

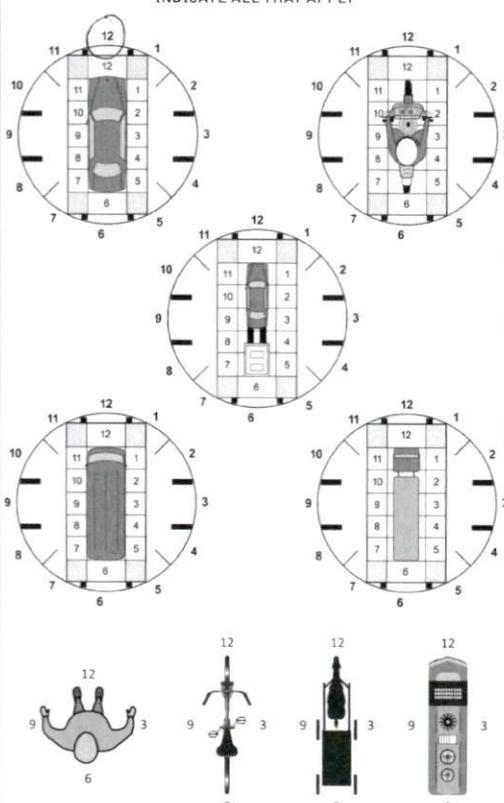


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER* 2 2 0 3 5 0 6 7		
		REPORTING AGENCY NAME* Fairfield Police Department			NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2
UNIT IN ERROR 98 - ANIMAL 0 1	99 - UNKNOWN						
CRASH DATE / TIME* 0 5 1 8 2 0 2 2 0 7 0 0	CRASH SEVERITY 3						
LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Seward	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 2 8 5 8 6				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 9240	ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 4 9 2 3 5 7				
REFERENCE POINT 1 - 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 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			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS			NUMBER OF APPROACHES			
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 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROADWAY 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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 2 - STRAIGHT LEVEL 3 - STRAIGHT GRADE 4 - CURVE LEVEL 5 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 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						
NARRATIVE At about 7:00 a.m. on 5-18-22 unit 2 was northbound on Seward Road when unit 1 entered the roadway from 9240 Seward Road, without yielding, and struck unit 2.							
<p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Not to Scale</p>							
CRASH REPORTED DATE / TIME 0 5 1 8 2 0 2 2 0 7 0 0		DISPATCH DATE / TIME 0 5 1 8 2 0 2 2 0 7 0 4	ARRIVAL DATE / TIME 0 5 1 8 2 0 2 2 0 7 1 2	SCENE CLEARED DATE / TIME 0 5 1 8 2 0 2 2 0 8 0 8	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 OOS)		
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 6 4	OFFICER'S NAME* T. Lucas	CHECKED BY OFFICER'S NAME* P. O. C. Moore			
			OFFICER'S BADGE NUMBER* 6 3	CHECKED BY OFFICER'S BADGE NUMBER* 1 3 6			

UNIT # <u>0 1</u>	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 <u>O H</u>	LICENSE PLATE # <u>JDF2290</u>	VEHICLE IDENTIFICATION # <u>5J8TB18247A013326</u>	VEHICLE YEAR <u>2007</u> VEHICLE MAKE <u>Acura</u>																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>Grange</u>	INSURANCE POLICY # <u>4373370</u>	COLOR <u>Red</u> VEHICLE MODEL <u>RDX</u>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>FOX</u>																														
INTERLOCK EQUIPPED <input type="checkbox"/>	DEVICE EQUIPPED <input type="checkbox"/>	# OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.																														
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LOCAL REPORT NUMBER <u>2 2 0 3 5 0 6 7</u>	
DAMAGE	
DAMAGE SCALE <u>4</u>	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	
TRAFFIC FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 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	
FROM <u>3</u> TO <u>4</u>	
UNIT SPEED <u>1 5</u>	
DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	



