

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 2 0 2 0 0 2 5

☒ PHOTOS TAKEN
☐ SECONDARY CRASH
☐ PRIVATE PROPERTY

☐ OH-2
☐ OH-3
☐ OH-1P
☐ OTHER

LOCAL INFORMATION

REPORTING AGENCY NAME*

Fairfield Police Department 0 0 9 0 1

NCIC*

HIT/SKIP
1 - SOLVED
2 - UNSOLVED

NUMBER OF UNITS
0 1

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN

COUNTY*

0 9

LOCALITY*

1 - CITY

2 - VILLAGE

3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP*

City of Fairfield

CRASH DATE / TIME*

03202022 1300

CRASH SEVERITY

1 - FATAL

2 - SERIOUS INJURY

3 - MINOR INJURY

4 - INJURY POSSIBLE

5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME

Devonian

ROAD TYPE

D R

LATITUDE DECIMAL DEGREES

39.309257

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

3362

ROAD TYPE

LONGITUDE DECIMAL DEGREES

-84.506745

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #

DIRECTION FROM REFERENCE

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

DISTANCE FROM REFERENCE

1 - MILES
2 - FEET
3 - YARDS

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

INTERSECTION RELATED

☐ WITHIN INTERSECTION OR ON APPROACH☐ WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

ROADWAY

☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY

2 - ON SHOULDER

3 - IN MEDIAN

4 - ON ROADSIDE

5 - ON GORE

6 - OUTSIDE TRAFFIC WAY

7 - ON RAMP

8 - OFF RAMP

MANNER OF CRASH COLLISION/IMPACT

1 - NOT COLLISION

2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT

3 - REAR-END

4 - HEAD-ON

5 - BACKING

6 - ANGLE

7 - SIDESWIPE, SAME DIRECTION

8 - SIDESWIPE, OPPOSITE DIRECTION

9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL

1 - NORTH

2 - SOUTH

3 - EAST

4 - WEST

MEDIAN TYPE

1 - DIVIDED FLUSH MEDIAN (<4 FEET)

2 - DIVIDED FLUSH MEDIAN (>4 FEET)

3 - DIVIDED, DEPRESSIONED MEDIAN (ANY TYPE)

4 - DIVIDED, RAISED MEDIAN (ANY TYPE)

9 - OTHER/UNKNOWN

☐ WORK ZONE RELATED☐ WORKERS PRESENT☐ LAW ENFORCEMENT PRESENT☐ 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 WARNING SIGN

2 - ADVANCE WARNING AREA

3 - TRANSITION AREA

4 - ACTIVITY AREA

5 - TERMINATION AREA

CONTOUR

1

1 - STRAIGHT LEVEL

2 - STRAIGHT GRADE

3 - CURVE LEVEL

4 - CURVE GRADE

9 - OTHER/UNKNOWN

CONDITIONS

1

1 - DRY

2 - WET

3 - SNOW

4 - ICE

5 - SAND, MUD, DIRT, OIL, GRAVEL

6 - WATER (STANDING, MOVING)

7 - SLUSH

9 - OTHER/UNKNOWN

SURFACE

2

1 - CONCRETE

2 - BLACKTOP, BITUMINOUS, ASPHALT

3 - BRICK/BLOCK

4 - SLAG, GRAVEL, STONE

5 - DIRT

9 - OTHER/UNKNOWN

LIGHT CONDITION

1 - DAYLIGHT

2 - DAWN/DUSK

3 - DARK - LIGHTED ROADWAY

4 - DARK - ROADWAY NOT LIGHTED

5 - DARK - UNKNOWN ROADWAY LIGHTING

9 - OTHER / UNKNOWN

WEATHER

1 - CLEAR

2 - CLOUDY

3 - FOG, SMOG, SMOKE

4 - RAIN

5 - SLEET, HAIL

6 - SNOW

7 - SEVERE CROSSWINDS

8 - BLOWING SAND, SOIL, DIRT, SNOW

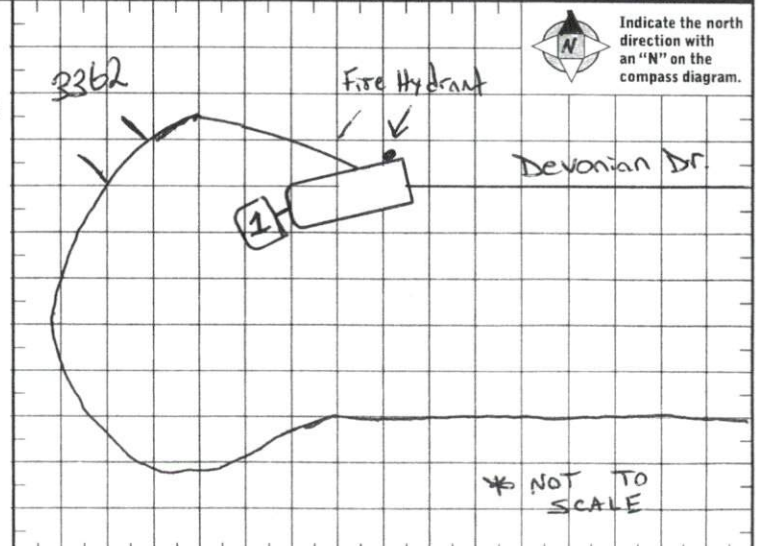
9 - FREEZING RAIN OR FREEZING DRIZZLE

99 - OTHER / UNKNOWN

NARRATIVE

On 3-20-22 at about 1:00 p.m. Unit 1 was turning around in the cul-de-sac of Devonian Dr. when the trailer being pulled struck a fire hydrant near 3362 Devonian Dr. The trailer bearing Maine registration 30-26082 had minor damage.

