



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"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department NCIC* 00901				LOCAL REPORT NUMBER* 2 2 0 3 5 5 1 4		
COUNTY* 0 9		LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				HIT/SKIP 1-SOLVED 2-UNRESOLVED	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
REFERENCE LOCATION	ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES 39 35 08 16			CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4600		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84 54 24 04			
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1-INTERSECTION 2-MILE POST 3-HOUSE #	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	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 0 6 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 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	DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST	MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (24 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	CONDITIONS 2	SURFACE 2				
<input type="checkbox"/> LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		WEATHER 0 4 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	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 5/20/22, at 4:59 a.m., Unit #1 was attempting to turn around in the parking lot of 4600 Dixie Hwy. when Unit #1 misjudged the exit and drove into a ditch.				 *NOT TO SCALE*						
CRASH REPORTED DATE / TIME 0 5 2 0 2 0 2 2 0 4 5 9		DISPATCH DATE / TIME 0 5 2 0 2 0 2 2 0 5 0 1		ARRIVAL DATE / TIME 0 5 2 0 2 0 2 2 0 5 0 8		SCENE CLEARED DATE / TIME 0 5 2 0 2 0 2 2 0 5 3 2		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 OOSPS)		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 3 1		OFFICER'S NAME* K. Allen		CHECKED BY OFFICER'S NAME* <i>[Signature]</i>		
						OFFICER'S BADGE NUMBER* 1 6 6		CHECKED BY OFFICER'S BADGE NUMBER* 1 4 1		

OWNER	UNIT # <input type="checkbox"/> 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>1EIH8951</u>	VEHICLE IDENTIFICATION # <u>1G2FS23TXM1200799</u>		VEHICLE YEAR <u>1991</u>				
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # <u>C08-5375-B26-35E</u>		VEHICLE MAKE Pontiac Firebird				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Marcell's					
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <u>0 1</u>	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>				
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE <u>4 - UNIT TYPE</u> 4 - PICK UP 5 - CARGOVAN 6 - VAN (9-15 SEATS)		2 - 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	23 - PEDESTRIAN / SKATER 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
# OF TRAILING UNITS								
1 - YES 2 - NO 9 - OTHER/UNKNOWN		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
<u>2</u>		<u>AUTONOMOUS MODE LEVEL</u>						
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE-SHARING <u>4 - SPECIAL FUNCTION</u> 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 - MOVING 18 - SNOW/REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
<u>0_1</u>								
<u>CARGO BODY TYPE</u>		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		
<u>1</u>								
<u>VEHICLE DEFECTS</u>		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		
<u>2</u>								
<u>NON-MOTORIST LOCATION AT IMPACT</u>		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		
<u>3</u>								
<u>ACTION</u>		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		
<u>4</u>								
<u>5</u>								
<u>6</u>								
<u>7</u>								
<u>8</u>								
<u>9</u>								
<u>10</u>								
<u>11</u>								
<u>12</u>								
<u>13</u>								
<u>14</u>								
<u>15</u>								
<u>16</u>								
<u>17</u>								
<u>18</u>								
<u>19</u>								
<u>20</u>								
<u>21</u>								
<u>22</u>								
<u>23</u>								
<u>24</u>								
<u>25</u>								
<u>26</u>								
<u>27</u>								
<u>28</u>								
<u>29</u>								
<u>30</u>								
SEQUENCE OF EVENTS					NON-COLLISION			
<u>1</u>		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	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 MOBILE OBJECT		
<u>2</u>		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN					
<u>3</u>								
COLLISION WITH FIXED OBJECT - STRUCK								
<u>4</u>		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		
<u>5</u>								
<u>6</u>								
<u>7</u>								
<u>8</u>								
<u>9</u>								
<u>10</u>								
<u>11</u>								
<u>12</u>								
<u>13</u>								
<u>14</u>								
<u>15</u>								
<u>16</u>								
<u>17</u>								
<u>18</u>								
<u>19</u>								
<u>20</u>								
<u>21</u>								
<u>22</u>								
<u>23</u>								
<u>24</u>								
<u>25</u>								
<u>26</u>								
<u>27</u>								
<u>28</u>								
<u>29</u>								
<u>30</u>								
FIRST HARMFUL EVENT					MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 2 0 3 5 5 1 4												
DAMAGE												
DAMAGE SCALE												
3		1 - NONE			3 - FUNCTIONAL DAMAGE			5 -			4	
		2 - MINOR DAMAGE			4 - DISABLING DAMAGE							
		9 - UNKNOWN										
DAMAGED AREA(S) INDICATE ALL THAT APPLY												



