

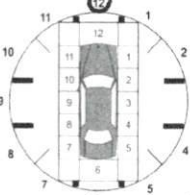
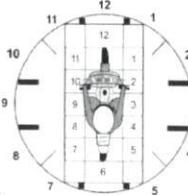
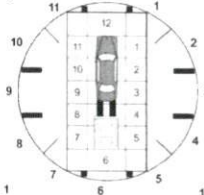
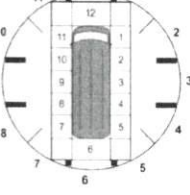
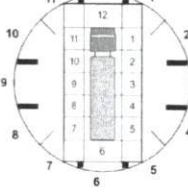
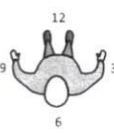





# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |   |  |  |   |   |  |   |  |  |
|--|--|---|---|--|--|---|---|--|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY   | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br>Fairfield Police Department  |  | NCIC*<br>00901   | 22009880  |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   | NUMBER OF UNITS<br>01   | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| COUNTY*<br>09  | LOCALITY*<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP                     | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>City of Fairfield   |   |  |  | CRASH DATE / TIME*<br>02102022 1906   |   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |   |  |  |
| ROUTE TYPE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | ROUTE NUMBER   | PREFIX  | LOCATION ROAD NAME<br>Seward  |  | ROAD TYPE<br>R D   | LATITUDE DECIMAL DEGREES<br>39.339495   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |   |  |  |
| ROUTE TYPE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST   | ROUTE NUMBER   | PREFIX  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>8935   |  | ROAD TYPE  | LONGITUDE DECIMAL DEGREES<br>-84.491979   |   |  |   |  |  |
| REFERENCE POINT<br>1-INTERSECTION<br>2-MILE POST<br>3-HOUSE #  | DIRECTION FROM REFERENCE<br>1-NORTH<br>2-SOUTH<br>3-EAST<br>4-WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |   | NUMBER OF APPROACHES   |   |  |  |
| DISTANCE FROM REFERENCE  |  | DISTANCE UNIT OF MEASURE<br>1-MILES<br>2- FEET<br>3-YARDS   | LOCATION OF FIRST HARMFUL EVENT<br>1- ON ROADWAY<br>2- ON SHOULDER<br>3- IN MEDIAN<br>4- ON ROADSIDE<br>5- ON GORE<br>6- OUTSIDE TRAFFIC WAY<br>7- ON RAMP<br>8- OFF RAMP |  | MANNER OF CRASH COLLISION/IMPACT<br>1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2- REAR-END<br>3- HEAD-ON<br>4- REAR-TO-REAR<br>5- BACKING<br>6- ANGLE<br>7- SIDESWIPE, SAME DIRECTION<br>8- SIDESWIPE, OPPOSITE DIRECTION<br>9- OTHER / UNKNOWN |   | DIRECTION OF TRAVEL<br>1- NORTH<br>2- SOUTH<br>3- EAST<br>4- WEST |  | MEDIAN TYPE<br>1- DIVIDED FLUSH MEDIAN (<4 FEET)<br>2- DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3- DIVIDED, DEPRESSED MEDIAN<br>4- DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9- OTHER/UNKNOWN |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1- LANE CLOSURE<br>2- LANE SHIFT/CROSSOVER<br>3- WORK ON SHOULDER OR MEDIAN<br>4- INTERMITTENT OR MOVING WORK<br>5- OTHER   |   | LOCATION OF CRASH IN WORK ZONE<br>1- BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2- ADVANCE WARNING AREA<br>3- TRANSITION AREA<br>4- ACTIVITY AREA<br>5- TERMINATION AREA |  | CONTOUR<br>1<br>1- STRAIGHT LEVEL<br>2- STRAIGHT GRADE<br>3- CURVE LEVEL<br>4- CURVE GRADE<br>9- OTHER/UNKNOWN                          |   | CONDITIONS<br>1<br>1- DRY<br>2- WET<br>3- SNOW<br>4- ICE<br>5- SAND, MUD, DIRT, OIL, GRAVEL<br>6- WATER (STANDING, MOVING)<br>7- SLUSH<br>9- OTHER/UNKNOWN   |   | SURFACE<br>2<br>1- CONCRETE<br>2- BLACKTOP, BITUMINOUS, ASPHALT<br>3- BRICK/BLOCK<br>4- SLAG, GRAVEL, STONE<br>5- DIRT<br>9- OTHER/UNKNOWN |  |
| LIGHT CONDITION<br>3<br>1- DAYLIGHT<br>2- DAWN/DUSK<br>3- DARK - LIGHTED ROADWAY<br>4- DARK - ROADWAY NOT LIGHTED<br>5- DARK - UNKNOWN ROADWAY LIGHTING<br>9- OTHER / UNKNOWN  |  | WEATHER<br>01<br>1- CLEAR<br>2- CLOUDY<br>3- FOG, SMOG, SMOKE<br>4- RAIN<br>5- SLEET, HAIL<br>6- SNOW<br>7- SEVERE CROSSWINDS<br>8- BLOWING SAND, SOIL, DIRT, SNOW<br>9- FREEZING RAIN OR FREEZING DRIZZLE<br>99- OTHER / UNKNOWN |   |  |  |   |   |  |   |  |  |
| NARRATIVE<br>On 02/10/2022 at around 1906 hours, Unit 1 was traveling southbound on Seward Road. Unit 1 attempted to make a right hand turn into the parking lot of 8935 Seward Road. Unit 1 ran off the right side of the roadway causing unit 1 to lose control of the vehicle and drive into a ditch. |  |   |   |  | <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>See OH-2</p>  |   |   |  |   |  |  |
| CRASH REPORTED DATE / TIME<br>02102022 1953  |  | DISPATCH DATE / TIME<br>02102022 1958   |   | ARRIVAL DATE / TIME<br>02102022 1959   |  | SCENE CLEARED DATE / TIME<br>02102022 2044  |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS) |   |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0   | OTHER INVESTIGATION TIME<br>30                                     | TOTAL MINUTES<br>76   | OFFICER'S NAME*<br>J. Mitchell  |  | CHECKED BY OFFICER'S NAME*<br>Sgt. J. Mitchell   |   | OFFICER'S BADGE NUMBER*<br>171                                    |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>118   |  |  |

