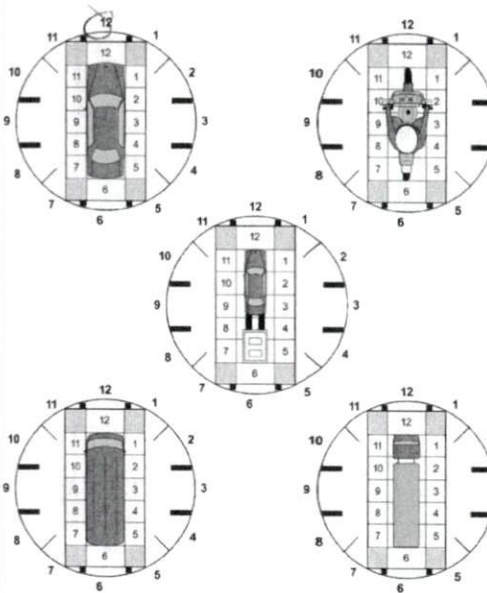




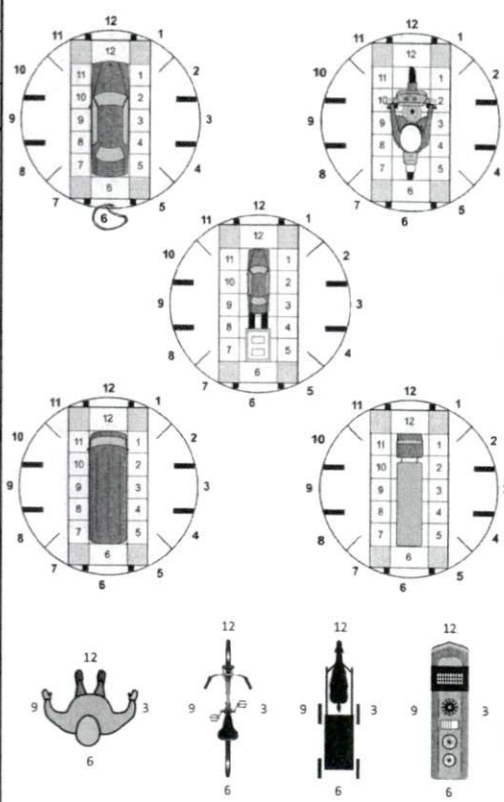
LOCAL REPORT NUMBER*

PAGE 1 OF 4

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Perez, Edwin S.	OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER) 22033240
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # JSK4454	VEHICLE IDENTIFICATION # 4T1B1F28B6YU038194
	VEHICLE YEAR 2000		VEHICLE MAKE Toyota
	VEHICLE MODEL Avalon		COLOR Beige
	INSURANCE VERIFIED ☐		INSURANCE COMPANY
	INSURANCE POLICY #		US DOT #
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD
	INTERLOCK DEVICE EQUIPPED ☐		HIT/SKIP UNIT ☐
	#OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	UNIT TYPE 01		UNIT # OF TRAILING UNITS 0
EVENTS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
	SPECIAL FUNCTION 01		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
	VEHICLE DEFECTS 01		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 01		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
	ACTION 03		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 99		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 120		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - 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 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 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 22033240	
DAMAGE DAMAGE SCALE 2 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 1 - ONE-WAY 2 - TWO-WAY 2 TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 4	
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
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 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED	

OWNER	UNIT # 012	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			
VEHICLE	LP STATE OH	LICENSE PLATE # BC64YB	VEHICLE IDENTIFICATION # 3LN16L2G1918FR1620228	VEHICLE YEAR 2015	VEHICLE MAKE Lincoln
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Safeco	INSURANCE POLICY # K3213258	COLOR Bronze	VEHICLE MODEL MKZ
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE <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 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	UNIT TYPE 01		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	# OF TRAILING UNITS 0		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER / UNKNOWN		
	SPECIAL FUNCTION 01		AUTONOMOUS MODE LEVEL 0 1-NO AUTOMATION 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN		
	CARGO BODY TYPE 01		1- NONE 2- TAXI 3- ELECTRONIC RIDE SHARING 4- SCHOOL TRANSPORT 5- BUS-TRANSIT/COMMUTER 6- BUS-CHARTER/TOUR 7- BUS-INTERCITY 8- BUS-SHUTTLE 9- BUS-OTHER 10- AMBULANCE 11- FIRE 12- MILITARY 13- POLICE 14- PUBLIC UTILITY 15- CONSTRUCTION EQUIPMENT 16- FARM 17- MOWING 18- SNOW REMOVAL 19- TOWING 21- MAIL CARRIER 99- OTHER / UNKNOWN		
	VEHICLE DEFECTS 01		1- TURN SIGNALS 2- HEAD LAMPS 3- TAIL LAMPS 4- BRAKES 5- STEERING 6- TIRE BLOWOUT 7- WORN OR SLICK TIRES 8- TRAILER EQUIPMENT DEFECTIVE 9- MOTOR TROUBLE 10- DISABLED FROM PRIOR ACCIDENT 99- OTHER / UNKNOWN		
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EVENT(S)	ACTION 4		PRE-CRASH ACTIONS 11 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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	SEQUENCE OF EVENTS 1 2 0		NON-COLLISION 11 1- OVERTURN/ROLLOVER 2- FIRE/EXPLOSION 3- IMMERSION 4- JACKKNIFE 5- CARGO / EQUIPMENT LOSS OR SHIFT 6- EQUIPMENT FAILURE 7- SEPARATION OF UNITS 8- RAN OFF ROAD RIGHT 9- RAN OFF ROAD LEFT 10- CROSS MEDIAN 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12- 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		31- GUARDRAIL END 32- PORTABLE BARRIER 33- MEDIAN CABLE BARRIER 34- MEDIAN GUARDRAIL BARRIER 35- MEDIAN CONCRETE BARRIER 36- MEDIAN OTHER BARRIER 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 3 3 2 4 0	
DAMAGE DAMAGE SCALE 2 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 6 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 4 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	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 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 3 3 2 4 0