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER									
UNIT #	DATE OF BIRTH								
0 1	0 9 1 6 1 9 4 5								
NAME: LAST, FIRST, MIDDLE Lawson, David G									
ADDRESS: STREET, CITY, STATE, ZIP 3940 Hickory View Dr., Hamilton, OH 45011									
CONTACT PHONE - INCLUDE AREA CODE									
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED									
5 0 1 MEDICAL FACILITY (NAME, CITY) 0 4									
DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
0 1 1 1 1 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
O H 1 0									
OFFENSE DESCRIPTION CITATION NUMBER									
DL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
4 1 0 1 ALCOHOL MARIJUANA OTHER DRUG									
CONDITION ALCOHOL TEST DRUG TEST(S)									
1 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									
5 0 1 MEDICAL FACILITY (NAME, CITY) 0 4									
DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
0 1 1 1 1 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
4 0 1 0									
OFFENSE DESCRIPTION CITATION NUMBER									
DL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
4 1 0 1 ALCOHOL MARIJUANA OTHER DRUG									
CONDITION ALCOHOL TEST DRUG TEST(S)									
1 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									
5 0 1 MEDICAL FACILITY (NAME, CITY) 0 4									
DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
0 1 1 1 1 1									
DL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE									
4 0 1 0									
OFFENSE DESCRIPTION CITATION NUMBER									
DL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED									
4 1 0 1 ALCOHOL MARIJUANA OTHER DRUG									
CONDITION ALCOHOL TEST DRUG TEST(S)									
1 1 1 1									
INJURIES SEATING POSITION AIR BAG DL CLASS									
1-FATAL 1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 1-NOT DEPLOYED 1-CLASS A									
2-SUSPECTED SERIOUS INJURY 2-FRONT - MIDDLE 2-DEPLOYED FRONT 2-CLASS B									
3-SUSPECTED MINOR INJURY 3-FRONT - RIGHT SIDE 3-DEPLOYED SIDE 3-CLASS C									
4-Possible INJURY 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 4-DEPLOYED BOTH FRONT / SIDE 4-REGULAR CLASS (OHIO=D)									
5-No APPARENT INJURY 5-SECOND - MIDDLE 5-NOT APPLICABLE 5-M/C MOPED ONLY									
6-SECOND - RIGHT SIDE 6-SECOND - MIDDLE 6-DEPLOYMENT UNKNOWN 6-NO VALID DL									
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 7-THIRD - MIDDLE 7-THIRD - RIGHT SIDE									
8-THIRD - MIDDLE 8-THIRD - MIDDLE 8-THIRD - RIGHT SIDE									
9-THIRD - RIGHT SIDE 9-THIRD - MIDDLE 9-THIRD - LEFT SIDE									
10-SLEEPER SECTION OF TRUCK CAB 10-SLEEPER SECTION OF TRUCK CAB 10-SLEEPER SECTION OF TRUCK CAB									
11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)									
12-PASSENGER IN UNENCLOSED CARGO AREA 12-PASSENGER IN UNENCLOSED CARGO AREA									
13-TRAILING UNIT 13-TRAILING UNIT									
14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)									
15-NON-MOTORIST 15-NON-MOTORIST									
16-REFLECTIVE CLOTHING 16-REFLECTIVE CLOTHING									
17-LIGHTING - PEDESTRIAN / BICYCLE ONLY 17-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
18-HELMET USED 18-HELMET USED									
19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 19-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									
20-REFLECTIVE CLOTHING 20-REFLECTIVE CLOTHING									
21-LIGHTING - PEDESTRIAN / BICYCLE ONLY 21-LIGHTING - PEDESTRIAN / BICYCLE ONLY									
22-OTHER / UNKNOWN 22-OTHER / UNKNOWN									
TRAPPED									
1-NOT TRAPPED 1-NOT TRAPPED									
2-EXTRICATED BY MECHANICAL MEANS 2-EXTRICATED BY MECHANICAL MEANS									
3-FREED BY NON-MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS									
GENDER									
F - FEMALE									
M - MALE									
U - OTHER / UNKNOWN									
OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS									
1-ALCOHOL INTERLOCK DEVICE 1-NOT DISTRACTED									
2-CDL INTRASTATE ONLY 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)									
3-CORRECTIVE LENSES 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4-FARM WAIVER 4-TEST GIVEN, RESULTS KNOWN									
5-EXCEPT CLASS A BUS 5-TEST GIVEN, RESULTS UNKNOWN									
6-EXCEPT CLASS A & CLASS B BUS 6-TEST GIVEN, RESULTS UNKNOWN									
7-EXCEPT TRACTOR-TRAILER 7-TEST GIVEN, RESULTS UNKNOWN									
8-INTERMEDIATE LICENSE RESTRICTIONS 8-TEST GIVEN, RESULTS UNKNOWN									
9-LEARNER'S PERMIT RESTRICTIONS 9-TEST GIVEN, RESULTS UNKNOWN									
10-LIMITED TO DAYLIGHT ONLY 10-TEST GIVEN, RESULTS UNKNOWN									
11-LIMITED TO EMPLOYMENT 11-TEST GIVEN, RESULTS UNKNOWN									
12-LIMITED - OTHER 12-TEST GIVEN, RESULTS UNKNOWN									
13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 13-TEST GIVEN, RESULTS UNKNOWN									
14-MILITARY VEHICLES ONLY 14-TEST GIVEN, RESULTS UNKNOWN									
15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-TEST GIVEN, RESULTS UNKNOWN									
16-OUTSIDE MIRROR 16-TEST GIVEN, RESULTS UNKNOWN									
17-PROSTHETIC AID 17-TEST GIVEN, RESULTS UNKNOWN									
18-OTHER 18-TEST GIVEN, RESULTS UNKNOWN									
ALCOHOL TEST TYPE									
1-NONE GIVEN									
2-TEST REFUSED									
3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE									
4-TEST GIVEN, RESULTS KNOWN									
5-TEST GIVEN, RESULTS UNKNOWN									
TEST STATUS									
1-NONE									
2-BLOOD									
3-URINE									
4-BREATH									
5-OTHER									
DRUG TEST TYPE									
1-NONE									
2-BLOOD									
3-URINE									
4-OTHER									
CONDITION									
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									
7-OTHER									
8-NEGATIVE RESULTS									
DRUG TEST RESULT(S)									
1-AMPHETAMINES									
2-BARBITURATES									
3-BENZODIAZEPINES									
4-CANNABINOID									
5-COCAIN									
6-OPIATES / OPIOIDS									