



## TRAFFIC CRASH REPORT

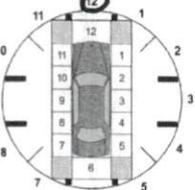
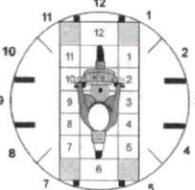
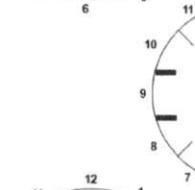
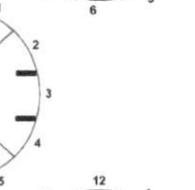
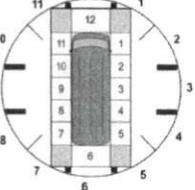
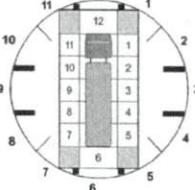
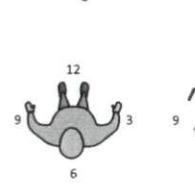
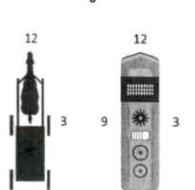
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		LOCAL REPORT NUMBER*		
		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2
0 9	1 - CITY 1 - 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 0 3 0 9 2 0 2 2 1 4 1 5	UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 0 5 7 2 8	
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7341	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 8 6 5 2 4	
REFERENCE POINT 3 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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 OV - OVAL 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		
LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
<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	CONDITIONS 1	SURFACE 2	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On 3-9-22 at about 2:15 PM Unit 1 was traveling southbound on S.R. 4 (Dixie Hwy.) at approximately 10 m.p.h. and when at 7341 S.R. 4 (Dixie Hwy) failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was slowing down in traffic.						
Driver of Unit 1 only had a Temporary Permit and was operating the vehicle by herself. She was also cited with Temporary Permit w/o a Licensed Driver 335.03A2B.						
SEE OH-2		 Indicate the north direction with an "N" on the compass diagram.				
CRASH REPORTED DATE / TIME 0 3 0 9 2 0 2 2 1 4 1 5		DISPATCH DATE / TIME 0 3 0 9 2 0 2 2 1 4 1 8		ARRIVAL DATE / TIME 0 3 0 9 2 0 2 2 1 4 3 4	SCENE CLEARED DATE / TIME 0 3 0 9 2 0 2 2 1 5 0 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 ODP)
TOTAL TIME ROADWAY CLOSED 1 0	OTHER INVESTIGATION TIME 5 6	TOTAL MINUTES 5 6	OFFICER'S NAME* P.O. JOSH MOSSMAN	CHECKED BY OFFICER'S NAME <i>Sgt. J. Mossman</i>	1 1 8	CHECKED BY OFFICER'S BADGE NUMBER* 1 1 8



UNIT

OWNER UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																															
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE O H	LICENSE PLATE # JBD2338	VEHICLE IDENTIFICATION # J M 1 B L 1 V F 8 B 1 4 6 7 2 9 4	VEHICLE YEAR 2 0 1 1	VEHICLE MAKE MAZDA																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY TREXIS	INSURANCE POLICY # 113401588428	COLOR SILVER	VEHICLE MODEL MAZDA3																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #																														
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CARGO BODY TYPE 0 1		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																												
VEHICLE DEFECTS 0 1		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																												
NON-MOTORIST LOCATION AT IMPACT 0 1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN																												
ACTION 0 3		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																												
CONTRIBUTING CIRCUMSTANCES 0 8		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																												
SEQUENCE OF EVENTS 1 2 0					1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3 1 1	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 - DOWNHILL 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 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT																												
COLLISION WITH FIXED OBJECT - STRUCK 4 1 1					25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 5 1 1 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN																											
FIRST HARMFUL EVENT 1					MOST HARMFUL EVENT 1																													

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

UNIT # 012 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )LOCAL REPORT NUMBER  
2 2 0 1 6 9 4 3OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

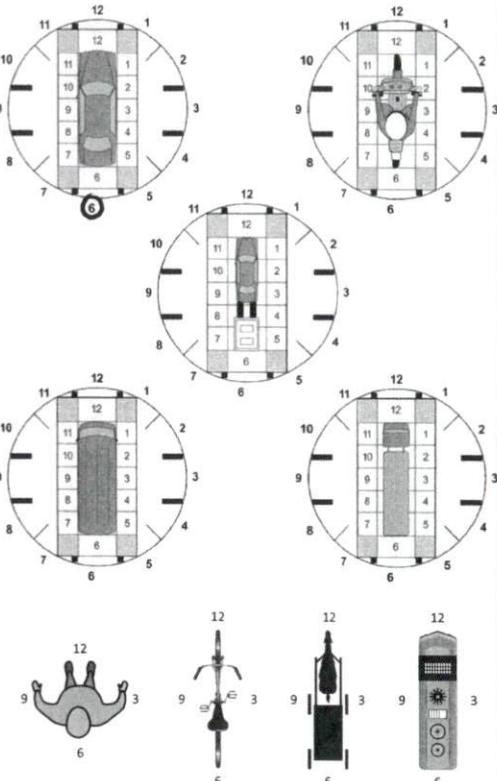
## DAMAGE

## DAMAGE SCALE

1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

## DAMAGED AREA(S)

INDICATE ALL THAT APPLY

LP STATE O H LICENSE PLATE # GOJ1469 VEHICLE IDENTIFICATION # 3M EHM 08179R617377VEHICLE YEAR 2009 VEHICLE MAKE MERCURYINSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 934511905COLOR WHITE VEHICLE MODEL MILANTYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1US DOT #  
VEHICLE WEIGHT GVWR/GCWR  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL  
MATERIAL RELEASED  CLASS #  PLACARD ID #   
PLACARD 

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)

2 - PASSENGER VAN (MINIVAN) 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST

3 - SPORT UTILITY VEHICLE 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE

4 - PICK UP 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN

5 - CARGO VAN 17 - MOTORHOME 28 - UNKNOWN OR HIT/SKIP

6 - VAN (9-15 SEATS) 29 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

9 - UNKNOWN

0 1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER

2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN

3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL

4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER

2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER

7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE

11 - DUMP 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN

2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

3 - TAIL LAMPS 6 - TIRE BLOWOUT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

2 - INTERSECTION - UNMARKED CROSSWALK 8 - SIDEWALK

5 - TRAVEL LANE - OTHER LOCATION

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE

2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING

3 - STRIKING 1 - 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST

4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE

5 - BOTH STRIKING &amp; STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

9 - OTHER / UNKNOWN

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY

2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE

3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - OPENING DOOR INTO ROADWAY

4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID SPILLING 23 - LOAD SHIFTING/FALLING/SPILLING 99 - OTHER IMPROPER ACTION

5 - UNSAFE SPEED 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING

6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION

3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT BY A MOTOR VEHICLE

4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

5 - CARGO / EQUIPMENT LOSS OR SHIFT 15 - PEDALCYCLE

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING

34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL

35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT

36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - FIRE HYDRANT

37 - MEDIAN GUARDRAIL FACE

49 - FIRE HYDRANT

50 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK

4 1 1 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 52 - BUILDING

34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL

35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT

36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - FIRE HYDRANT

37 - MEDIAN GUARDRAIL FACE

49 - FIRE HYDRANT

50 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER  
2 2 0 1 6 9 4 3

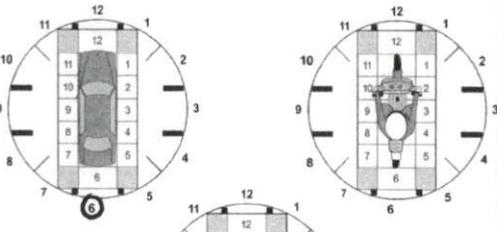
## DAMAGE

## DAMAGE SCALE

1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	

## DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0]  - UNDERCARRIAGE [14]

- TOP [13]  - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

## INITIAL POINT OF CONTACT

0 - NO DAMAGE	14 - UNDERCARRIAGE
1 - 12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
99 - UNKNOWN	
13 - TOP	

## TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE WAY	1 - ROUNDABOUT
2 - TWO WAY	2 - STOP SIGN
6	
3 - SIGNAL	
5 - YIELD SIGN	
3 - FLASHER	
6 - NO CONTROL	

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
5	1 - NOT INVOLVED
1	
2 - INVOLVED-ACTIVE CROSSING	
3 - INVOLVED-PASSIVE CROSSING	

## UNIT / NON-MOTORIST DIRECTION

FROM 1	TO 2
1 - NORTH	
2 - SOUTH	
3 - EAST	
4 - WEST	
5 - NORTHEAST	
6 - NORTHWEST	
7 - SOUTHEAST	
8 - SOUTHWEST	
9 - OTHER / UNKNOWN	

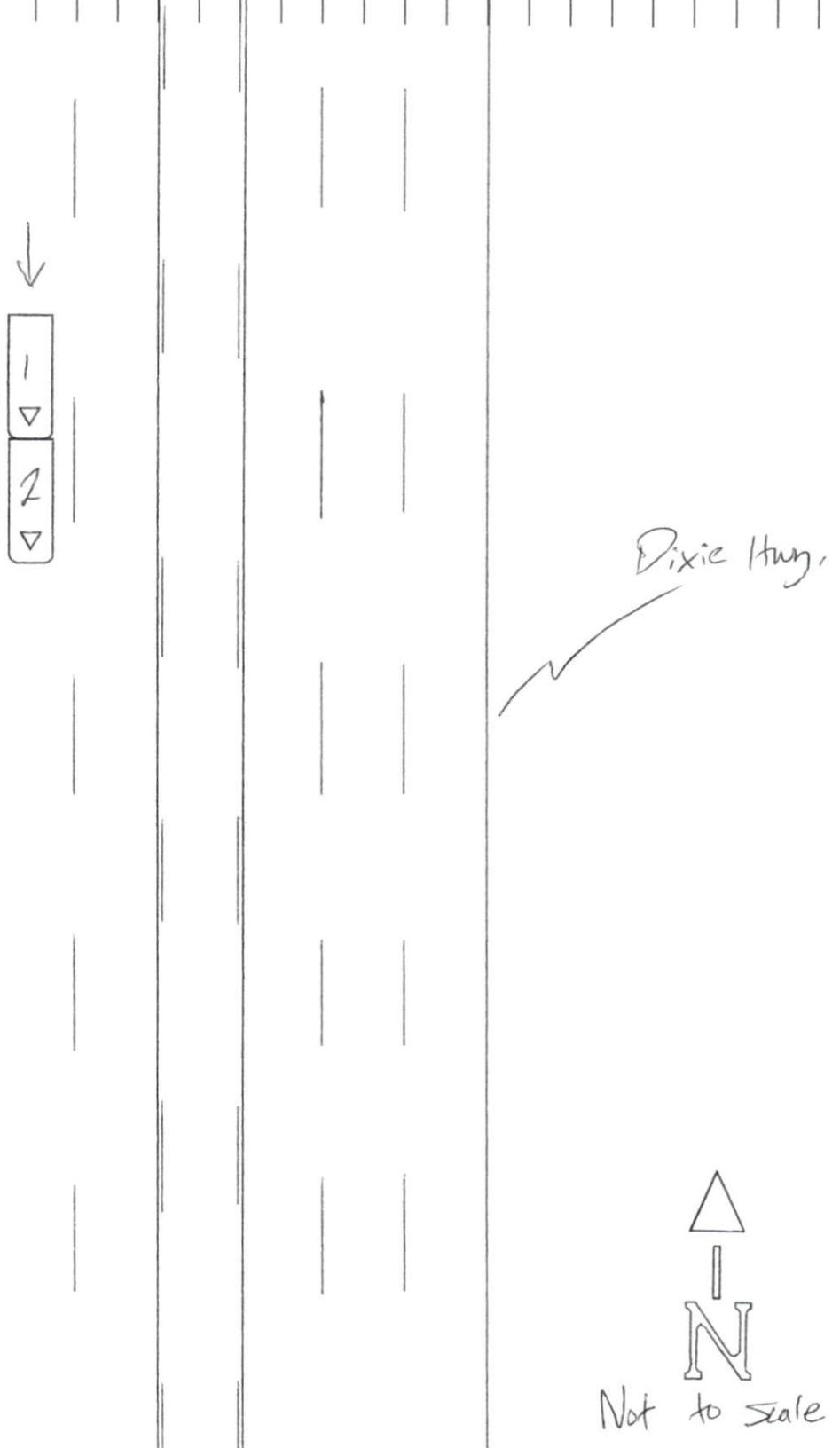
UNIT SPEED	DETECTED SPEED
5	1 - STATED / ESTIMATED SPEED
1	
2 - CALCULATED / EDR	
3 - UNDETERMINED	

POSTED SPEED	5 0
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# MOTORIST / Non-MOTORIST