The fire hydrant is property of:
City of Fairfield
5350 Pleasant Ave
Fairfield, OH 45014



Indicate the north direction with an "N" on the compass diagram.

CRASH REPORTED DATE / TIME

03202022 1301

DISPATCH DATE / TIME

03202022 1305

ARRIVAL DATE / TIME

03202022 1322

SCENE CLEARED DATE / TIME

03202022 1330

REPORT TAKEN BY

☒ POLICE AGENCY☐ MOTORIST☐ SUPPLEMENT

(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

TOTAL TIME ROADWAY CLOSED

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME*

P.O. Hoelle

OFFICER'S BADGE NUMBER*

1 4 4

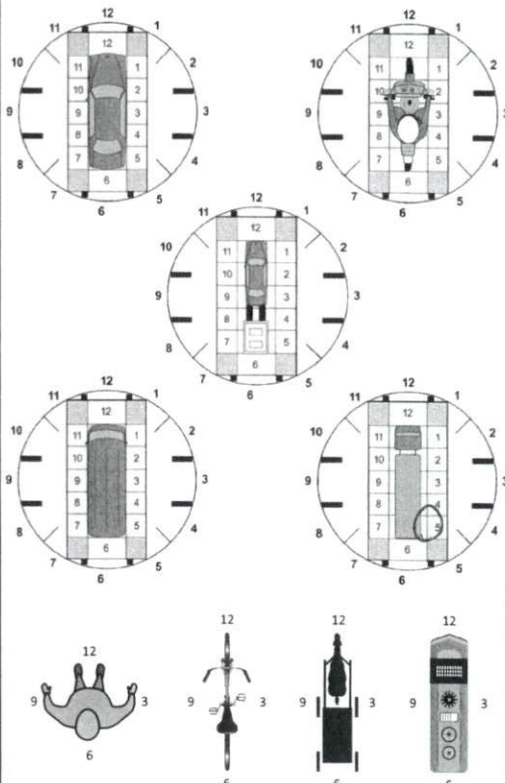
CHECKED BY OFFICER'S NAME*

Sgt. J. Sprague

CHECKED BY OFFICER'S BADGE NUMBER*

8 4

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)		
	01	Masney Auto Enclosed Inc.			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)					
831 Maquire Rd, Ocoee, FL 34761					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
Masney Auto Enclosed Inc					
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	FL	JD07PS	1XKWD1419X7KJ21561949	2019	Kenworth
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
		Carolina Casualty	KCA26002450	White	TR
	<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME	
			326786		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		01	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	UNIT TYPE		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER		
	15		2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)		
1		3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST			
1		4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE			
1		5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN			
1		6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP			
# OF TRAILING UNITS					
1					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN			
2		1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION			
2		2 - PARTIAL AUTOMATION			
AUTONOMOUS MODE LEVEL					
01					
SPECIAL FUNCTION		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER			
01		2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN			
01		3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL			
01		4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING			
01		5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER			
13		2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER			
13		7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN			
1		2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT			
1		3 - TAIL LAMPS 6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE			
1		2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 15 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN			
1		3 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE			
3		2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING			
3		3 - STRIKING 13			
3		4 - STRUCK PRE-CRASH ACTIONS 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST			
3		5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE			
3		9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY			
11		2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE			
11		3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY			
11		4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION			
11		5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - Lying in Roadway			
11		6 - IMPROPER TURN 12 - IMPROPER BACKING			
SEQUENCE OF EVENTS		NON-COLLISION			
149		1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT			
1		2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE			
1		3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT			
1		4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT			
1		5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE			
1		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT			
1		26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL			
1		27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING			
1		28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL			
1		29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT			
1		30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN			
1		31 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT			
1		FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
2 2 0 2 0 0 2 5	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [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 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
25	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2 2 0 2 0 0 2 5											
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
0 1		Roy, David M				0 4 2 3 1 9 5 4		6 7	M		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
4417 Northwest 44 St. Coconut Creek, FL 33073											
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	
5								0 4		<input type="checkbox"/>	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER	
FL						<input type="checkbox"/>					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION	
1						9		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	
ALCOHOL TEST		STATUS		TYPE		VALUE		STATUS		TYPE	
1		1						1		1	
DRUG TEST(S)		STATUS		TYPE		RESULT SELECT UP TO 4					
1											
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	
										<input type="checkbox"/>	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER	
						<input type="checkbox"/>					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION	
								<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			
ALCOHOL TEST		STATUS		TYPE		VALUE		STATUS		TYPE	
DRUG TEST(S)		STATUS		TYPE		RESULT SELECT UP TO 4					
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0			
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	
										<input type="checkbox"/>	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER	
						<input type="checkbox"/>					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED		CONDITION	
								<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			
ALCOHOL TEST		STATUS		TYPE		VALUE		STATUS		TYPE	
DRUG TEST(S)		STATUS		TYPE		RESULT SELECT UP TO 4					
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION	
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED	
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN		GENDER		F - FEMALE		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
6 - CHILD RESTRAINT SYSTEM - REAR FACING				M - MALE		U - OTHER / UNKNOWN		17 - PROSTHETIC AID		9 - OTHER / UNKNOWN	
7 - BOOSTER SEAT								18 - OTHER		DRUG TEST TYPE	
8 - HELMET USED										1 - NONE	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										2 - BLOOD	
10 - REFLECTIVE CLOTHING										3 - URINE	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										4 - BREATH	
99 - OTHER / UNKNOWN										5 - OTHER	
										DRUG TEST RESULT(S)	
										1 - AMPHETAMINES	
										2 - BARBITURATES	
										3 - BENZODIAZEPINES	
										4 - CANNABINOIDS	
										5 - COCAINE	
										6 - OPIATES / OPIOIDS	
										7 - OTHER	
										8 - NEGATIVE RESULTS	