

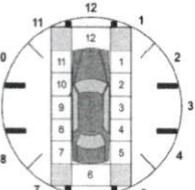
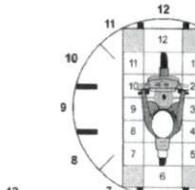
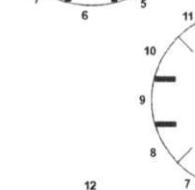
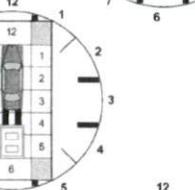
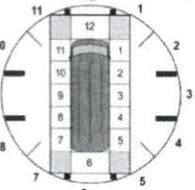
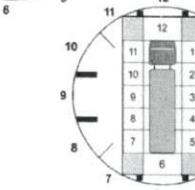
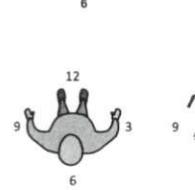
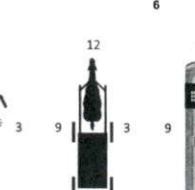
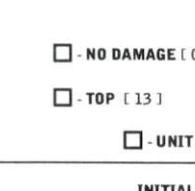
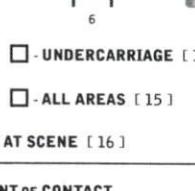


TRAFFIC CRASH REPORT

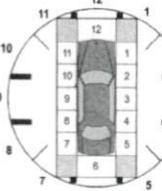
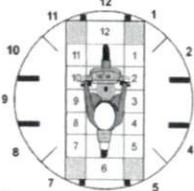
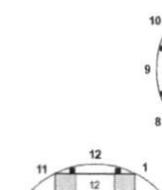
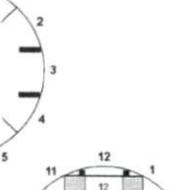
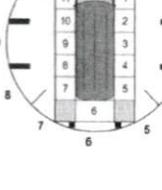
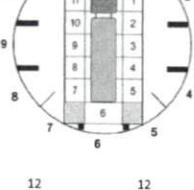
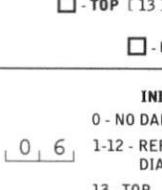
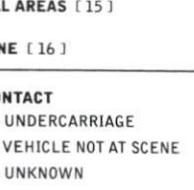
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	2 2 0 2 7 4 6 4					
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* NCIC*					
<input checked="" type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department 0 0 9 0 1					
COUNTY* 0 9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield	CRASH DATE / TIME* 0 4 1 9 2 0 2 2 1 1 0 5					
REFERENCE LOCATION ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Wessel	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 3 9 3 3 5 8 1 7				
REFERENCE ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 560	ROAD TYPE	LONGITUDE DECIMAL DEGREES -8 4 5 6 2 1 5 8				
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3	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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY <input type="checkbox"/> 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 0 6			MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN 1			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, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2			
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 0 2	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9- OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9- OTHER/UNKNOWN			
NARRATIVE On April 19, 2022 at about 11:05 A.M. Unit #1 was traveling east in the parking lot of 560 Wessel Drive and struck Unit #2 who was walking southeast in the parking lot. Unit #2 was outside of the store marked crosswalk.						NOT TO SCALE KROGER 560 WESSEL DRIVE #1 #2		
CRASH REPORTED DATE / TIME 0 4 1 9 2 0 2 2 1 1 0 7			DISPATCH DATE / TIME 0 4 1 9 2 0 2 2 1 1 0 8			ARRIVAL DATE / TIME 0 4 1 9 2 0 2 2 1 1 1 1	SCENE CLEARED DATE / TIME 0 4 1 9 2 0 2 2 1 1 3 8	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES 4 0	OFFICER'S NAME* E. Knizner		CHECKED BY OFFICER'S NAME* Sgt. J. Sprosue		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)
				OFFICER'S BADGE NUMBER* 8 3		CHECKED BY OFFICER'S BADGE NUMBER* 8 4		

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)																																													
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																										
	LP STATE O H	LICENSE PLATE # N777355	VEHICLE IDENTIFICATION # J N 8 A E 2 K P 1 C 9 0 4 5 6 0		VEHICLE YEAR 2 0 1 2	VEHICLE MAKE Nissan																																								
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY American Family	INSURANCE POLICY # 41052-27033-49		COLOR Silver	VEHICLE MODEL Quest																																								
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																										
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	HAZARDOUS MATERIAL																																										
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LOCAL REPORT NUMBER 2 2 0 2 7 4 6 4	
DAMAGE	
<input type="checkbox"/> 1	1 - NONE
<input type="checkbox"/> 2	2 - MINOR DAMAGE
<input type="checkbox"/> 3	3 - FUNCTIONAL DAMAGE
<input type="checkbox"/> 4	4 - DISABLING DAMAGE
<input type="checkbox"/> 9	9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> 0	0 - NO DAMAGE
<input type="checkbox"/> 14	14 - UNDERCARRIAGE
<input type="checkbox"/> 13	13 - TOP
<input type="checkbox"/> 15	15 - ALL AREAS
<input type="checkbox"/> 16	16 - UNIT NOT AT SCENE
INITIAL POINT OF CONTACT	
<input type="checkbox"/> 0	0 - NO DAMAGE
1 2	1 - 12 - REFER TO UNIT DIAGRAM
	14 - UNDERCARRIAGE
	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN
	13 - TOP
TRAFFIC	
<input type="checkbox"/> 1	1 - ONE-WAY
<input type="checkbox"/> 2	2 - TWO-WAY
<input type="checkbox"/> 6	6 - NO CONTROL
<input type="checkbox"/> 1	1 - NOT INVOLVED
<input type="checkbox"/> 2	2 - INVOLVED-ACTIVE CROSSING
<input type="checkbox"/> 3	3 - INVOLVED-PASSIVE CROSSING
# OF THROUGH LANES ON ROAD	
<input type="checkbox"/> 1	1 - RAIL GRADE CROSSING
<input type="checkbox"/> 2	2 - ROUNDABOUT
<input type="checkbox"/> 4	4 - STOP SIGN
<input type="checkbox"/> 5	5 - YIELD SIGN
<input type="checkbox"/> 3	3 - FLASHER
<input type="checkbox"/> 6	6 - NO CONTROL
UNIT / NON-MOTORIST DIRECTION	
<input type="checkbox"/> 1	1 - NORTH
<input type="checkbox"/> 2	2 - SOUTH
<input type="checkbox"/> 3	3 - EAST
<input type="checkbox"/> 4	4 - WEST
<input type="checkbox"/> 5	5 - NORTHEAST
<input type="checkbox"/> 6	6 - NORTHWEST
<input type="checkbox"/> 7	7 - SOUTHEAST
<input type="checkbox"/> 8	8 - SOUTHWEST
<input type="checkbox"/> 9	9 - OTHER / UNKNOWN
UNIT SPEED	
<input type="checkbox"/> 5	1 - STATED / ESTIMATED SPEED
<input type="checkbox"/> 1	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
<input type="checkbox"/> 1	1 - STATED / ESTIMATED SPEED
<input type="checkbox"/> 2	2 - CALCULATED / EDR
<input type="checkbox"/> 3	3 - UNDETERMINED