| MOTORIST / NON-MOTORIST   | UNIT #   |
NAME: LAST, FIRST, MIDDLE<br>MENDOZA ORTIZ, LUCIA     | ADDRESS: STREET, CITY, STATE, ZIP<br>1 WOODMOSS DR. APT. 2B FAIRFIELD, OH 45014          | INJURIES TAKEN BY<br>5   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4                    | DATE OF BIRTH<br>0 6 2 2 1 9 9 7 | AGE<br>24                    | GENDER<br>F          | LOCAL REPORT NUMBER<br>2 2 0 1 6 9 4 3 |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
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| <table border="1"> <tr> <td>OL STATE<br/>O H</td> <td colspan="2">OPERATOR LICENSE NUMBER</td> <td colspan="2">OFFENSE CHARGED<br/>ACDA</td> <td>LOCAL CODE<br/><input checked="" type="checkbox"/></td> <td colspan="2">OFFENSE DESCRIPTION<br/>333.03 (A)</td> <td colspan="3">CITATION NUMBER<br/>250503</td> </tr> <tr> <td>OL CLASS<br/>6</td> <td>ENDORSEMENT<br/>SELECT UP TO 2</td> <td>RESTRICTION SELECT UP TO 3</td> <td>DRIVER DISTRACTED BY<br/>1</td> <td>ALCOHOL / DRUG SUSPECTED<br/><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br/><input type="checkbox"/> OTHER DRUG</td> <td>CONDITION<br/>1</td> <td>ALCOHOL TEST<br/>STATUS<br/>1</td> <td>TYPE<br/>1</td> <td>VALUE<br/>.</td> <td>DRUG TEST(S)<br/>STATUS<br/>1</td> <td>TYPE<br/>1</td> <td>RESULT<br/>SELECT UP TO 4</td> </tr> </table>   |  |   
   |  |  |  |   |   |                                  |                              |                      | OL STATE<br>O H                        | OPERATOR LICENSE NUMBER                        |                  | OFFENSE CHARGED<br>ACDA  |          | LOCAL CODE<br><input checked="" type="checkbox"/> | OFFENSE DESCRIPTION<br>333.03 (A) |   | CITATION NUMBER<br>250503 |                              |   | OL CLASS<br>6                    | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3  | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1            | ALCOHOL TEST<br>STATUS<br>1            | TYPE<br>1           | VALUE<br>.                             | DRUG TEST(S)<br>STATUS<br>1 | TYPE<br>1              | RESULT<br>SELECT UP TO 4                   |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
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| OL CLASS<br>6   | ENDORSEMENT<br>SELECT UP TO 2                  |
RESTRICTION SELECT UP TO 3                            | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1                     | TYPE<br>1                                       | VALUE<br>.                       | DRUG TEST(S)<br>STATUS<br>1  | TYPE<br>1            | RESULT<br>SELECT UP TO 4               |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
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CLASS B BUS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>7- THIRD - LEFT SIDE<br/>(MOTORCYCLE SIDE CAR)</td> <td></td> <td>7- EXCEPT TRACTOR-TRAILER</td> <td>7- EXCEPT TRACTOR-TRAILER</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>8- THIRD - MIDDLE</td> <td></td> <td>8- INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8- INTERMEDIATE LICENSE RESTRICTIONS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>9- THIRD - RIGHT SIDE</td> <td></td> <td>9- LEARNER'S PERMIT RESTRICTIONS</td> <td>9- LEARNER'S PERMIT RESTRICTIONS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>10- SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td>10- LIMITED TO DAYLIGHT ONLY</td> <td>10- LIMITED TO DAYLIGHT ONLY</td> <td></td> <td></td> </tr> <tr> <td colspan="2">INJURED TAKEN BY</td> <td></td> <td></td> <td>11- LIMITED TO EMPLOYMENT</td> <td>11- LIMITED TO EMPLOYMENT</td> <td></td> <td></td> </tr> <tr> <td>1- NOT TRANSPORTED / TREATED AT SCENE</td> <td>2- EMS</td> <td>3- POLICE</td> <td>4- NOT APPLICABLE</td> <td>12- LIMITED - OTHER</td> <td>12- LIMITED - OTHER</td> <td></td> <td></td> </tr> <tr> <td>9- OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td>13- MECHANICAL DEVICES<br/>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>13- MECHANICAL DEVICES<br/>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SAFETY EQUIPMENT</td> <td></td> <td></td> <td>14- MILITARY VEHICLES ONLY</td> <td>14- MILITARY VEHICLES ONLY</td> <td></td> <td></td> </tr> <tr> <td>1- NONE USED</td> <td>2- SHOULDER BELT ONLY USED</td> <td>3- LAP BELT ONLY USED</td> <td>11- PASSENGER IN OTHER ENCLOSED CARGO AREA<br/>(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td>15- MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>15- MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td></td> <td></td> </tr> <tr> <td>4- SHOULDER &amp; LAP BELT USED</td> <td>5- CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>6- CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>12- PASSENGER IN UNENCLOSED CARGO AREA</td> <td>16- OUTSIDE MIRROR</td> <td>16- OUTSIDE MIRROR</td> <td></td> <td></td> </tr> <tr> <td>7- BOOSTER SEAT</td> <td>8- HELMET USED</td> <td>9- PROTECTIVE PADS USED<br/>(ELBOW, KNEES, ETC.)</td> <td>13- TRAILING UNIT</td> <td>17- PROSTHETIC AID</td> <td>17- PROSTHETIC AID</td> <td></td> <td></td> </tr> <tr> <td>10- REFLECTIVE CLOTHING</td> <td>11- LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td>12- RIDING ON VEHICLE EXTERIOR<br/>(NON-TRAILING UNIT)</td> <td>14- NON-MECHANCIAL MEANS</td> <td>18- OTHER</td> <td>18- OTHER</td> <td></td> <td></td> </tr> <tr> <td>11- OTHER / UNKNOWN</td> <td>99- OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="11"> <table border="1"> <tr> <th colspan="2">EJECTION</th> <th>OL ENDORSEMENT</th> <th colspan="2">TRAPPED</th> <th colspan="2">GENDER</th> <th colspan="2">CONDITION</th> <th colspan="2">DRUG TEST TYPE</th> </tr> <tr> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>M- MOTORCYCLE</td> <td>P- PASSENGER</td> <td>N- TANKER</td> <td>Q- MOTOR SCOOTER</td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>S- SCHOOL BUS</td> <td>T- DOUBLE &amp; TRIPLE TRAILERS</td> <td>X- TANKER / HAZMAT</td> <td>1- NONE</td> </tr> <tr> <td>2- PARTIALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2- BLOOD</td> </tr> <tr> <td>3- TOTALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3- URINE</td> </tr> <tr> <td>4- NOT APPLICABLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4- BREATH</td> </tr> <tr> <td></td> <td>5- OTHER</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1- NONE</td> </tr> <tr> <td></td> <td>2- BLOOD</td> </tr> <tr> <td></td> <td>3- URINE</td> </tr> <tr> <td></td> <td>4- OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1- AMPHETAMINES</td> </tr> <tr> <td></td> <td>2- BARBITURATES</td> </tr> <tr> <td></td> <td>3- BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4- CANNABINOID</td> </tr> <tr> <td></td> <td>5- COCAINE</td> </tr> <tr> <td></td> <td>6- OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7- OTHER</td> </tr> <tr> <td></td> <td>8- NEGATIVE RESULTS</td> </tr> </table> </td> </tr> </table></td></tr></table></td></tr></table> |  |   |  |  |  |   |   |                                  |                              |                      | UNIT #<br>0 2                          | NAME: LAST, FIRST, MIDDLE<br>FRASHER, ERICK A. |                  | ADDRESS: STREET, CITY, STATE, ZIP<br>11755 NORBOURNE DR. APT. 708 CINCINNATI, OH 45240 |          | INJURIES TAKEN BY<br>5                            |                                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                           | SAFETY EQUIPMENT USED<br>0 4 |   | DATE OF BIRTH<br>0 4 1 4 1 9 8 5 | AGE<br>3 6                    | GENDER<br>M                 | OL STATE<br>O H           | OPERATOR LICENSE NUMBER  |                           | OFFENSE CHARGED                        |                     | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION         |                        | CITATION NUMBER                            |                 |                               | OL CLASS<br>4              | ENDORSEMENT<br>SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                              | ALCOHOL TEST<br>STATUS<br>1 | TYPE<br>1                   | VALUE<br>.         | DRUG TEST(S)<br>STATUS<br>1                     | TYPE<br>1  | RESULT<br>SELECT UP TO 4       | UNIT #         | NAME: LAST, FIRST, MIDDLE    |  | ADDRESS: STREET, CITY, STATE, ZIP |  | INJURIES TAKEN BY<br>5 |                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                       | SAFETY EQUIPMENT USED<br>0 4   |  | DATE OF BIRTH<br>0 | AGE     | GENDER                 | <table border="1"> <tr> <td>INJURIES TAKEN BY<br/>5</td> <td colspan="2">EMS AGENCY (NAME)</td> <td colspan="2">INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td colspan="2">SAFETY EQUIPMENT USED<br/>0 4</td> <td colspan="2">OFFENSE DESCRIPTION</td> <td colspan="3">CITATION NUMBER</td> </tr> <tr> <td>OL STATE<br/>O H</td> <td colspan="2">OPERATOR LICENSE NUMBER</td> <td colspan="2">OFFENSE CHARGED</td> <td>LOCAL CODE<br/><input type="checkbox"/></td> <td colspan="2">OFFENSE DESCRIPTION</td> <td colspan="3">CITATION NUMBER</td> </tr> <tr> <td>OL CLASS<br/>4</td> <td>ENDORSEMENT<br/>SELECT UP TO 2</td> <td>RESTRICTION SELECT UP TO 3</td> <td>DRIVER DISTRACTED BY<br/>1</td> <td>ALCOHOL / DRUG SUSPECTED<br/><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br/><input type="checkbox"/> OTHER DRUG</td> <td>CONDITION<br/>1</td> <td>ALCOHOL TEST<br/>STATUS<br/>1</td> <td>TYPE<br/>1</td> <td>VALUE<br/>.