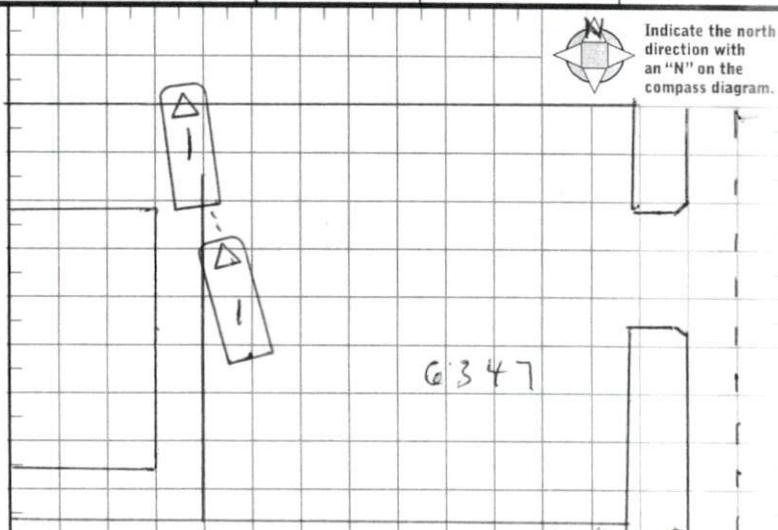


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<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 checked="" type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 3 7 6 1 4		
		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1		HIT/SKIP	NUMBER OF UNITS	
COUNTY* 0 9 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		1 1-SOLVED 2 2-UNSOLVED	0 1 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	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6347	ROAD TYPE	
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 TL - TRAIL WA - WAY	CRASH DATE / TIME* 0 5 2 8 2 0 2 2 0 4 4 4		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
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 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-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 (≥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 SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 1
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 1 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 Unit #1 was northwest bound in the parking lot of 6347 Dixie Hwy. traveling at a high rate of speed. Unit #1 struck two curbs in the parking lot and all tires were flattened. The operator of Unit #1 then fled on foot.  The operator of Unit #1 was also cited with No OL (FCO 335.07A), leaving the scene (FCO 335.13A), and willful and wanton (FCO 333.02B).						
 * DIAGRAM NOT TO SCALE						
CRASH REPORTED DATE / TIME 0 5 2 8 2 0 2 2 0 4 4 4		DISPATCH DATE / TIME 0 5 2 8 2 0 2 2 0 4 4 5		ARRIVAL DATE / TIME 0 5 2 8 2 0 2 2 0 4 5 1		SCENE CLEARED DATE / TIME 0 5 2 8 2 0 2 2 0 6 1 9
TOTAL TIME ROADWAY CLOSED 1 2 0		OTHER INVESTIGATION TIME 2 1 4		TOTAL MINUTES 1 1 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 911)
OFFICER'S NAME* Sgt. K. Harrington		OFFICER'S BADGE NUMBER* 1 1 2		CHECKED BY OFFICER'S NAME* Sgt. K. Harrington		1 1 2
OFFICER'S BADGE NUMBER* 1 1 2		CHECKED BY OFFICER'S BADGE NUMBER* 1 1 2				

2 2 0 3 7 6 1 4

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
0 1	CULL, DIANE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )		
307 PLEASANT VIEW DR., AURORA, IN 47001		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
I N	C435CR	1 G C D T 1 9 X 2 W 8 1 5 1 2 3 7	1 9 9 8	CHEVROLET
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
			BLACK	S10
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME MARCELLS	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	

