING <u>2</u> <input type="checkbox"/> - INVOLVED-PASSIVE CROSSING <u>3</u> <input type="checkbox"/> - RAIL GRADE 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>3 5</u> <input type="checkbox"/> - STATED / ESTIMATED SPEED <u>1</u> <input type="checkbox"/> - CALCULATED / EDR <u>2</u> <input type="checkbox"/> - UNDETERMINED <u>3</u> <input type="checkbox"/> - POSTED SPEED <u>3 5</u>	



# MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER									
										2 2 0 0 7 4 4 9				DATE OF BIRTH		AGE		GENDER	
<b>UNIT #</b> NAME: LAST, FIRST, MIDDLE 0 1 BROWN, CAMIEN JOSEPH ERNEST										0 1 2 0 1 9 8 3		3 9		M					
<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 4020 CARRINGTON WAY HAMILTON, OHIO 45011										CONTACT PHONE - INCLUDE AREA CODE									
MOTORIST / NON-MOTORIST	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	
	4		1	FAIRFIELD EMS					0 4	<input type="checkbox"/>		0 1		1		1		1	
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER						
	O H					331.34 (a)			<input checked="" type="checkbox"/>	FAILURE TO CONTROL			250005						
	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					9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1 1			STATUS TYPE 1 1						
	UNIT #		NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER		
															0				
	<b>ADDRESS:</b> 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	
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 <input type="checkbox"/> OTHER DRUG													
UNIT #		NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE		GENDER			
														0					
<b>ADDRESS:</b> 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		
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 <input type="checkbox"/> OTHER DRUG													
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-FARM WAIVER		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-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 MOVED ONLY		5-NO VALID OL		5-EXCEPT TRACTOR-TRAILER		5-TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6-SECOND - RIGHT SIDE		6-DEPLOYED UNKNOWN		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8-THIRD - MIDDLE		9-THIRD - RIGHT SIDE		10-SLEEPER SECTION OF TRUCK CAB		ALCOHOL TEST TYPE					
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1-NOT EJECTED		H - HAZMAT		B - INTERMEDIATE LICENSE RESTRICTIONS		9-LEARNER'S PERMIT RESTRICTIONS		10-LIMITED TO DAYLIGHT ONLY		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER					
2-EMS		8-THIRD - MIDDLE		2-PARTIALLY EJECTED		M - MOTORCYCLE		P - PASSENGER		N - TANKER		Q - MOTOR SCOOTER		TEST STATUS					
3-POLICE		9-THIRD - RIGHT SIDE		3-TOTALLY EJECTED		S - SCHOOL BUS		T - DOUBLE & TRIPLE TRAILERS		X - TANKER / HAZMAT		R - THREE-WHEEL MOTORCYCLE		1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER					
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		GENDER		DRUG TEST TYPE					
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		16-OUTSIDE MIRROR		17-PROSTHETIC AID		18-OTHER		15-MOTOR VEHICLES WITHOUT AIR BRAKES		1-NONE 2-BLOOD 3-URINE 4-OTHER					
1-NONE USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		14-MILITARY VEHICLES ONLY		15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		17-PROSTHETIC AID		DRUG TEST RESULT(S)					
2-SHOULDER BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		17-PROSTHETIC AID		1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDIS 5-COCAIN 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS					
3-LAP BELT ONLY USED		15-NON-MOTORIST		4-NOT APPLICABLE		15-NON-MOTORIST		15-MOTOR VEHICLES WITHOUT AIR BRAKES		16-OUTSIDE MIRROR		17-PROSTHETIC AID							
4-SHOULDER & LAP BELT USED		99-OTHER / UNKNOWN		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		18-OTHER		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		16-OUTSIDE MIRROR							
6-CHILD RESTRAINT SYSTEM - REAR FACING				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		17-PROSTHETIC AID							
7-BOOSTER SEAT				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		18-OTHER							
8-HELMET USED				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		15-MOTOR VEHICLES WITHOUT AIR BRAKES							
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		16-OUTSIDE MIRROR							
10-REFLECTIVE CLOTHING				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		17-PROSTHETIC AID							
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		18-OTHER							
99-OTHER / UNKNOWN				GENDER		F - FEMALE		M - MALE		U - OTHER / UNKNOWN		15-MOTOR VEHICLES WITHOUT AIR BRAKES							