</td> <td>DRUG TEST(S)<br/>STATUS<br/>1</td> <td>TYPE<br/>1</td> <td>RESULT<br/>SELECT UP TO 4</td> </tr> <tr> <td colspan="11"> <table border="1"> <tr> <th colspan="2">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> <tr> <td>1- FATAL</td> <td>2- SUSPECTED SERIOUS INJURY</td> <td>1- FRONT - 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LEFT SIDE<br>(MOTORCYCLE DRIVER) | 1- NOT DEPLOYED | 1- CLASS A            | 1- ALCOHOL INTERLOCK DEVICE | 1- NOT DISTRACTED                | 1- NONE GIVEN  | 3- SUSPECTED MINOR INJURY             | 4- POSSIBLE INJURY                    | 2- FRONT - MIDDLE | 2- DEPLOYED FRONT | 2- CLASS B                       | 2- CDL INTRASTATE ONLY                     | 2- MANUALLY OPERATING AN ELECTRONIC DEVICE | 2- TEST REFUSED                        | 5- NO APPARENT INJURY |                    | 3- FRONT - RIGHT SIDE | 3- DEPLOYED SIDE | 3- CLASS C      | 3- CORRECTIVE LENSES | 3- TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE     |                           |                    |                    | 4- SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 4- DEPLOYED BOTH FRONT / SIDE | 4- REGULAR CLASS<br>(OHIO = D) | 4- FARM WAIVER                           | 4- TEST-GIVEN, RESULTS KNOWN                          |                          |           |           | 5- SECOND - MIDDLE | 5- NOT APPLICABLE | 5- M/C MOPED ONLY   | 5- EXCEPT CLASS A BUS | 5- TEST-GIVEN, RESULTS UNKNOWN   |  |  |  | 6- SECOND - RIGHT SIDE | 9- DEPLOYMENT UNKNOWN | 6- NO VALID OL  | 6- EXCEPT CLASS A & CLASS B BUS |                            |                            |                    |  | 7- THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR) |                            | 7- EXCEPT TRACTOR-TRAILER | 7- EXCEPT TRACTOR-TRAILER  |                                       |                                       |  |                | 8- THIRD - MIDDLE           |  | 8- INTERMEDIATE LICENSE RESTRICTIONS    | 8- INTERMEDIATE LICENSE RESTRICTIONS   |                    |                    |                |  | 9- THIRD - RIGHT SIDE |                | 9- LEARNER'S PERMIT RESTRICTIONS                | 9- LEARNER'S PERMIT RESTRICTIONS |                    |                    |                           |               | 10- SLEEPER SECTION OF TRUCK CAB |  | 10- LIMITED TO DAYLIGHT ONLY                          | 10- LIMITED TO DAYLIGHT ONLY |           |           | INJURED TAKEN BY |                      |                     |                     | 11- LIMITED TO EMPLOYMENT | 11- LIMITED TO EMPLOYMENT |  |          | 1- NOT TRANSPORTED / TREATED AT SCENE | 2- EMS | 3- POLICE   | 4- NOT APPLICABLE | 12- LIMITED - OTHER | 12- LIMITED - OTHER |  |  | 9- OTHER / UNKNOWN |  |          |                   | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |                     | SAFETY EQUIPMENT |  |        |  | 14- MILITARY VEHICLES ONLY | 14- MILITARY VEHICLES ONLY |                |  | 1- NONE USED   | 2- SHOULDER BELT ONLY USED | 3- LAP BELT ONLY USED | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 15- MOTOR VEHICLES WITHOUT AIR BRAKES | 15- MOTOR VEHICLES WITHOUT AIR BRAKES |                           |               | 4- SHOULDER & LAP BELT USED | 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | 6- CHILD RESTRAINT SYSTEM - REAR FACING | 12- PASSENGER IN UNENCLOSED CARGO AREA | 16- OUTSIDE MIRROR | 16- OUTSIDE MIRROR |  |  | 7- BOOSTER SEAT | 8- HELMET USED | 9- PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.) | 13- TRAILING UNIT | 17- PROSTHETIC AID | 17- PROSTHETIC AID |                    |  | 10- REFLECTIVE CLOTHING | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | 12- RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) | 14- NON-MECHANCIAL MEANS | 18- OTHER | 18- OTHER |         |  | 11- OTHER / UNKNOWN | 99- OTHER / UNKNOWN |  |  |  |  |  |  | <table border="1"> <tr> <th colspan="2">EJECTION</th> <th>OL ENDORSEMENT</th> <th colspan="2">TRAPPED</th> <th colspan="2">GENDER</th> <th colspan="2">CONDITION</th> <th colspan="2">DRUG TEST TYPE</th> </tr> <tr> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>M- MOTORCYCLE</td> <td>P- PASSENGER</td> <td>N- TANKER</td> <td>Q- MOTOR SCOOTER</td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>S- SCHOOL BUS</td> <td>T- DOUBLE &amp; TRIPLE TRAILERS</td> <td>X- TANKER / HAZMAT</td> <td>1- NONE</td> </tr> <tr> <td>2- PARTIALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2- BLOOD</td> </tr> <tr> <td>3- TOTALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3- URINE</td> </tr> <tr> <td>4- NOT APPLICABLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4- BREATH</td> </tr> <tr> <td></td> <td>5- OTHER</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1- NONE</td> </tr> <tr> <td></td> <td>2- BLOOD</td> </tr> <tr> <td></td> <td>3- URINE</td> </tr> <tr> <td></td> <td>4- OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1- AMPHETAMINES</td> </tr> <tr> <td></td> <td>2- BARBITURATES</td> </tr> <tr> <td></td> <td>3- BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4- CANNABINOID</td> </tr> <tr> <td></td> <td>5- COCAINE</td> </tr> <tr> <td></td> <td>6- OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7- OTHER</td> </tr> <tr> <td></td> <td>8- NEGATIVE RESULTS</td> </tr> </table> |          |  |           |  |  |  |  |  |  |  | EJECTION |          | OL ENDORSEMENT | TRAPPED  |  | GENDER |  | CONDITION |  | DRUG TEST TYPE |  | 1- NOT EJECTED | H- HAZMAT | M- MOTORCYCLE | P- PASSENGER      | N- TANKER | Q- MOTOR SCOOTER | R- THREE-WHEEL MOTORCYCLE | S- SCHOOL BUS | T- DOUBLE & TRIPLE TRAILERS | X- TANKER / HAZMAT | 1- NONE | 2- PARTIALLY EJECTED |                |  |         |  |  |  |  |  |  | 2- BLOOD | 3- TOTALLY EJECTED |                 |  |          |  |  |  |  |  |  | 3- URINE | 4- NOT APPLICABLE |                 |  |          |  |  |  |  |  |  | 4- BREATH |  |                    |  |          |  |  |  |  |  |  | 5- OTHER |  |                |  |                |  |  |  |  |  |  | ALCOHOL TEST TYPE |  |            |  |                 |  |  |  |  |  |  | 1- NONE |  |                      |  |                 |  |  |  |  |  |  | 2- BLOOD |  |          |  |                    |  |  |  |  |  |  | 3- URINE |  |                     |  |                |  |  |  |  |  |  | 4- OTHER |  |  |  |            |  |  |  |  |  |  | DRUG TEST TYPE |  |  |  |                      |  |  |  |  |  |  | 1- AMPHETAMINES |  |  |  |          |  |  |  |  |  |  | 2- BARBITURATES |  |  |  |                     |  |  |  |  |  |  | 3- BENZODIAZEPINES |  |  |  |  |  |  |  |  |  |  | 4- CANNABINOID |  |  |  |  |  |  |  |  |  |  | 5- COCAINE |  |  |  |  |  |  |  |  |  |  | 6- OPIATES / OPIOIDS |  |  |  |  |  |  |  |  |  |  | 7- OTHER |  |  |  |  |  |  |  |  |  |  | 8- NEGATIVE RESULTS |
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>FRASHER, ERICK A. |   
   | ADDRESS: STREET, CITY, STATE, ZIP<br>11755 NORBOURNE DR. APT. 708 CINCINNATI, OH 45240   |  | INJURIES TAKEN BY<br>5   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                  | SAFETY EQUIPMENT USED<br>0 4 |                      | DATE OF BIRTH<br>0 4 1 4 1 9 8 5       | AGE<br>3 6                                     | GENDER<br>M      |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
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| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                        |   
   | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                             |   | CITATION NUMBER                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
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   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
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| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2                  |
RESTRICTION SELECT UP TO 3                            | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1                     | TYPE<br>1                                       | VALUE<br>.                       | DRUG TEST(S)<br>STATUS<br>1  | TYPE<br>1            | RESULT<br>SELECT UP TO 4               |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
   |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNIT #  | NAME: LAST, FIRST, MIDDLE                      |   
   | ADDRESS: STREET, CITY, STATE, ZIP  |  | INJURIES TAKEN BY<br>5   |   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                  | SAFETY EQUIPMENT USED<br>0 4 |                      | DATE OF BIRTH<br>0                     | AGE  | GENDER           |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
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   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