UNIT

OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
0 2	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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR		
K Y	ATC960	K N D P M C A C 7 H 7 1 6 0 3 6 1	2 0 1 7		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR		
	Liberty Mutual	AOS2881072554008	Silver		
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	Wayne's		
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL		
0 3		0 1	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #
1 - PASSENGER CAR		2 - MOTORCYCLE	3 - GOLF CART	4 - LIMO (LIVERY VEHICLE)	5 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)		3 - MOTORCYCLE	4 - SNOWMOBILE	5 - BUS (16+ PASSENGERS)	6 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE		4 - AUTOCYCLE	5 - SINGLE UNIT TRUCK	6 - OTHER VEHICLE	7 - OTHER NON-MOTORIST
4 - PICK UP		5 - CARGO VAN	6 - SEMI-TRACTOR	7 - HEAVY EQUIPMENT	8 - BICYCLE
5 - CARGO VAN		6 - VAN (9-15 SEATS)	7 - BICYCLE	8 - ANIMAL WITH RIDER OR	9 - TRAIN
6 - VAN (9-15 SEATS)		7 - ALL TERRAIN VEHICLE (ATV / UTV)	8 - FARM EQUIPMENT	9 - ANIMAL DRAWN VEHICLE	10 - UNKNOWN
7 - MOTORCYCLE		8 - MOPED OR MOTORIZED	9 - MOTORHOME	10 - MOTORHOME	11 - UNKNOWN OR HIT/SKIP
2 - WHEELED		3 - WHEELED	4 - SNOWMOBILE	5 - LIMOUSINE	6 - LIVERY VEHICLE
3 - WHEELED		4 - AUTOCYCLE	5 - SINGLE UNIT TRUCK	6 - BUS (16+ PASSENGERS)	7 - WHEELCHAIR (ANY TYPE)
4 - AUTOCYCLE		5 - SEMI-TRACTOR	6 - SEMI-TRACTOR	7 - OTHER VEHICLE	8 - OTHER NON-MOTORIST
5 - SEMI-TRACTOR		6 - BICYCLE	7 - BICYCLE	8 - HEAVY EQUIPMENT	9 - BICYCLE
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8 - MOPED OR MOTORIZED		9 - CARGO VAN	10 - SEMI-TRACTOR	11 - BICYCLE	12 - TRAIN
9 - CARGO VAN		10 - VAN (9-15 SEATS)	11 - BICYCLE	12 - HEAVY EQUIPMENT	13 - UNKNOWN
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116 - HEAVY EQUIPMENT		117 - BICYCLE	118 - BICYCLE	119 - HEAVY EQUIPMENT	120 - TRAIN
117 - BICYCLE		118 - HEAVY EQUIPMENT	119 - BICYCLE	120 - HEAVY EQUIPMENT	121 - TRAIN
118 - HEAVY EQUIPMENT		119 - BICYCLE	120 - BICYCLE	121 - HEAVY EQUIPMENT	122 - TRAIN
119 - BICYCLE		120 - HEAVY EQUIPMENT	121 - BICYCLE	122 - HEAVY EQUIPMENT	123 - TRAIN
120 - HEAVY EQUIPMENT		121 - BICYCLE	122 - BICYCLE	123 - HEAVY EQUIPMENT	124 - TRAIN
121 - BICYCLE		122 - HEAVY EQUIPMENT	123 - BICYCLE	124 - HEAVY EQUIPMENT	125 - TRAIN
122 - HEAVY EQUIPMENT		123 - BICYCLE	124 - BICYCLE	125 - HEAVY EQUIPMENT	126 - TRAIN
123 - BICYCLE		124 - HEAVY EQUIPMENT	125 - BICYCLE	126 - HEAVY EQUIPMENT	127 - TRAIN
124 - HEAVY EQUIPMENT		125 - BICYCLE	126 - BICYCLE	127 - HEAVY EQUIPMENT	128 - TRAIN
125 - BICYCLE		126 - HEAVY EQUIPMENT	127 - BICYCLE	128 - HEAVY EQUIPMENT	129 - TRAIN
126 - HEAVY EQUIPMENT		127 - BICYCLE	128 - BICYCLE	129 - HEAVY EQUIPMENT	130 - TRAIN
127 - BICYCLE		128 - HEAVY EQUIPMENT	129 - BICYCLE	130 - HEAVY EQUIPMENT	131 - TRAIN
128 - HEAVY EQUIPMENT		129 - BICYCLE	130 - BICYCLE	131 - HEAVY EQUIPMENT	132 - TRAIN
129 - BICYCLE		130 - HEAVY EQUIPMENT	131 - BICYCLE	132 - HEAVY EQUIPMENT	133 - TRAIN
130 - HEAVY EQUIPMENT		131 - BICYCLE	132 - BICYCLE	133 - HEAVY EQUIPMENT	134 - TRAIN
131 - BICYCLE		132 - HEAVY EQUIPMENT	133 - BICYCLE	134 - HEAVY EQUIPMENT	135 - TRAIN
132 - HEAVY EQUIPMENT		133 - BICYCLE	134 - BICYCLE	135 - HEAVY EQUIPMENT	136 - TRAIN
133 - BICYCLE		134 - HEAVY EQUIPMENT	135 - BICYCLE	136 - HEAVY EQUIPMENT	137 - TRAIN
134 - HEAVY EQUIPMENT		135 - BICYCLE	136 - BICYCLE	137 - HEAVY EQUIPMENT	138 - TRAIN
135 - BICYCLE		136 - HEAVY EQUIPMENT	137 - BICYCLE	138 - HEAVY EQUIPMENT	139 - TRAIN
136 - HEAVY EQUIPMENT		137 - BICYCLE	138 - BICYCLE	139 - HEAVY EQUIPMENT	140 - TRAIN
137 - BICYCLE		138 - HEAVY EQUIPMENT	139 - BICYCLE	140 - HEAVY EQUIPMENT	141 - TRAIN
138 - HEAVY EQUIPMENT		139 - BICYCLE	140 - BICYCLE	141 - HEAVY EQUIPMENT	142 - TRAIN
139 - BICYCLE		140 - HEAVY EQUIPMENT	141 - BICYCLE	142 - HEAVY EQUIPMENT	143 - TRAIN
140 - HEAVY EQUIPMENT		141 - BICYCLE	142 - BICYCLE	143 - HEAVY EQUIPMENT	144 - TRAIN
141 - BICYCLE		142 - HEAVY EQUIPMENT	143 - BICYCLE	144 - HEAVY EQUIPMENT	145 - TRAIN
142 - HEAVY EQUIPMENT		143 - BICYCLE	144 - BICYCLE	145 - HEAVY EQUIPMENT	146 - TRAIN
143 - BICYCLE		144 - HEAVY EQUIPMENT	145 - BICYCLE	146 - HEAVY EQUIPMENT	147 - TRAIN
144 - HEAVY EQUIPMENT		145 - BICYCLE	146 - BICYCLE	147 - HEAVY EQUIPMENT	148 - TRAIN
145 - BICYCLE		146 - HEAVY EQUIPMENT	147 - BICYCLE	148 - HEAVY EQUIPMENT	149 - TRAIN
146 - HEAVY EQUIPMENT		147 - BICYCLE	148 - BICYCLE	149 - HEAVY EQUIPMENT	150 - TRAIN
147 - BICYCLE		148 - HEAVY EQUIPMENT	149 - BICYCLE	150 - HEAVY EQUIPMENT	151 - TRAIN
148 - HEAVY EQUIPMENT		149 - BICYCLE	150 - BICYCLE	151 - HEAVY EQUIPMENT	152 - TRAIN
149 - BICYCLE		150 - HEAVY EQUIPMENT	151 - BICYCLE	152 - HEAVY EQUIPMENT	153 - TRAIN
150 - HEAVY EQUIPMENT		151 - BICYCLE	152 - BICYCLE	153 - HEAVY EQUIPMENT	154 - TRAIN
151 - BICYCLE		152 - HEAVY EQUIPMENT	153 - BICYCLE	154 - HEAVY EQUIPMENT	155 - TRAIN
152 - HEAVY EQUIPMENT		153 - BICYCLE	154 - BICYCLE		