|   |  |
|---|--|
| LOCAL REPORT NUMBER   |  |
| <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> <span>2</span><span>2</span><span>0</span><span>0</span><span>9</span><span>8</span><span>8</span><span>0</span> </div>   |  |
| DAMAGE  |  |
| DAMAGE SCALE  |  |
| 1 - NONE<br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">3</div> 2 - MINOR DAMAGE  | 3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
|          |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]  |  |
| INITIAL POINT OF CONTACT  |  |
| 0 - NO DAMAGE<br><div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> <span>1</span><span>2</span> </div> 1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP   | 14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |
| TRAFFIC   |  |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">2</div> 2 - TWO-WAY  | <b>TRAFFIC CONTROL</b><br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">6</div> 1 - ROUNDABOUT    4 - STOP SIGN<br>2 - SIGNAL            5 - YIELD SIGN<br>3 - FLASHER          6 - NO CONTROL |
| <b># OF THROUGH LANES ON ROAD</b><br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">2</div>  | <b>RAIL GRADE CROSSING</b><br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">1</div> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING                          |
| UNIT / NON-MOTORIST DIRECTION   |  |
| FROM <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 5px;">1</div> TO <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 5px;">2</div>   |  |
| 1 - NORTH            5 - NORTHEAST<br>2 - SOUTH           6 - NORTHWEST<br>3 - EAST             7 - SOUTHEAST<br>4 - WEST             8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| <b>UNIT SPEED</b><br><div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">1 5</div>   | <b>DETECTED SPEED</b><br><div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px 0;">1</div> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |
| <b>POSTED SPEED</b><br><div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">3 5</div>   |  |





# MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER  |   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|--|---|--------------------------------|---|--|--|--|-------------------|-----------------------------------|--------------|----------|------------------|---------|----------|-------------------|--------------------|-------------|-----------|---|------------------|-------------|------------------------------|--------------------|----------------|------------------------------|--------------------|--------------------|-------------|-------------------------|--|------------------|----------------------------|------------------------|-------------------|-------------|-----------------------|--|--|---------------------|---|--------------------------------|------------------------------|-----------------|---|-------------------------------|------------------------|---------------------|--------------------|--------------------|------------------------|--|---------------------------------|-------------------------|--|--|-----------------|----------------------------------|---------------|--------------------------|--|--|--|-----------------|----------------------------|--|----------|---------|--|--|-----------------|---------------------------------------|---|-----------|------------|--|--|-----------------------|-----------------------------------|---------------------|-----------|---------------------|--|--|---------------------|-------------------------------|------------------|------------|-------------------------|--|--|--------------------|----------------------------|-----------------------|-----------|---------------|--|--|----------------|----------------------|-------------------------|-----------------------|-----------------------------|--|--|-----------------|--|---|----------|------------------------|--|--|------------------------------------|-----------------------------|-------------|-----------|------------------------------|--|--|-----------------------------------|--|--|-----------|---|--|--|---------------|---------------------|--|-----------|--|--|--|------------|---------------------|---------------------|----------------------------|------------------|--|--|----------|------------|--|------------------|-----------------|--|--|---------------------|--|--|------------------|---|--|--|--|--|--|---------------------|--------------------------|--|--|--|--|--|------------------|---|--|--|--|--|--|-------------|----------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|--|-----------|--|--|--|--|--|--|----------------------|
| 2 2 0 0 9 8 8 0  |   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT # NAME: LAST, FIRST, MIDDLE   |   |                                |   |  | DATE OF BIRTH  |  | AGE               | GENDER                            |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 0 1 Romero, Kathleen   |   |                                |   |  | 0 3 0 5 1 9 8 6  |  | 3 5               | F                                 |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP  |   |                                |   |  | CONTACT PHONE - INCLUDE AREA CODE  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 518 Buckeye Street, Hamilton, OH 45011   |   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 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      |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5  |   |                                |   | 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  |   |                                | 331.34A   | <input checked="" type="checkbox"/>  | Failure to Control   |  | 250385            |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 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  |   |                                | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | 1  | STATUS TYPE VALUE | STATUS TYPE RESULT SELECT UP TO 4 |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1  | 1   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT # NAME: LAST, FIRST, MIDDLE   |   |                                |   |  | DATE OF BIRTH  |  | AGE               | GENDER                            |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  |  | 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      |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  | <input type="checkbox"/>   |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE   | OPERATOR LICENSE NUMBER                       |                                | OFFENSE CHARGED                                 | LOCAL CODE   | OFFENSE DESCRIPTION  |  | CITATION NUMBER   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   | <input type="checkbox"/>   |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 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<br><input type="checkbox"/> OTHER DRUG |  |  | STATUS TYPE VALUE | STATUS TYPE RESULT SELECT UP TO 4 |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| UNIT # NAME: LAST, FIRST, MIDDLE   |   |                                |   |  | DATE OF BIRTH  |  | AGE               | GENDER                            |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  |  | 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      |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  | <input type="checkbox"/>   |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| OL STATE   | OPERATOR LICENSE NUMBER                       |                                | OFFENSE CHARGED                                 | LOCAL CODE   | OFFENSE DESCRIPTION  |  | CITATION NUMBER   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   | <input type="checkbox"/>   |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 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<br><input type="checkbox"/> OTHER DRUG |  |  | STATUS TYPE VALUE | STATUS TYPE RESULT SELECT UP TO 4 |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  |  |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1 - NOT DEPLOYED</td><td>1 - CLASS A</td><td>1 - ALCOHOL INTERLOCK DEVICE</td><td>1 - NOT DISTRACTED</td><td>1 - NONE GIVEN</td></tr><tr><td>2 - SUSPECTED SERIOUS INJURY</td><td>2 - FRONT - MIDDLE</td><td>2 - DEPLOYED FRONT</td><td>2 - CLASS B</td><td>2 - CDL INTRASTATE ONLY</td><td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3"><b>INJURED TAKEN BY</b></td><td>6 - NO VALID OL</td><td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td><td>6 - PASSENGER</td><td><b>ALCOHOL TEST TYPE</b></td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td><b>EJECTION</b></td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td><td>1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td>1 - NOT EJECTED</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE</td><td>2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td>2 - PARTIALLY EJECTED</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>9 - OTHER / UNKNOWN</td><td>3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td>3 - TOTALLY EJECTED</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td><b>CONDITION</b></td><td>4 - BREATH</td></tr><tr><td colspan="3"><b>SAFETY EQUIPMENT</b></td><td>4 - NOT APPLICABLE</td><td>11 - LIMITED TO EMPLOYMENT</td><td>1 - APPARENTLY NORMAL</td><td>5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td><b>TRAPPED</b></td><td>12 - LIMITED - OTHER</td><td>2 - PHYSICAL IMPAIRMENT</td><td><b>DRUG TEST TYPE</b></td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td>1 - NOT TRAPPED</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td><td>1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>14 - MILITARY VEHICLES ONLY</td><td>4 - ILLNESS</td><td>2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER &amp; LAP BELT USED</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td><td>3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td><b>GENDER</b></td><td>16 - OUTSIDE MIRROR</td><td>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td><td>4 - OTHER</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>F - FEMALE</td><td>17 - PROSTHETIC AID</td><td>9 - OTHER / UNKNOWN</td><td><b>DRUG TEST RESULT(S)</b></td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td>M - MALE</td><td>18 - OTHER</td><td></td><td>1 - AMPHETAMINES</td></tr><tr><td colspan="3">8 - HELMET USED</td><td>U - OTHER / UNKNOWN</td><td></td><td></td><td>2 - BARBITURATES</td></tr><tr><td colspan="3">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td colspan="3">10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td>4 - CANNABINOIDS</td></tr><tr><td colspan="3">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td></td><td></td><td></td><td>5 - COCAINE</td></tr><tr><td colspan="3">99 - OTHER / UNKNOWN</td><td></td><td></td><td></td><td>6 - OPIATES / OPIOIDS</td></tr><tr><td colspan="3"></td><td></td><td></td><td></td><td>7 - OTHER</td></tr><tr><td colspan="3"></td><td></td><td></td><td></td><td>8 - NEGATIVE RESULTS</td></tr></tbody></table> |   |                                |   |  |  |  |                   |                                   |              | 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 | <b>INJURED TAKEN BY</b> |  |  | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | <b>ALCOHOL TEST TYPE</b> | 1 - NOT TRANSPORTED / TREATED AT SCENE |  |  | <b>EJECTION</b> | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 1 - NONE | 2 - EMS |  |  | 1 - NOT EJECTED | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 2 - BLOOD | 3 - POLICE |  |  | 2 - PARTIALLY EJECTED | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 3 - URINE | 9 - OTHER / UNKNOWN |  |  | 3 - TOTALLY EJECTED | 10 - LIMITED TO DAYLIGHT ONLY | <b>CONDITION</b> | 4 - BREATH | <b>SAFETY EQUIPMENT</b> |  |  | 4 - NOT APPLICABLE | 11 - LIMITED TO EMPLOYMENT | 1 - APPARENTLY NORMAL | 5 - OTHER | 1 - NONE USED |  |  | <b>TRAPPED</b> | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | <b>DRUG TEST TYPE</b> | 2 - SHOULDER BELT ONLY USED |  |  | 1 - NOT TRAPPED | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1 - NONE | 3 - LAP BELT ONLY USED |  |  | 2 - EXTRICATED BY MECHANICAL MEANS | 14 - MILITARY VEHICLES ONLY | 4 - ILLNESS | 2 - BLOOD | 4 - SHOULDER & LAP BELT USED |  |  | 3 - FREED BY NON-MECHANICAL MEANS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - URINE | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING |  |  | <b>GENDER</b> | 16 - OUTSIDE MIRROR | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - OTHER | 6 - CHILD RESTRAINT SYSTEM - REAR FACING |  |  | F - FEMALE | 17 - PROSTHETIC AID | 9 - OTHER / UNKNOWN | <b>DRUG TEST RESULT(S)</b> | 7 - BOOSTER SEAT |  |  | M - MALE | 18 - OTHER |  | 1 - AMPHETAMINES | 8 - HELMET USED |  |  | U - OTHER / UNKNOWN |  |  | 2 - BARBITURATES | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |  |  |  |  | 3 - BENZODIAZEPINES | 10 - REFLECTIVE CLOTHING |  |  |  |  |  | 4 - CANNABINOIDS | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY |  |  |  |  |  | 5 - COCAINE | 99 - OTHER / UNKNOWN |  |  |  |  |  | 6 - OPIATES / OPIOIDS |  |  |  |  |  |  | 7 - OTHER |  |  |  |  |  |  | 8 - NEGATIVE RESULTS |