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LEFT SIDE<br>(MOTORCYCLE DRIVER) | 1- NOT DEPLOYED | 1- CLASS A                                    | 1- ALCOHOL INTERLOCK DEVICE | 1- NOT DISTRACTED         | 1- NONE GIVEN             | 3- SUSPECTED MINOR INJURY | 4- POSSIBLE INJURY | 2- FRONT - MIDDLE | 2- DEPLOYED FRONT                               | 2- CLASS B        | 2- CDL INTRASTATE ONLY       | 2- MANUALLY OPERATING AN ELECTRONIC DEVICE | 2- TEST REFUSED                      | 5- NO APPARENT INJURY |                 | 3- FRONT - RIGHT SIDE | 3- DEPLOYED SIDE | 3- CLASS C            | 3- CORRECTIVE LENSES    | 3- TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE |                                  |  |  | 4- SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 4- DEPLOYED BOTH FRONT / SIDE | 4- REGULAR CLASS<br>(OHIO = D)   | 4- FARM WAIVER | 4- TEST-GIVEN, RESULTS KNOWN |                              |                               |                            | 5- SECOND - MIDDLE        | 5- NOT APPLICABLE  | 5- M/C MOPED ONLY | 5- EXCEPT CLASS A BUS       | 5- TEST-GIVEN, RESULTS UNKNOWN |                           |                             |           | 6- SECOND - RIGHT SIDE                | 9- DEPLOYMENT UNKNOWN  | 6- NO VALID OL | 6- EXCEPT CLASS A & CLASS B BUS |                     |                     |  |  | 7- THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR) |  | 7- EXCEPT TRACTOR-TRAILER | 7- EXCEPT TRACTOR-TRAILER |  |  |                  |         | 8- THIRD - MIDDLE |                   | 8- INTERMEDIATE LICENSE RESTRICTIONS | 8- INTERMEDIATE LICENSE RESTRICTIONS |                            |                             |   |                 | 9- THIRD - RIGHT SIDE |                             | 9- LEARNER'S PERMIT RESTRICTIONS | 9- LEARNER'S PERMIT RESTRICTIONS   |                                       |                                       |                   |                   | 10- SLEEPER SECTION OF TRUCK CAB |  | 10- LIMITED TO DAYLIGHT ONLY               | 10- LIMITED TO DAYLIGHT ONLY           |                       |                    | INJURED TAKEN BY      |                  |                 |                      | 11- LIMITED TO EMPLOYMENT                       | 11- LIMITED TO EMPLOYMENT |                    |                    | 1- NOT TRANSPORTED / TREATED AT SCENE           | 2- EMS                        | 3- POLICE                      | 4- NOT APPLICABLE                        | 12- LIMITED - OTHER                                   | 12- LIMITED - OTHER      |           |           | 9- OTHER / UNKNOWN |                   |                     |                       | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  |  | SAFETY EQUIPMENT       |                       |   |                                 | 14- MILITARY VEHICLES ONLY | 14- MILITARY VEHICLES ONLY |                    |  | 1- NONE USED                                  | 2- SHOULDER BELT ONLY USED | 3- LAP BELT ONLY USED     | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 15- MOTOR VEHICLES WITHOUT AIR BRAKES | 15- MOTOR VEHICLES WITHOUT AIR BRAKES |  |                | 4- SHOULDER & LAP BELT USED | 5- CHILD RESTRAINT SYSTEM - FORWARD FACING | 6- CHILD RESTRAINT SYSTEM - REAR FACING | 12- PASSENGER IN UNENCLOSED CARGO AREA | 16- OUTSIDE MIRROR | 16- OUTSIDE MIRROR |                |  | 7- BOOSTER SEAT       | 8- HELMET USED | 9- PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.) | 13- TRAILING UNIT                | 17- PROSTHETIC AID | 17- PROSTHETIC AID |                           |               | 10- REFLECTIVE CLOTHING          | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | 12- RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) | 14- NON-MECHANCIAL MEANS     | 18- OTHER | 18- OTHER |                  |                      | 11- OTHER / UNKNOWN | 99- OTHER / UNKNOWN |                           |                           |  |          |                                       |        | <table border="1"> <tr> <th colspan="2">EJECTION</th> <th>OL ENDORSEMENT</th> <th colspan="2">TRAPPED</th> <th colspan="2">GENDER</th> <th colspan="2">CONDITION</th> <th colspan="2">DRUG TEST TYPE</th> </tr> <tr> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>M- MOTORCYCLE</td> <td>P- PASSENGER</td> <td>N- TANKER</td> <td>Q- MOTOR SCOOTER</td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>S- SCHOOL BUS</td> <td>T- DOUBLE &amp; TRIPLE TRAILERS</td> <td>X- TANKER / HAZMAT</td> <td>1- NONE</td> </tr> <tr> <td>2- PARTIALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2- BLOOD</td> </tr> <tr> <td>3- TOTALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3- URINE</td> </tr> <tr> <td>4- NOT APPLICABLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4- BREATH</td> </tr> <tr> <td></td> <td>5- OTHER</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1- NONE</td> </tr> <tr> <td></td> <td>2- BLOOD</td> </tr> <tr> <td></td> <td>3- URINE</td> </tr> <tr> <td></td> <td>4- OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1- AMPHETAMINES</td> </tr> <tr> <td></td> <td>2- BARBITURATES</td> </tr> <tr> <td></td> <td>3- BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4- CANNABINOID</td> </tr> <tr> <td></td> <td>5- COCAINE</td> </tr> <tr> <td></td> <td>6- OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7- OTHER</td> </tr> <tr> <td></td> <td>8- NEGATIVE RESULTS</td> </tr> </table> |                   |                     |                     |  |  |                    |  |          |                   |  | EJECTION   |  | OL ENDORSEMENT      | TRAPPED          |  | GENDER |  | CONDITION                  |                            | DRUG TEST TYPE |  | 1- NOT EJECTED | H- HAZMAT                  | M- MOTORCYCLE         | P- PASSENGER   | N- TANKER                             | Q- MOTOR SCOOTER                      | R- THREE-WHEEL MOTORCYCLE | S- SCHOOL BUS | T- DOUBLE & TRIPLE TRAILERS | X- TANKER / HAZMAT                         | 1- NONE                                 | 2- PARTIALLY EJECTED                   |                    |                    |  |  |                 |                |   |                   |                    | 2- BLOOD           | 3- TOTALLY EJECTED |  |                         |  |   |                          |           |           |         |  | 3- URINE            | 4- NOT APPLICABLE   |  |  |  |  |  |  |   |          |  | 4- BREATH |  |  |  |  |  |  |  |          |          |                | 5- OTHER |  |        |  |           |  |                |  |                |           |               | ALCOHOL TEST TYPE |           |                  |                           |               |                             |                    |         |                      |                |  | 1- NONE |  |  |  |  |  |  |          |                    |                 |  | 2- BLOOD |  |  |  |  |  |  |          |                   |                 |  | 3- URINE |  |  |  |  |  |  |           |  |                    |  | 4- OTHER |  |  |  |  |  |  |          |  |                |  | DRUG TEST TYPE |  |  |  |  |  |  |                   |  |            |  | 1- AMPHETAMINES |  |  |  |  |  |  |         |  |                      |  | 2- BARBITURATES |  |  |  |  |  |  |          |  |          |  | 3- BENZODIAZEPINES |  |  |  |  |  |  |          |  |                     |  | 4- CANNABINOID |  |  |  |  |  |  |          |  |  |  | 5- COCAINE |  |  |  |  |  |  |                |  |  |  | 6- OPIATES / OPIOIDS |  |  |  |  |  |  |                 |  |  |  | 7- OTHER |  |  |  |  |  |  |                 |  |  |  | 8- NEGATIVE RESULTS |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| INJURIES TAKEN BY<br>5  | EMS AGENCY (NAME)                              |   
   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  |  | SAFETY EQUIPMENT USED<br>0 4   |   | OFFENSE DESCRIPTION                             |                                  | CITATION NUMBER              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
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   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
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| OL STATE<br>O H   | OPERATOR LICENSE NUMBER                        |   
   | OFFENSE CHARGED  |  | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                             |   | CITATION NUMBER                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
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| OL CLASS<br>4   | ENDORSEMENT<br>SELECT UP TO 2                  |
RESTRICTION SELECT UP TO 3                            | DRIVER DISTRACTED BY<br>1  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1   | ALCOHOL TEST<br>STATUS<br>1                     | TYPE<br>1                                       | VALUE<br>.                       | DRUG TEST(S)<br>STATUS<br>1  | TYPE<br>1            | RESULT<br>SELECT UP TO 4               |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