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST										LOCAL REPORT NUMBER				
										2 2 0 3 5 0 6 7			DATE OF BIRTH	
UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 Joash, Curtis										0 9 2 4 1 9 4 4	7 7	M	
ADDRESS: STREET, CITY, STATE, ZIP 11505 Oxfordshire Lane Cincinnati, Ohio 45240										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		
3	2	Fairfield EMS	Mercy Fairfield			0 4	<input type="checkbox"/>		0 1	2	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
O H				331.22		<input checked="" type="checkbox"/>	Duty to yield			250869				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 Davis, Bryan										DATE OF BIRTH	AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 7100 Glen Arbor Drive Florence, Kentucky 41042										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		
5						0 4	<input type="checkbox"/>		0 1	3	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER				
K Y						<input type="checkbox"/>								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)				
4			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	1	1	1	1			
UNIT #	NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH	AGE	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	DOT-Compliant MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
							<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	ALCOHOL TEST			DRUG TEST(S)				
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		1	1	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 (OHD = 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									
	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS										
	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7-EXCEPT TRACTOR-TRAILER										
	8-THIRD - MIDDLE			8-INTERMEDIATE LICENSE RESTRICTIONS										
	9-THIRD - RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS										
	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY										
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TEST STATUS											
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT DISTRACTED											
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)											
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE											
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER	4-TEST GIVEN, RESULTS KNOWN											
SAFETY EQUIPMENT	TRAPPED	Q - MOTOR SCOOTER	5-TEST GIVEN, RESULTS UNKNOWN											
1-NONE USED	1-NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE												
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS												
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS												
4-SHOULDER & LAP BELT USED		X - TANKER / HAZMAT												
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														
GENDER	CONDITION													
F - FEMALE	1-APPARENTLY NORMAL													
M - MALE	2-PHYSICAL IMPAIRMENT													
U - OTHER / UNKNOWN	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													
DRUG TEST TYPE	DRUG TEST RESULT(S)													
1-NONE	1-AMPHETAMINES													
2-BLOOD	2-BARBITURATES													
3-URINE	3-BENZODIAZEPINES													
4-BREATH	4-CANNABINOID													
5-OTHER	5-COCAIN													
	6-OPIATES / OPIOIDS													
	7-OTHER													
	8-NEGATIVE RESULTS													