

## TRAFFIC CRASH REPORT

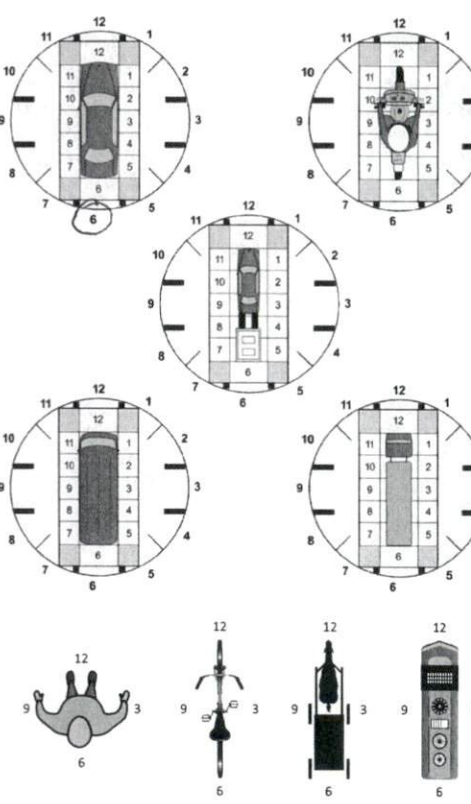
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	2 2 0 2 8 2 8 5	
COUNTY* 09	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 04222022 1530		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5
ROUTE TYPE LOCATION	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME Fairfield Business	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 39.317675		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6785	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.492651		
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 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 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 06		MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 6		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, DEPRESSION 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 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	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		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 01		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	
NARRATIVE On 04/22/2022 at 3:30 PM, Unit 1 was backing out of a parking spot at 6785 Fairfield Business Center Dr. and failed to maintain control of the vehicle, and in so doing, struck Unit 2, which was backing into a parking spot at 6785 Fairfield Business Center Dr.  Unit 1 was also issued a citation for DUS - F.C.O. - 335.072A.							
Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE / TIME 04222022 1533		DISPATCH DATE / TIME 04222022 1536		ARRIVAL DATE / TIME 04222022 1536		SCENE CLEARED DATE / TIME 04222022 1607	
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 31	OFFICER'S NAME* S. Cook	CHECKED BY OFFICER'S NAME* San G. V. [Signature]		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 DOPS)	
			OFFICER'S BADGE NUMBER* 153	CHECKED BY OFFICER'S BADGE NUMBER* 118			



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	Howard, Charlene			
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )				
	492 Waycross Rd, Cincinnati, OH 45240				
EVENT(S)	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
	OH	N977905	SAJEAS1C24WD70303	2004	Jaquar
VEHICLE	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
				Black	X-Type
VEHICLE	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				
VEHICLE	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
			01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE	VEHICLE WEIGHT GVWR/GCWR		CLASS # PLACARD ID #		
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
VEHICLE	UNIT TYPE		UNIT TYPE		
	01		01		
VEHICLE	# OF TRAILING UNITS		# OF TRAILING UNITS		
	0		0		
VEHICLE	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	0		0		
VEHICLE	SPECIAL FUNCTION		SPECIAL FUNCTION		
	01		01		
VEHICLE	CARGO BODY TYPE		CARGO BODY TYPE		
	01		01		
VEHICLE	VEHICLE DEFECTS		VEHICLE DEFECTS		
	01		01		
VEHICLE	NON-MOTORIST LOCATION AT IMPACT		NON-MOTORIST LOCATION AT IMPACT		
	01		01		
VEHICLE	ACTION		ACTION		
	01		01		
VEHICLE	CONTRIBUTING CIRCUMSTANCES		CONTRIBUTING CIRCUMSTANCES		
	01		01		
VEHICLE	SEQUENCE OF EVENTS		SEQUENCE OF EVENTS		
	01		01		
VEHICLE	COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK		
	01		01		
VEHICLE	FIRST HARMFUL EVENT		FIRST HARMFUL EVENT		
	01		01		
VEHICLE	MOST HARMFUL EVENT		MOST HARMFUL EVENT		
	01		01		

LOCAL REPORT NUMBER	
22028285	
DAMAGE	
DAMAGE SCALE	
2 1 - NONE 3 - FUNCTIONAL DAMAGE	
2 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	
01 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	6 1 - ROUNDABOUT 4 - STOP SIGN
	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
1	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2 TO 1	
1 - NORTH 5 - NORTHEAST	
2 - SOUTH 6 - NORTHWEST	
3 - EAST 7 - SOUTHEAST	
4 - WEST 8 - SOUTHWEST	
9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
03	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	



<b>LOCAL REPORT NUMBER</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>2</span><span>2</span><span>0</span><span>2</span><span>8</span><span>2</span><span>8</span><span>5</span> </div>	
<b>DAMAGE</b> <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE  2 - MINOR DAMAGE </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE  4 - DISABLING DAMAGE  9 - UNKNOWN </div> </div>	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY	
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] </div>	
<b>INITIAL POINT OF CONTACT</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE  1-12 - REFER TO UNIT DIAGRAM  13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE  15 - VEHICLE NOT AT SCENE  99 - UNKNOWN </div> </div>	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">2</div>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">6</div>
<b># OF THROUGH LANES ON ROAD</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">1</div>
<b>UNIT / NON-MOTORIST DIRECTION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FROM <div style="border: 1px solid black; width: 50px; text-align: center;">4</div> TO <div style="border: 1px solid black; width: 50px; text-align: center;">7</div> </div> <div style="width: 45%;"> 1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - OTHER / UNKNOWN </div> </div>	
<b>UNIT SPEED</b> <div style="border: 1px solid black; width: 150px; text-align: center; margin-top: 5px;">0 3</div>	<b>DETECTED SPEED</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">1</div>
<b>POSTED SPEED</b> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 2 8 2 8 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Wagner, Amber	DATE OF BIRTH 0 3 2 0 1 9 7 9		AGE 4 3	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 3635 Kohn Dr. Apt. 4203, Fairfield, OH 45014		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure To Control		CITATION NUMBER 251279			
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Dalton, Michael S.	DATE OF BIRTH 0 9 0 3 1 9 5 8		AGE 6 3	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 6785 Fairfield Business Center Dr, Fairfield, OH 45014		CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE T N	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE 0	GENDER					
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	

<b>INJURIES</b> 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	<b>SEATING POSITION</b> 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	<b>AIR BAG</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>OL CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	<b>OL RESTRICTION(S)</b> 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 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	<b>DRIVER DISTRACTION</b> 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	<b>TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	<b>OL ENDORSEMENT</b> 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	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	<b>GENDER</b> F - FEMALE M - MALE U - OTHER / UNKNOWN	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b> 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER					
<b>DRUG TEST RESULT(S)</b> 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						