   |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <tr> <th colspan="2">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> <tr> <td>1- FATAL</td> <td>2- SUSPECTED SERIOUS INJURY</td> <td>1- FRONT - LEFT SIDE<br/>(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>3- SUSPECTED MINOR INJURY</td> <td>4- POSSIBLE 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 DEVICE</td> <td>2- TEST REFUSED</td> </tr> <tr> <td>5- NO APPARENT INJURY</td> <td></td> <td>3- FRONT - RIGHT SIDE</td> <td>3- DEPLOYED SIDE</td> <td>3- CLASS C</td> <td>3- CORRECTIVE LENSES</td> <td>3- TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE</td> <td></td> </tr> <tr> <td></td> <td></td> <td>4- SECOND - LEFT SIDE<br/>(MOTORCYCLE PASSENGER)</td> <td>4- DEPLOYED BOTH FRONT / SIDE</td> <td>4- REGULAR CLASS<br/>(OHIO = D)</td> <td>4- FARM WAIVER</td> <td>4- TEST-GIVEN, RESULTS KNOWN</td> <td></td> </tr> <tr> <td></td> <td></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- TEST-GIVEN, RESULTS UNKNOWN</td> <td></td> </tr> <tr> <td></td> <td></td> <td>6- SECOND - RIGHT SIDE</td> <td>9- DEPLOYMENT UNKNOWN</td> <td>6- NO VALID OL</td> <td>6- EXCEPT CLASS A &amp; CLASS B BUS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>7- THIRD - LEFT SIDE<br/>(MOTORCYCLE SIDE CAR)</td> <td></td> <td>7- EXCEPT TRACTOR-TRAILER</td> <td>7- EXCEPT TRACTOR-TRAILER</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>8- THIRD - MIDDLE</td> <td></td> <td>8- INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8- INTERMEDIATE LICENSE RESTRICTIONS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>9- THIRD - RIGHT SIDE</td> <td></td> <td>9- LEARNER'S 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     |                      | INJURIES                               |  | SEATING POSITION | AIR BAG  | OL CLASS | OL RESTRICTION(S)                                 | DRIVER DISTRACTION                | TEST STATUS                                     | 1- FATAL                  | 2- SUSPECTED SERIOUS INJURY  | 1- FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER) | 1- NOT DEPLOYED                  | 1- CLASS A                    | 1- ALCOHOL INTERLOCK DEVICE | 1- NOT DISTRACTED         | 1- NONE GIVEN  | 3- SUSPECTED MINOR INJURY | 4- POSSIBLE INJURY                     | 2- FRONT - MIDDLE   | 2- DEPLOYED FRONT                      | 2- CLASS B                  | 2- CDL INTRASTATE ONLY | 2- MANUALLY OPERATING AN ELECTRONIC DEVICE | 2- TEST REFUSED | 5- NO APPARENT INJURY         |                            | 3- FRONT - RIGHT SIDE         | 3- DEPLOYED SIDE   | 3- CLASS C                | 3- CORRECTIVE LENSES   | 3- TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE |                             |                             |                    | 4- SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER) | 4- DEPLOYED BOTH FRONT / SIDE  | 4- REGULAR CLASS<br>(OHIO = D) | 4- FARM WAIVER | 4- TEST-GIVEN, RESULTS KNOWN |  |                                   |  | 5- SECOND - MIDDLE     | 5- NOT APPLICABLE | 5- M/C MOPED ONLY                               | 5- EXCEPT CLASS A BUS | 5- TEST-GIVEN, RESULTS UNKNOWN |  |                    |         | 6- SECOND - RIGHT SIDE | 9- DEPLOYMENT UNKNOWN   | 6- NO VALID OL     | 6- EXCEPT CLASS A & CLASS B BUS |           |                             |   |                 | 7- THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR) |                             | 7- EXCEPT TRACTOR-TRAILER | 7- EXCEPT TRACTOR-TRAILER |                           |                    |                   |   | 8- THIRD - MIDDLE |                              | 8- INTERMEDIATE LICENSE RESTRICTIONS       | 8- INTERMEDIATE LICENSE RESTRICTIONS |                       |                 |                       |                  | 9- THIRD - RIGHT SIDE |                         | 9- LEARNER'S PERMIT RESTRICTIONS            | 9- LEARNER'S PERMIT RESTRICTIONS |  |  |   |                               | 10- SLEEPER SECTION OF TRUCK CAB |                | 10- LIMITED TO DAYLIGHT ONLY | 10- LIMITED TO DAYLIGHT ONLY |                               |                            | INJURED TAKEN BY          |  |                   |                             | 11- LIMITED TO EMPLOYMENT      | 11- LIMITED TO EMPLOYMENT |                             |           | 1- NOT TRANSPORTED / TREATED AT SCENE | 2- EMS   | 3- POLICE      | 4- NOT APPLICABLE               | 12- LIMITED - OTHER | 12- LIMITED - OTHER |  |  | 9- OTHER / UNKNOWN                            |  |                           |                           | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |      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    | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY | 12- RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) | 14- NON-MECHANCIAL MEANS | 18- OTHER | 18- OTHER |                    |                   | 11- OTHER / UNKNOWN | 99- OTHER / UNKNOWN   |  |  |  |  |                        |                       | <table border="1"> <tr> <th colspan="2">EJECTION</th> <th>OL ENDORSEMENT</th> <th colspan="2">TRAPPED</th> <th colspan="2">GENDER</th> <th colspan="2">CONDITION</th> <th colspan="2">DRUG TEST TYPE</th> </tr> <tr> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>M- MOTORCYCLE</td> <td>P- PASSENGER</td> <td>N- TANKER</td> <td>Q- MOTOR SCOOTER</td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>S- SCHOOL BUS</td> <td>T- DOUBLE &amp; TRIPLE TRAILERS</td> <td>X- TANKER / HAZMAT</td> <td>1- NONE</td> </tr> <tr> <td>2- PARTIALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2- BLOOD</td> </tr> <tr> <td>3- TOTALLY EJECTED</td> <td></td> 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     |                    |  |   |                            |                           |  |                                       | EJECTION                              |  | OL ENDORSEMENT | TRAPPED                     |  | GENDER                                  |  | CONDITION          |                    | DRUG TEST TYPE |  | 1- NOT EJECTED        | H- HAZMAT      | M- MOTORCYCLE                                   | P- PASSENGER                     | N- TANKER          | Q- MOTOR SCOOTER   | R- THREE-WHEEL MOTORCYCLE | S- SCHOOL BUS | T- DOUBLE & TRIPLE TRAILERS      | X- TANKER / HAZMAT                       | 1- NONE   | 2- PARTIALLY EJECTED         |           |           |                  |                      |                     |                     |                           |                           |  | 2- BLOOD | 3- TOTALLY EJECTED                    |        |   |                   |                     |                     |  |  |                    |  | 3- URINE | 4- NOT APPLICABLE |  |  |  |                     |                  |  |        |  |                            | 4- BREATH                  |                |  |                |                            |                       |  |                                       |                                       |                           |               | 5- OTHER                    |  |   |  |                    |                    |  |  |                 |                |   | ALCOHOL TEST TYPE |                    |                    |                    |  |                         |  |   |                          |           |           | 1- NONE |  |                     |                     |  |  |  |  |  |  |   | 2- BLOOD |  |           |  |  |  |  |  |  |  |          | 3- URINE |                |          |  |        |  |           |  |                |  |                | 4- OTHER  |               |                   |           |                  |                           |               |                             |                    |         |                      | DRUG TEST TYPE |  |         |  |  |  |  |  |  |          |                    | 1- AMPHETAMINES |  |          |  |  |  |  |  |  |          |                   | 2- BARBITURATES |  |          |  |  |  |  |  |  |           |  | 3- BENZODIAZEPINES |  |          |  |  |  |  |  |  |          |  | 4- CANNABINOID |  |                |  |  |  |  |  |  |                   |  | 5- COCAINE |  |                 |  |  |  |  |  |  |         |  | 6- OPIATES / OPIOIDS |  |                 |  |  |  |  |  |  |          |  | 7- OTHER |  |                    |  |  |  |  |  |  |          |  | 8- NEGATIVE RESULTS |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |        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| INJURIES  |  |
SEATING POSITION                                      | AIR BAG  | OL CLASS   | OL RESTRICTION(S)  | DRIVER DISTRACTION                              | TEST STATUS                                     |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
   |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |  
  |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |   
   |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 1- FATAL  | 2- SUSPECTED SERIOUS INJURY                    | 1-
FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)           | 1- NOT DEPLOYED  | 1- CLASS A   | 1- ALCOHOL INTERLOCK DEVICE  | 1- NOT DISTRACTED                               | 1- NONE GIVEN                                   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 3- SUSPECTED MINOR INJURY   | 4- POSSIBLE INJURY                             | 2-
FRONT - MIDDLE                                     | 2- DEPLOYED FRONT  | 2- CLASS B   | 2- CDL INTRASTATE ONLY   | 2- MANUALLY OPERATING AN ELECTRONIC DEVICE      | 2- TEST REFUSED                                 |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 5- NO APPARENT INJURY   |  | 3-