OWNER	UNIT # <u>0 2</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)						
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)									
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE							
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE					
<input type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY		INSURANCE POLICY #	COLOR	VEHICLE MODEL				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			US DOT #		TOWED BY: COMPANY NAME					
INTERLOCK EQUIPPED		#OCCUPANTS	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					
UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANYTYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
VEHICLE	# OF TRAILING UNITS									
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER/UNKNOWN			AUTONOMOUS MODE LEVEL <input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN			
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE	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	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	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	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN	
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EVENT(S)	NON-COLLISION					COLLISION WITH FIXED OBJECT - STRUCK				
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LOCAL REPORT NUMBER 2 2 0 2 7 4 6 4	
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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 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL <u>6</u>
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING <u>1</u>
UNIT / NON-MOTORIST DIRECTION FROM <u>1</u> TO <u>7</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>3</u>	DETECTED SPEED <u>1</u>
POSTED SPEED	



MOTORIST / Non-MOTORIST

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
0 1	Ritzie, Gayla A.				0 2 1 3 1 9 5 5	6 7	F					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
5625 River Road Fairfield, Ohio 45014												
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST	DRUG TEST(S)		
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	RESULT	SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1	1	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
0 2	Hopewell, Melissa A.				0 2 2 2 1 9 6 6	5 6	F					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
12161 Seaford Drive Cincinnati, Ohio 45231												
INJURIES 4	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST	DRUG TEST(S)		
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	RESULT	SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1	1	
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER		
						0						
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	1	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST	DRUG TEST(S)		
						<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	RESULT	SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG			1	1	1	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN						
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED						
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
4-POSSIBLE INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN							
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN							
		9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS								
				7-EXCEPT TRACTOR-TRAILER								
				8-INTERMEDIATE LICENSE RESTRICTIONS								
				9-LEARNER'S PERMIT RESTRICTIONS								
				10-LIMITED TO DAYLIGHT ONLY								
				11-LIMITED TO EMPLOYMENT								
				12-LIMITED - OTHER								
				13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
				14-MILITARY VEHICLES ONLY								
				15-MOTOR VEHICLES WITHOUT AIR BRAKES								
				16-OUTSIDE MIRROR								
				17-PROSTHETIC AID								
				18-OTHER								
SAFETY EQUIPMENT	TRAPPED	EJECTION	OL ENDORSEMENT	CONDITION	TEST STATUS							
1-NONE USED	1-NOT TRAPPED	1-NOT EJECTED	H - HAZMAT	1-APPARENTLY NORMAL	1-NONE							
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-PHYSICAL IMPAIRMENT	2-BLOOD							
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-TOTALLY EJECTED	P - PASSENGER	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE							
4-SHOULDER & LAP BELT USED		4-NOT APPLICABLE	N - TANKER	4-ILLNESS	4-BREATH							
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			Q - MOTOR SCOOTER	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER							
6-CHILD RESTRAINT SYSTEM - REAR FACING			R - THREE-WHEEL MOTORCYCLE	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
7-BOOSTER SEAT			S - SCHOOL BUS	9-OTHER / UNKNOWN								
8-HELMET USED			T - DOUBLE & TRIPLE TRAILERS									
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X - TANKER / HAZMAT									
10-REFLECTIVE CLOTHING												
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99-OTHER / UNKNOWN												
GENDER	CONDITION	TEST STATUS										
F - FEMALE	1-APPARENTLY NORMAL	1-NONE										
M - MALE	2-PHYSICAL IMPAIRMENT	2-BLOOD										
U - OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE										
	4-ILLNESS	4-BREATH										
	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	5-OTHER										
	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
	9-OTHER / UNKNOWN											
DRUG TEST TYPE	DRUG TEST RESULT(S)											
1-ALCOHOL TEST	1-AMPHETAMINES											
2-BLOOD	2-BARBITURATES											
3-URINE	3-BENZODIAZEPINES											
4-BREATH	4-CANNABINOID											
5-OTHER	5-COCAIN											
6-OPIATES / OPIOIDS	6-OPIATES / OPIOIDS											
7-OTHER	7-OTHER											
8-NEGATIVE RESULTS	8-NEGATIVE RESULTS											