| 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                |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <b>INJURED TAKEN BY</b>  |   |                                | 6 - NO VALID OL                                 | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   |   |                                | <b>EJECTION</b>                                 | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - EMS  |   |                                | 1 - NOT EJECTED                                 | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - POLICE   |   |                                | 2 - PARTIALLY EJECTED                           | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - OTHER / UNKNOWN  |   |                                | 3 - TOTALLY EJECTED                             | 10 - LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4 - BREATH                                     |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| <b>SAFETY EQUIPMENT</b>  |   |                                | 4 - NOT APPLICABLE                              | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 1 - NONE USED  |   |                                | <b>TRAPPED</b>                                  | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 2 - SHOULDER BELT ONLY USED  |   |                                | 1 - NOT TRAPPED                                 | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)                         | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 3 - LAP BELT ONLY USED   |   |                                | 2 - EXTRICATED BY MECHANICAL MEANS              | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 4 - SHOULDER & LAP BELT USED   |   |                                | 3 - FREED BY NON-MECHANICAL MEANS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  |   |                                | <b>GENDER</b>                                   | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING   |   |                                | F - FEMALE                                      | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 7 - BOOSTER SEAT   |   |                                | M - MALE  | 18 - OTHER   |  | 1 - AMPHETAMINES                               |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 8 - HELMET USED  |   |                                | U - OTHER / UNKNOWN                             |  |  | 2 - BARBITURATES                               |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)  |   |                                |   |  |  | 3 - BENZODIAZEPINES                            |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 10 - REFLECTIVE CLOTHING   |   |                                |   |  |  | 4 - CANNABINOIDS                               |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  |   |                                |   |  |  | 5 - COCAINE                                    |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
| 99 - OTHER / UNKNOWN   |   |                                |   |  |  | 6 - OPIATES / OPIOIDS                          |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  | 7 - OTHER                                      |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |
|  |   |                                |   |  |  | 8 - NEGATIVE RESULTS                           |                   |                                   |              |          |                  |         |          |                   |                    |             |           |   |                  |             |                              |                    |                |                              |                    |                    |             |                         |  |                  |                            |                        |                   |             |                       |  |  |                     |   |                                |                              |                 |   |                               |                        |                     |                    |                    |                        |  |                                 |                         |  |  |                 |                                  |               |                          |  |  |  |                 |                            |  |          |         |  |  |                 |                                       |   |           |            |  |  |                       |                                   |                     |           |                     |  |  |                     |                               |                  |            |                         |  |  |                    |                            |                       |           |               |  |  |                |                      |                         |                       |                             |  |  |                 |  |   |          |                        |  |  |                                    |                             |             |           |                              |  |  |                                   |  |  |           |   |  |  |               |                     |  |           |  |  |  |            |                     |                     |                            |                  |  |  |          |            |  |                  |                 |  |  |                     |  |  |                  |   |  |  |  |  |  |                     |                          |  |  |  |  |  |                  |   |  |  |  |  |  |             |                      |  |  |  |  |  |                       |  |  |  |  |  |  |           |  |  |  |  |  |  |                      |

|                                       |  |                             |
|---------------------------------------|--|-----------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>22009880 | REPORTING<br>AGENCY<br>Fairfield Police Department | DATE OF ACCIDENT<br>2/10/22 |
| IN COUNTY OF<br>Butler                | ACCIDENT<br>LOCATION<br>8935 Seward Road           |                             |

\* Not to Scale \*

1

2

Ditch

Seward Road

8935 Seward Rd

OFFICER'S SIGNATURE

BADGE NO  
171