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE Velasquez, Daymer	DATE OF BIRTH 0 9 0 2 2 0 0 5		AGE 1 6	GENDER M																																																																																																																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP 11504 Lincolnshire Dr, Cincinnati, OH 45240		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	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4511.202A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control	CITATION NUMBER 251287																																																																																																																																																																										
MOTORIST / NON-MOTORIST	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 Wood, Barbara J.	DATE OF BIRTH 1 1 1 5 1 9 5 2		AGE 6 9	GENDER F																																																																																																																																																																										
	ADDRESS: STREET, CITY, STATE, ZIP 2801 John Gray Rd, Cincinnati, OH 45251		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																																																																																																																																																																						
MOTORIST / NON-MOTORIST	OL STATE OH	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																																																																																																																																																																							
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	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																																																																																																																																																																							
<table border="1"><thead><tr><th>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></thead><tbody><tr><td>1 - FATAL</td><td>1 - FRONT - LEFT SIDE (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>2 - SUSPECTED SERIOUS 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 COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2 - TEST REFUSED</td></tr><tr><td>3 - SUSPECTED MINOR INJURY</td><td>3 - FRONT - RIGHT SIDE</td><td>3 - DEPLOYED SIDE</td><td>3 - CLASS C</td><td>3 - CORRECTIVE LENSES</td><td>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4 - POSSIBLE INJURY</td><td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4 - DEPLOYED BOTH FRONT / SIDE</td><td>4 - REGULAR CLASS (OHIO = D)</td><td>4 - FARM WAIVER</td><td>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4 - TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5 - NO APPARENT INJURY</td><td>5 - SECOND - MIDDLE</td><td>5 - NOT APPLICABLE</td><td>5 - M/C MOPED ONLY</td><td>5 - EXCEPT CLASS A & CLASS B BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="3">EJECTION</td><td>ALCOHOL TEST TYPE</td></tr><tr><td>1 - NOT TRANSPORTED / TREATED AT SCENE</td><td>6 - SECOND - RIGHT SIDE</td><td>1 - NOT EJECTED</td><td>H - HAZMAT</td><td>7 - EXCEPT TRACTOR-TRAILER</td><td>1 - NONE</td></tr><tr><td>2 - EMS</td><td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>2 - PARTIALLY EJECTED</td><td>M - MOTORCYCLE</td><td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td><td>2 - BLOOD</td></tr><tr><td>3 - POLICE</td><td>8 - THIRD - MIDDLE</td><td>3 - TOTALLY EJECTED</td><td>P - PASSENGER</td><td>9 - LEARNER'S PERMIT RESTRICTIONS</td><td>3 - URINE</td></tr><tr><td>9 - OTHER / UNKNOWN</td><td>9 - THIRD - RIGHT SIDE</td><td>4 - NOT APPLICABLE</td><td>N - TANKER</td><td>10 - LIMITED TO DAYLIGHT ONLY</td><td>4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="3">TRAPPED</td><td>5 - OTHER</td></tr><tr><td>1 - NONE USED</td><td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>1 - NOT TRAPPED</td><td>Q - MOTOR SCOOTER</td><td>11 - LIMITED TO EMPLOYMENT</td><td colspan="2">DRUG TEST TYPE</td></tr><tr><td>2 - SHOULDER BELT ONLY USED</td><td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td><td>2 - EXTRICATED BY MECHANICAL MEANS</td><td>R - THREE-WHEEL MOTORCYCLE</td><td>12 - LIMITED - OTHER</td><td>1 - NONE</td></tr><tr><td>3 - LAP BELT ONLY USED</td><td>13 - TRAILING UNIT</td><td>3 - FREED BY NON-MECHANICAL MEANS</td><td>S - SCHOOL BUS</td><td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td><td>2 - BLOOD</td></tr><tr><td>4 - SHOULDER & LAP BELT USED</td><td>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td>T - DOUBLE & TRIPLE TRAILERS</td><td>14 - MILITARY VEHICLES ONLY</td><td>3 - URINE</td></tr><tr><td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td>15 - NON-MOTORIST</td><td></td><td>X - TANKER / HAZMAT</td><td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td><td>4 - OTHER</td></tr><tr><td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td>99 - OTHER / UNKNOWN</td><td></td><td></td><td>16 - OUTSIDE MIRROR</td><td colspan="2">DRUG TEST RESULT(S)</td></tr><tr><td>7 - BOOSTER SEAT</td><td></td><td></td><td></td><td>17 - PROSTHETIC AID</td><td>1 - AMPHETAMINES</td></tr><tr><td>8 - HELMET USED</td><td></td><td></td><td></td><td>18 - OTHER</td><td>2 - BARBITURATES</td></tr><tr><td>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td></td><td></td><td></td><td></td><td>3 - BENZODIAZEPINES</td></tr><tr><td>10 - REFLECTIVE CLOTHING</td><td></td><td></td><td></td><td></td><td>4 - 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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 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN	5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	INJURED TAKEN BY			EJECTION			ALCOHOL TEST TYPE	1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	1 - NONE	2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	2 - BLOOD	3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	3 - URINE	9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	4 - BREATH	SAFETY EQUIPMENT			TRAPPED			5 - 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