UNIT TYPE <input type="checkbox"/> 4	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - 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	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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0 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <input type="checkbox"/> 2	1 - YES 2 - NO 9 - OTHER/ UNKNOWN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION <input type="checkbox"/> 0 AUTONOMOUS MODE LEVEL	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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SPECIAL FUNCTION <input type="checkbox"/> 1	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 - MOVING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
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CARGO BODY TYPE <input type="checkbox"/> 1	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
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VEHICLE DEFECTS	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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NON-MOTORIST LOCATION AT IMPACT <input type="checkbox"/> 1	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
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ACTION <input type="checkbox"/> 3	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 - PRE-CRASH 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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CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 9	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
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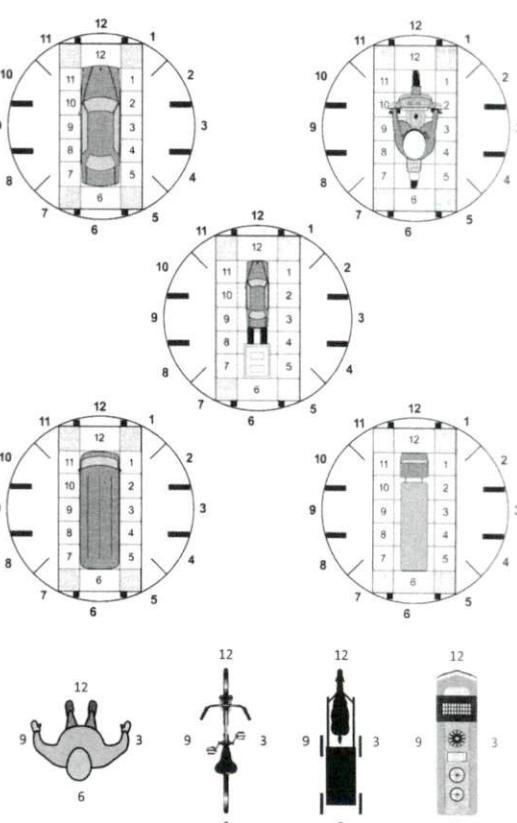
SEQUENCE OF EVENTS <input type="checkbox"/> 1	1 - OVERTURN/ ROLLOVER 2 - FIRE/ EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	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
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<input type="checkbox"/> 2	1 - 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
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<input type="checkbox"/> 3	1 - FIRST HARMFUL EVENT	2 - MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
4	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE

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 4	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

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

# OF THROUGH LANES ON ROAD <input type="checkbox"/> 2	1 - NOT INVOLVED 1 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <input type="checkbox"/> 1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION		
FROM <input type="checkbox"/> 7	TO <input type="checkbox"/> 6	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN

UNIT SPEED <input type="checkbox"/> 4	DETECTED SPEED <input type="checkbox"/> 5
1 - STATED/ ESTIMATED SPEED 2 - CALCULATED/ EDR 3 - UNDETERMINED	
POSTED SPEED <input type="checkbox"/> 1	