FRONT - RIGHT SIDE                                 | 3- DEPLOYED SIDE   | 3- CLASS C   | 3- CORRECTIVE LENSES   | 3- TEST-GIVEN, CONTAMINATED SAMPLE/UNUSABLE     |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 4-
SECOND - LEFT SIDE<br>(MOTORCYCLE PASSENGER)       | 4- DEPLOYED BOTH FRONT / SIDE  | 4- REGULAR CLASS<br>(OHIO = D)   | 4- FARM WAIVER   | 4- TEST-GIVEN, RESULTS KNOWN                    |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 5-
SECOND - MIDDLE                                    | 5- NOT APPLICABLE  | 5- M/C MOPED ONLY  | 5- EXCEPT CLASS A BUS  | 5- TEST-GIVEN, RESULTS UNKNOWN                  |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 6-
SECOND - RIGHT SIDE                                | 9- DEPLOYMENT UNKNOWN  | 6- NO VALID OL   | 6- EXCEPT CLASS A & CLASS B BUS  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 7-
THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)         |  | 7- EXCEPT TRACTOR-TRAILER  | 7- EXCEPT TRACTOR-TRAILER  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 8-
THIRD - MIDDLE                                     |  | 8- INTERMEDIATE LICENSE RESTRICTIONS   | 8- INTERMEDIATE LICENSE RESTRICTIONS   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  | 9-
THIRD - RIGHT SIDE                                 |  | 9- LEARNER'S PERMIT RESTRICTIONS   | 9- LEARNER'S PERMIT RESTRICTIONS   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  |
10- SLEEPER SECTION OF TRUCK CAB                      |  | 10- LIMITED TO DAYLIGHT ONLY   | 10- LIMITED TO DAYLIGHT ONLY   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
   |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |  
  |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |   
   |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| INJURED TAKEN BY  |  |   
   |  | 11- LIMITED TO EMPLOYMENT  | 11- LIMITED TO EMPLOYMENT  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 1- NOT TRANSPORTED / TREATED AT SCENE   | 2- EMS   | 3-
POLICE   | 4- NOT APPLICABLE  | 12- LIMITED - OTHER  | 12- LIMITED - OTHER  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 9- OTHER / UNKNOWN  |  |   
   |  | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   | 13- MECHANICAL DEVICES<br>(SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| SAFETY EQUIPMENT  |  |   
   |  | 14- MILITARY VEHICLES ONLY   | 14- MILITARY VEHICLES ONLY   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 1- NONE USED  | 2- SHOULDER BELT ONLY USED                     | 3-
LAP BELT ONLY USED                                 | 11- PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 15- MOTOR VEHICLES WITHOUT AIR BRAKES  | 15- MOTOR VEHICLES WITHOUT AIR BRAKES  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 4- SHOULDER & LAP BELT USED   | 5- CHILD RESTRAINT SYSTEM - FORWARD FACING     | 6-
CHILD RESTRAINT SYSTEM - REAR FACING               | 12- PASSENGER IN UNENCLOSED CARGO AREA   | 16- OUTSIDE MIRROR   | 16- OUTSIDE MIRROR   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 7- BOOSTER SEAT   | 8- HELMET USED                                 | 9-
PROTECTIVE PADS USED<br>(ELBOW, KNEES, ETC.)       | 13- TRAILING UNIT  | 17- PROSTHETIC AID   | 17- PROSTHETIC AID   |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 10- REFLECTIVE CLOTHING   | 11- LIGHTING - PEDESTRIAN / BICYCLE ONLY       |
12- RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT) | 14- NON-MECHANCIAL MEANS   | 18- OTHER  | 18- OTHER  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |   
   |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |  
  |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |   
   |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 11- OTHER / UNKNOWN   | 99- OTHER / UNKNOWN                            |   
   |  |  |  |   |   |                                  |                              |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| <table border="1"> <tr> <th colspan="2">EJECTION</th> <th>OL ENDORSEMENT</th> <th colspan="2">TRAPPED</th> <th colspan="2">GENDER</th> <th colspan="2">CONDITION</th> <th colspan="2">DRUG TEST TYPE</th> </tr> <tr> <td>1- NOT EJECTED</td> <td>H- HAZMAT</td> <td>M- MOTORCYCLE</td> <td>P- PASSENGER</td> <td>N- TANKER</td> <td>Q- MOTOR SCOOTER</td> <td>R- THREE-WHEEL MOTORCYCLE</td> <td>S- SCHOOL BUS</td> <td>T- DOUBLE &amp; TRIPLE TRAILERS</td> <td>X- TANKER / HAZMAT</td> <td>1- NONE</td> </tr> <tr> <td>2- PARTIALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2- BLOOD</td> </tr> <tr> <td>3- TOTALLY EJECTED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3- URINE</td> </tr> <tr> <td>4- NOT APPLICABLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4- BREATH</td> </tr> <tr> <td></td> <td>5- OTHER</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1- NONE</td> </tr> <tr> <td></td> <td>2- BLOOD</td> </tr> <tr> <td></td> <td>3- URINE</td> </tr> <tr> <td></td> <td>4- OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1- AMPHETAMINES</td> </tr> <tr> <td></td> <td>2- BARBITURATES</td> </tr> <tr> <td></td> <td>3- BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4- CANNABINOID</td> </tr> <tr> <td></td> <td>5- COCAINE</td> </tr> <tr> <td></td> <td>6- OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7- OTHER</td> </tr> <tr> <td></td> <td>8- NEGATIVE RESULTS</td> </tr> </table>   |  |   |  |  |  |   |   |                                  |                              |                      | EJECTION                               |  | OL ENDORSEMENT   | TRAPPED  |          | GENDER  |                                   | CONDITION                                       |                           | DRUG TEST TYPE               |   | 1- NOT EJECTED                   | H- HAZMAT                     | M- MOTORCYCLE               | P- PASSENGER              | N- TANKER  | Q- MOTOR SCOOTER          | R- THREE-WHEEL MOTORCYCLE              | S- SCHOOL
BUS       | T- DOUBLE & TRIPLE TRAILERS            | X- TANKER / HAZMAT          | 1- NONE                | 2- PARTIALLY EJECTED                       |                 |                               |                            |                               |  |                           |  |   |                             | 2- BLOOD                    | 3- TOTALLY EJECTED |   |  |                                |                |                              |  |                                   |  |                        | 3- URINE          | 4- NOT APPLICABLE                               |                       |                                |  |                    |         |                        |  
  |                    |                                 | 4- BREATH |                             |   |                 |   |                             |                           |                           |                           |                    |                   | 5- OTHER  |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         | ALCOHOL TEST TYPE                           |                                  |  |  |   |                               |                                  |                |                              |                              |                               | 1- NONE                    |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   | 2- BLOOD       |                                 |                     |                     |  |  |   |  |                           |                           |  | 3- URINE   |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 | 4- OTHER              |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  | DRUG TEST TYPE                         |                       |                    |                       |                  |                 |                      |   |                           |                    |                    | 1- AMPHETAMINES                                 |                               |                                |  |   |                          |           |           |                    |                   |                     | 2- BARBITURATES       |  |  |  |  |                        |                       |   
   |                                 |                            |                            | 3- BENZODIAZEPINES |  |   |                            |                           |  |                                       |                                       |  |                |                             | 4- CANNABINOID                             |   |  |                    |                    |                |  |                       |                |   |                                  | 5- COCAINE         |                    |                           |               |                                  |  |   |                              |           |           |                  | 6- OPIATES / OPIOIDS |                     |                     |                           |                           |  |          |                                       |        |   |                   | 7- OTHER            |                     |  |  |                    |  |          |                   |  |  |  | 8- NEGATIVE RESULTS |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |   |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |             
