



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		LOCAL INFORMATION		LOCAL REPORT NUMBER* 2 2 0 1 0 2 0 9		
<input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 2 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 1
COUNTY* 0 9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 2 1 1 2 0 2 2 2 3 5 0	
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Happy Valley	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 1 3 9 8
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1765	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 5 9 8 4
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
NUMBER OF APPROACHES			ROADWAY			
			<input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 0 6 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 9 1- NOT COLLISION 2- TWO MOTOR VEHICLES IN TRANSPORT 3- REAR-END 4- HEAD-ON 9- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN			
DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST			MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN	SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9- OTHER/UNKNOWN
LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN		WEATHER 1 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL				
NARRATIVE Unit 2 was parked facing east when it was struck in an unknown manner by unit 1. Unit 2 was pushed out of its parking spot. Unit 1 fled the scene. This is a private property accident.						
Indicate the north direction with an "N" on the compass diagram. 						
CRASH REPORTED DATE / TIME 0 2 1 1 2 0 2 2 2 3 5 0		DISPATCH DATE / TIME 0 2 1 1 2 0 2 2 2 3 5 2		ARRIVAL DATE / TIME 0 2 1 2 2 0 2 2 0 0 0 2		SCENE CLEARED DATE / TIME 0 2 1 2 2 0 2 2 0 0 1 4
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 5 2
OFFICER'S NAME* PO Greg Bailes		CHECKED BY OFFICER'S NAME* D. Bailes		OFFICER'S BADGE NUMBER* 1 2 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0

OWNER

VEHICLE

EVENT(S)

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UNIT

OWNER
 UNIT # **OWNER NAME:** LAST, FIRST, MIDDLE SAME AS DRIVER
 012 Duke, Zachary
OWNER ADDRESS: STREET, CITY, STATE, ZIP SAME AS DRIVER:
 698 Woody Hills Dr. Cincinnati, OH. 45238

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE SAME AS DRIVERLOCAL REPORT NUMBER
2 2 0 1 0 2 0 9

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H	HVS8174	SHHFK7H46JU220183		2018	Honda
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
	Liberty Mutual	AOV288514397		Black	Civic
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	CLASS # PLACARD ID #		

UNIT TYPE 01	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - WHEELED 3 - WHEELED 4 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	7 - MOTORCYCLE 8 - MOTORCYCLE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 17 - MOTORHOME	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION 01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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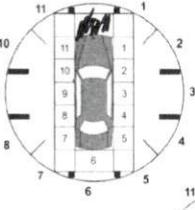
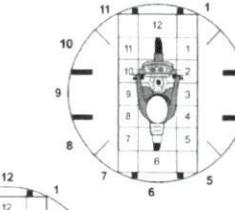
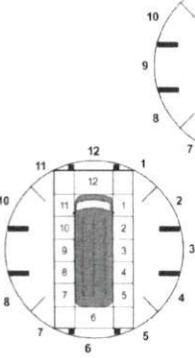
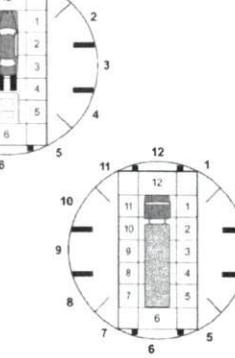
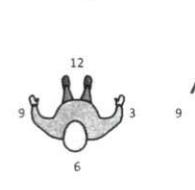
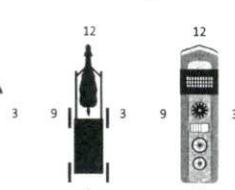
CONTRIBUTING CIRCUMSTANCES 01	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS

121	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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456	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
     		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]		
INITIAL POINT OF CONTACT		
12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
2	TRAFFIC FLOW 1 - ONE WAY 2 - TWO WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
43	UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
01	UNIT SPEED 0	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
15	POSTED SPEED	1 - 5

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER			
2 2 0 1 0 2 0 9			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER				
	0 1				2 2 0 1 0 2 0 9	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		
9				9 9	<input type="checkbox"/>	0 1	9	1	1		
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	9	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER					
0 2				2 2 0 1 0 2 0 9	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"/>						
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <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 2				2 2 0 1 0 2 0 9	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"/>						
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN					
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED					
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, RESULTS KNOWN					
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS UNKNOWN	5-TEST GIVEN, RESULTS UNKNOWN					
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN					
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS	6-EXCEPT TRACTOR-TRAILER	6-TEST REFUSED					
INJURED TAKEN BY	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS	7-TEST REFUSED					
1-NOT TRANSPORTED / TREATED AT SCENE	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS	8-TEST REFUSED					
2-EMS	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	9-TEST REFUSED					
3-POLICE	11-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PASSENGER IN UNENCLOSED CARGO AREA	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	10-TEST REFUSED					
9-OTHER / UNKNOWN	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	12-LIMITED - OTHER	12-LIMITED - OTHER	11-TEST REFUSED					
SAFETY EQUIPMENT	TRAPPED	EJECTION	DL ENDORSEMENT	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	12-TEST REFUSED					
1-NONE USED	1-NOT TRAPPED	1-NOT EJECTED	H-HAZMAT	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	13-TEST REFUSED					
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-PARTIALLY EJECTED	M-MOTORCYCLE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	14-TEST REFUSED					
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-TOTALLY EJECTED	P-PASSENGER	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	15-TEST REFUSED					
4-SHOULDER & LAP BELT USED		4-NOT APPLICABLE	N-TANKER	17-PROSTHETIC AID	17-PROSTHETIC AID	16-TEST REFUSED					
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			Q-MOTOR SCOOTER	18-OTHER	18-OTHER	17-TEST REFUSED					
6-CHILD RESTRAINT SYSTEM - REAR FACING			R-THREE-WHEEL MOTORCYCLE			18-TEST REFUSED					
7-BOOSTER SEAT			S-SCHOOL BUS			19-TEST REFUSED					
8-HELMET USED			T-T-DOUBLE & TRIPLE TRAILERS			20-TEST REFUSED					
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X-TANKER / HAZMAT			21-TEST REFUSED					
10-REFLECTIVE CLOTHING						22-TEST REFUSED					
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY						23-TEST REFUSED					
99-OTHER / UNKNOWN						24-TEST REFUSED					
GENDER								DRUG TEST TYPE			
F-FEMALE								1-NONE			
M-MALE								2-BLOOD			
U-OTHER / UNKNOWN								3-URINE			
								4-BREATH			
								5-OTHER			
CONDITION								DRUG TEST RESULT(S)			
1-APPARENTLY NORMAL								1-AMPHETAMINES			
2-PHYSICAL IMPAIRMENT								2-BARBITURATES			
3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)								3-BENZODIAZEPINES			
4-ILLNESS								4-CANNABINOID			
5-FELL ASLEEP, FAINTED, FATIGUED, ETC.								5-COCAIN			
6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								6-OPIATES / OPIOIDS			
9-OTHER / UNKNOWN								7-OTHER			
								8-Negative results			