## **MOTORIST / Non-MOTORIST**

**LOCAL REPORT NUMBER**

2 2 0 3 7 6 1 4

MOTORIST / NON-MOTORIST	Accident Report Form							DATE OF BIRTH	AGE	GENDER				
	UNIT #	NAME: LAST, FIRST, MIDDLE												
0 1	MARSHALL, LARRY, ALLEN						0 7 0 7 1 9 7 6	4 5	M					
ADDRESS: STREET, CITY, STATE, ZIP 10295 STORM DR, CINCINNATI, OH 45251														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	DATE OF BIRTH	AGE	GENDER				
											0 1	0 1	1 1	1 1
											1 1	1 1	1 1	1 1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34a		LOCAL CODE	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER	CONTACT PHONE - INCLUDE AREA CODE					
										X				
										251777				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 8	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 .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4							
								DATE OF BIRTH						
								AGE						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER					
										0				
										0				
ADDRESS: STREET, CITY, STATE, ZIP														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER					
										0 1	0 1	1 1	1 1	
										1 1	1 1	1 1	1 1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER	CONTACT PHONE - INCLUDE AREA CODE					
										X				
										251777				
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 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4							
								DATE OF BIRTH						
								AGE						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER					
										0				
										0				
ADDRESS: STREET, CITY, STATE, ZIP														
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	DATE OF BIRTH	AGE	GENDER					
										0 1	0 1	1 1	1 1	
										1 1	1 1	1 1	1 1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER	CONTACT PHONE - INCLUDE AREA CODE					
										X				
										251777				
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 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4							
								DATE OF BIRTH						
								AGE						
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	3-TEST GIVEN, RESULTS KNOWN								
4-POSSIBLE INJURY	4-SECOND-LEFT SIDE	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS UNKNOWN									
5-NO APPARENT INJURY	5-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN									
5-SECOND-MIDDLE	5-SECOND-MIDDLE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS										
6-SECOND-RIGHT SIDE	6-SECOND-RIGHT SIDE	7-EXCEPT TRACTOR-TRAILER	7-EXCEPT TRACTOR-TRAILER											
7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD-MIDDLE	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS											
8-THIRD-MIDDLE	9-THIRD-RIGHT SIDE	9-LEARNER'S PERMIT RESTRICTIONS	9-LEARNER'S PERMIT RESTRICTIONS											
9-TOTALY EJECTED	10-SLEEPER SECTION OF TRUCK CAB	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY											
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)	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT											
12-PASSENGER IN UNENCLOSED CARGO AREA	12-TRAILING UNIT	12-LIMITED - OTHER	12-LIMITED - OTHER											
13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
15-NON-MOTORIST	15-OUTSIDE MIRROR	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY											
16-REFLECTIVE CLOTHING	17-PROSTHETIC AID	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES											
17-BOOSTER SEAT	18-OTHER	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR											
18-HELMET USED	F-FEMALE	17-PROSTHETIC AID	17-PROSTHETIC AID											
19-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	M-MALE	18-OTHER	18-OTHER											
20-REFLECTIVE CLOTHING	U-OTHER/UNKNOWN	GENDER	GENDER											
21-LIGHTING - PEDESTRIAN / BICYCLE ONLY	F-FEMALE	F-FEMALE												
22-OTHER / UNKNOWN	M-MALE	M-MALE												
23-OTHER / UNKNOWN	U-OTHER/UNKNOWN	U-OTHER/UNKNOWN												
SAFETY EQUIPMENT	TRAPPED	NON-MECHANICAL MEANS	GENDER	TEST STATUS	ALCOHOL TEST TYPE									
						1-NOT TRAPPED	H-HAZMAT							
						2-EXTRICATED BY MECHANICAL MEANS	M-MOTORCYCLE							
3-FREED BY	P-PASSENGER	1-NONE												
4-NOT APPLICABLE	N-TANKER	2-BLOOD												
5-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	Q-MOTOR SCOOTER	3-URINE												
6-REFLECTIVE CLOTHING	R-THREE-WHEEL MOTORCYCLE	4-BREATH												
7-BOOSTER SEAT	S-SCHOOL BUS	5-OTHER												
8-HELMET USED	T-DOUBLE & TRIPLE TRAILERS	ALCOHOL TEST TYPE												
9-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	X-TANKER / HAZMAT	1-NONE												
10-REFLECTIVE CLOTHING	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2-BLOOD												
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	14-MILITARY VEHICLES ONLY	3-URINE												
12-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES	4-OTHER												
13-OTHER / UNKNOWN	16-OUTSIDE MIRROR	DRUG TEST TYPE												
14-OTHER / UNKNOWN	17-PROSTHETIC AID													
15-OTHER / UNKNOWN	18-OTHER													
16-OTHER / UNKNOWN	GENDER													
17-OTHER / UNKNOWN	F-FEMALE													
18-OTHER / UNKNOWN	M-MALE													
19-OTHER / UNKNOWN	U-OTHER/UNKNOWN													
20-OTHER / UNKNOWN	GENDER													
21-OTHER / UNKNOWN	F-FEMALE													
22-OTHER / UNKNOWN	M-MALE													
23-OTHER / UNKNOWN	U-OTHER/UNKNOWN													
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	TEST STATUS	CONDITION										
					1-NOT EJECTED	H-HAZMAT								
					2-PARTIALLY EJECTED	M-MOTORCYCLE								
3-TOTALLY EJECTED	P-PASSENGER	1-NONE												
4-NOT APPLICABLE	N-TANKER													
5-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	Q-MOTOR SCOOTER													
6-REFLECTIVE CLOTHING	R-THREE-WHEEL MOTORCYCLE													
7-BOOSTER SEAT	S-SCHOOL BUS													
8-HELMET USED	T-DOUBLE & TRIPLE TRAILERS													
9-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	X-TANKER / HAZMAT													
10-REFLECTIVE CLOTHING	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	14-MILITARY VEHICLES ONLY													
12-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES													
13-OTHER / UNKNOWN	16-OUTSIDE MIRROR													
14-OTHER / UNKNOWN	17-PROSTHETIC AID													
15-OTHER / UNKNOWN	18-OTHER													
16-OTHER / UNKNOWN	GENDER													
17-OTHER / UNKNOWN	F-FEMALE													
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					2-PARTIALLY EJECTED	M-MOTORCYCLE								
3-TOTALLY EJECTED	P-PASSENGER													
4-NOT APPLICABLE	N-TANKER													
5-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	Q-MOTOR SCOOTER													
6-REFLECTIVE CLOTHING	R-THREE-WHEEL MOTORCYCLE													
7-BOOSTER SEAT	S-SCHOOL BUS													
8-HELMET USED	T-DOUBLE & TRIPLE TRAILERS													
9-PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	X-TANKER / HAZMAT													
10-REFLECTIVE CLOTHING	13-MECHNICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)													
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	14-MILITARY VEHICLES ONLY													
12-OTHER / UNKNOWN	15-MOTOR VEHICLES WITHOUT AIR BRAKES													
13-OTHER / UNKNOWN	16-OUTSIDE MIRROR													
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