



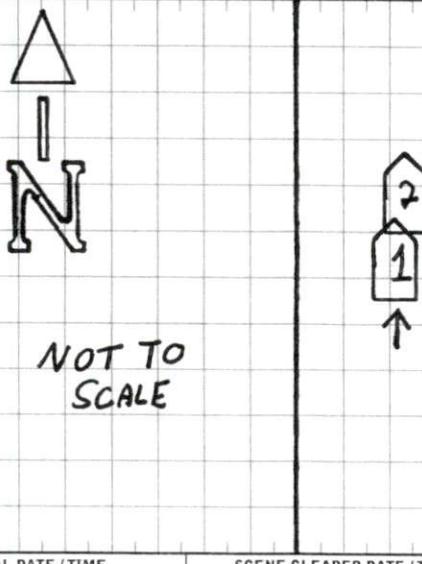
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER*							
				2 2 0 3 6 3 0 8							
<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				HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR			
		REPORTING AGENCY NAME* NCIC*				1 - SOLVED	0 2	0 1	98 - ANIMAL		
		Fairfield Police Department 0 0 9 0 1				2 - UNSOLVED			99 - UNKNOWN		
COUNTY* 0 9		LOCALITY* 1 - CITY 1 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 0 5 2 3 2 0 2 2 0 4 1 3		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME CHATEAU		ROAD TYPE W A	LATITUDE DECIMAL DEGREES 3 9 3 3 4 6 7 5				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5306		ROAD TYPE	LONGITUDE DECIMAL DEGREES - 8 4 5 8 4 7 7 8				
REFERENCE POINT 1 - INTERSECTION 3 - 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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - 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				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					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 1				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 2		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 0 1		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		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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4				WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 0 1		1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE ON 5/23/22 AT AROUND 4:13 A.M., UNIT 1 WAS TRAVELING NORTHBOUND ON CHATEAU WAY WHEN THE OPERATOR FAILED TO MAINTAIN REASONABLE CONTROL OF HER VEHICLE AND STRUCK UNIT 2, WHICH WAS PARKED ON THE STREET IN FRONT OF 5306 CHATEAU WAY. THE OPERATOR OF UNIT 1 STATED THAT SHE WAS LOOKING AT HER GPS PRIOR TO CRASHING. UNIT 1 WAS ALSO CHARGED WITH FCO 335.03A2B (TEMP PERMIT W/O LICENSED DRIVER).											
CRASH REPORTED DATE / TIME 0 5 2 3 2 0 2 2 0 4 1 3		DISPATCH DATE / TIME 0 5 2 3 2 0 2 2 0 4 1 4		ARRIVAL DATE / TIME 0 5 2 3 2 0 2 2 0 4 2 0		SCENE CLEARED DATE / TIME 0 5 2 3 2 0 2 2 0 5 1 2		REPORT TAKEN BY			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 5 8		OFFICER'S NAME* A. MCGUFFEY		CHECKED BY OFFICER'S NAME* D. Pohl		POLICE AGENCY	
						OFFICER'S BADGE NUMBER* 1 7 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 0		MOTORIST	
										SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	



Indicate the north direction with an "N" on the compass diagram.



OWNER

UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) KELLER, CHRISTY, R

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 29 VERLYN AVE HAMILTON, OH 45013

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS OWNER)

LOCAL REPORT NUMBER

2 2 0 3 6 3 0 8

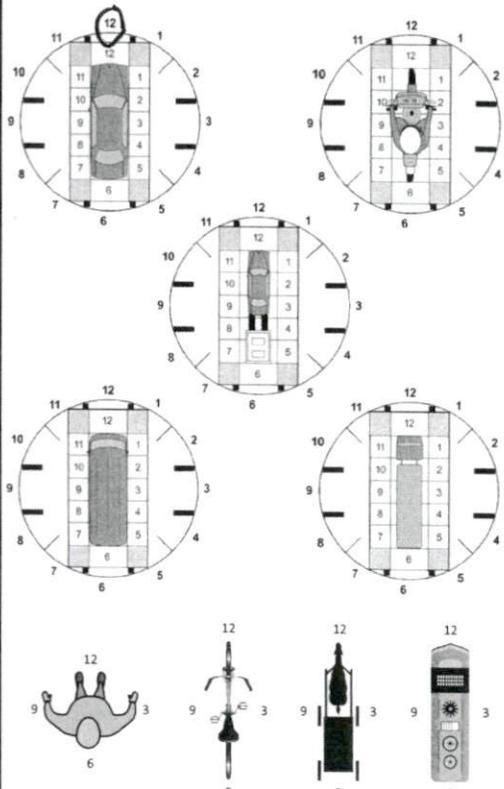
DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

1_2 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW	TRAFFIC CONTROL
<u>2</u> 1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>2</u>	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM <u>2</u> TO <u>1</u>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN
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UNIT SPEED	DETECTED SPEED
<u>1_5</u>	1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR

POSTED SPEED	3 - UNDETERMINED
<u>2_5</u>	

VEHICLE

LIC

STATE

0_H

OWNER

NAME

ADDRESS

CARRIER

NAME



UNIT

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS OWNER)
0 2	JONES, ASHLEE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
5306 CHATEAU WAY FAIRFIELD, OH 45014		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	JTG6708	1D8HB38N08F1311356	2008	DODGE
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	PROGRESSIVE	957177190	RED	DURANGO

TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	HAZARDOUS MATERIAL	
		0	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
			<input type="checkbox"/> PLACARD	PLACARD ID #
VEHICLE WEIGHT GVWR/GCWR				
1 - <10K LBS.				
2 - 10,001 - 26K LBS.				
3 - >26K LBS.				
1 - PASSENGER CAR		2 - WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)
2 - PASSENGER VAN (MINIVAN)		3 - WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)
3 - SPORT UTILITY VEHICLE		9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE
4 - PICK UP		10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT
5 - CARGO VAN		BICYCLE	16 - FARM EQUIPMENT	26 - BICYCLE
6 - VAN (9-15 SEATS)		11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
				27 - TRAIN
				99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS				

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
		1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	
1 - YES 2 - NO 9 - OTHER/ UNKNOWN		AUTONOMOUS MODE LEVEL		
1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM
2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	21 - MAIL CARRIER
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	24 - WHEELCHAIR (ANY TYPE)
4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	25 - OTHER-NON-MOTORIST
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	19 - TOWING	
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
2 - BUS		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO/TANK
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED
				11 - DUMP
1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES	12 - CONCRETE MIXER
2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	13 - AUTO TRANSPORTER
3 - TAIL LAMPS		6 - TIRE BLOWOUT		14 - GARBAGE/REFUSE
				99 - OTHER/ UNKNOWN

1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
5 - TRAIL LANE - OTHER LOCATION		8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER/ UNKNOWN	
1 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION		2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING		10 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
4 - STRUCK		5 - MAKING RIGHT TURN	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK		6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER/ UNKNOWN
9 - OTHER/ UNKNOWN			12 - DRIVERLESS		
1 - NONE		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN		10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			

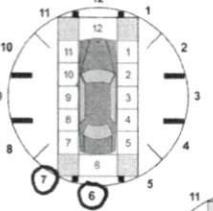
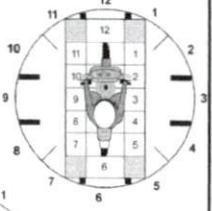
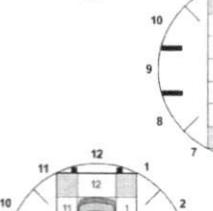
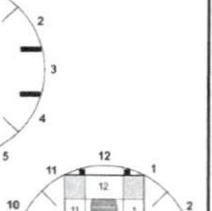
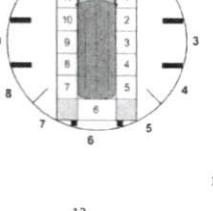
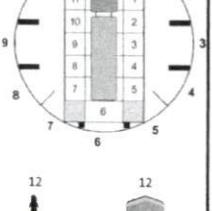
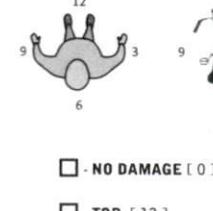
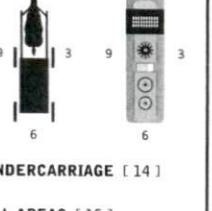
SEQUENCE OF EVENTS		NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK	
1 2 0		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2 1 1		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PEDESTRIAN	24 - OTHER MOVABLE OBJECT
3 1 1				15 - PEDALCYCLE	
4 1 1		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
5 1 1		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE
6 1 1		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	53 - TUNNEL

COLLISION WITH FIXED OBJECT - STRUCK		NON-COLLISION		COLLISION WITH FIXED OBJECT - STRUCK	
4 1 1		37 - TRAFFIC SIGN POST	43 - CURB	49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT
		38 - OVERHEAD SIGN POST	44 - DITCH		51 - WALL
5 1 1		39 - LIGHT / LUMINARIES	45 - EMBANKMENT		52 - BUILDING
		40 - UTILITY POLE	46 - FENCE		53 - TUNNEL
6 1 1		41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX		54 - OTHER FIXED OBJECT
		48 - TREE	48 - TREE		99 - OTHER/ UNKNOWN
1		49 - FIRE HYDRANT			

FIRST HARMFUL EVENT		MOST HARMFUL EVENT	
1		1	

LOCAL REPORT NUMBER	
2 2 0 3 6 3 0 8	

DAMAGE	
DAMAGE SCALE	
3	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
99 - UNKNOWN	
13 - TOP	

TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE WAY	1 - ROUNDABOUT
2 - TWO WAY	2 - STOP SIGN
	2 - SIGNAL
	3 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	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	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED	
2 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 3 6 3 0 8

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 KELLER, KYLA, RENEE				DATE OF BIRTH	AGE	GENDER			
					0 6 2 2 1 9 9 6	2 5	F				
ADDRESS: STREET, CITY, STATE, ZIP 194 WESTBROOK DR APT 5 HAMILTON, OH 45013					CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	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 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34 (A)		LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 251477			
OL CLASS 6	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 2	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	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 <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 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	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 <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 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	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 MOVED ONLY	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS							
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-HELD COMMUNICATION DEVICE						
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	M- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	6- PASSENGER						
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE						
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE	N- TANKER	11- LIMITED TO EMPLOYMENT	8- OTHER DISTRACTION OUTSIDE THE VEHICLE						
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA		Q- MOTOR SCOOTER	12- LIMITED - OTHER	9- OTHER / UNKNOWN						
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	14- MILITARY VEHICLES ONLY							
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES							
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN		X- TANKER / HAZMAT	16- OUTSIDE MIRROR							
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- PROSTHETIC AID							
7- BOOSTER SEAT				18- OTHER							
8- HELMET USED											
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10- REFLECTIVE CLOTHING											
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99- OTHER / UNKNOWN											
					GENDER	CONDITION	DRUG TEST TYPE				
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- OTHER					
					5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- AMPHETAMINES					
					6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2- BARBITURATES					
					9- OTHER / UNKNOWN	3- BENZODIAZEPINES					
						4- CANNABINOID					
						5- COCAINE					
						6- OPIATES / OPIOIDS					
						7- OTHER					
						8- NEGATIVE RESULTS					