      |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| EJECTION  |  | OL
ENDORSEMENT  | TRAPPED  |  | GENDER   |   | CONDITION                                       |                                  | DRUG TEST TYPE               |                      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 1- NOT EJECTED  | H- HAZMAT                                      | M-
MOTORCYCLE   | P- PASSENGER   | N- TANKER  | Q- MOTOR SCOOTER   | R- THREE-WHEEL MOTORCYCLE                       | S- SCHOOL BUS                                   | T- DOUBLE & TRIPLE TRAILERS      | X- TANKER / HAZMAT           | 1- NONE              |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 2- PARTIALLY EJECTED  |  |   
   |  |  |  |   |   |                                  |                              | 2- BLOOD             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 3- TOTALLY EJECTED  |  |   
   |  |  |  |   |   |                                  |                              | 3- URINE             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
| 4- NOT APPLICABLE   |  |   
   |  |  |  |   |   |                                  |                              | 4- BREATH            |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 5- OTHER             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | ALCOHOL TEST TYPE    |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 1- NONE              |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 2- BLOOD             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 3- URINE             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 4- OTHER             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | DRUG TEST TYPE       |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 1- AMPHETAMINES      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 2- BARBITURATES      |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 3- BENZODIAZEPINES   |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 4- CANNABINOID       |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 5- COCAINE           |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
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   |  |  |  |   |   |                                  |                              | 6- OPIATES / OPIOIDS |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  |   
   |  |  |  |   |   |                                  |                              | 7- OTHER             |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |
|   |  |   
   |  |  |  |   |   |                                  |                              | 8- NEGATIVE RESULTS  |  |  |                  |  |          |   |                                   |   |                           |                              |   |                                  |                               |                             |                           |  |                           |  |                     |  |                             |                        |  |                 |                               |                            |                               |  |                           |  |   |                             |                             |                    |   |  |                                |                |                              |  |                                   |  |                        |                   |   |                       |                                |  |                    |         |                        |  
  |                    |                                 |           |                             |   |                 |   |                             |                           |                           |                           |                    |                   |   |                   |                              |  |                                      |                       |                 |                       |                  |                       |                         |   |                                  |  |  |   |                               |                                  |                |                              |                              |                               |                            |                           |  |                   |                             |                                |                           |                             |           |                                       |  
   |                |                                 |                     |                     |  |  |   |  |                           |                           |  |  |                  |         |                   |                   |                                      |                                      |                            |                             |   |                 |                       |                             |                                  |  |                                       |                                       |                   |                   |                                  |  |  |  |                       |                    |                       |                  |                 |                      |   |                           |                    |                    |   |                               |                                |  |   |                          |           |           |                    |                   |                     |                       |  |  |  |  |                        |                       |   
   |                                 |                            |                            |                    |  |   |                            |                           |  |                                       |                                       |  |                |                             |  |   |  |                    |                    |                |  |                       |                |   |                                  |                    |                    |                           |               |                                  |  |   |                              |           |           |                  |                      |                     |                     |                           |                           |  |          |                                       |        |   |                   |                     |                     |  |  |                    |  |          |                   |  |  |  |                     |                  |  |        |  |                            |                            |                |  |                |                            |                       |  |                                       |                                       |                           |               |                             |  |   |  |                    |                    |  |  |                 |                |   |                   |                    |                    |                    |  |                         |  |   |                          |           |           |         |  |                     |                     |  |  |  |  |  |  |  
  |          |  |           |  |  |  |  |  |  |  |          |          |                |          |  |        |  |           |  |                |  |                |           |               |                   |           |                  |                           |               |                             |                    |         |                      |                |  |         |  |  |  |  |  |  |          |                    |                 |  |          |  |  |  |  |  |  |          |                   |                 |  |          |  |  |  |  |  |  |           |  |                    |  |          |  |  |  |  |  |  |          |  |                |  |                |  |  |  |  |  |  |                   |  |            |  |                 |  |  |  |  |  |  |         |  |                      |  |                 |  |  |  |  |  |  |          |  |          |  |                    |  |  |  |  |  |  |          |  |                     |  |                |  |  |  |  |  |  |          |  |  |  |            |  |  |  |  |  |  |                |  |  |  |                      |  |  |  |  |  |  |                 |  |  |  |          |  |  |  |  |  |  |                 |  |  |  |                     |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |                     |

LOCAL REPORT NUMBER	22-016943	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	DIXIE HWY. AT 7341 DIXIE HWY.	
				
OFFICER'S SIGNATURE		P.O. JOSH MOSSMAN		BADGE NO 147