



TRAFFIC CRASH REPORT

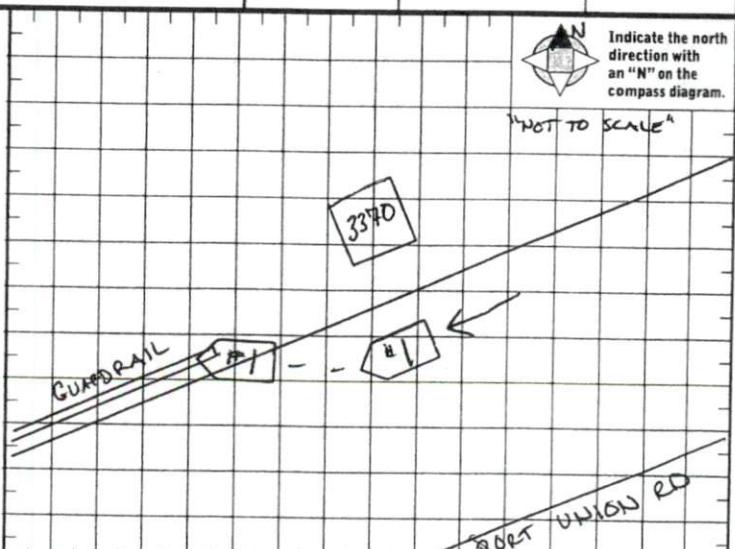
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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* 22046662		
COUNTY* 09 LOCALITY* 1-CITY 1 2-VILLAGE 2 3-TOWNSHIP 3			LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			HIT/SKIP 1-SOLVED 0 1 2-UNRESOLVED 0 1		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST			LOCATION ROAD NAME PORT UNION			ROAD TYPE R D 39.334691		
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3370			ROAD TYPE 84.509423		
REFERENCE POINT 1-INTERSECTION 3 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		
DISTANCE FROM REFERENCE			DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS			ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		
ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PT - PIKE PL - PLACE			ROAD TYPE 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 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 1- NOT COLLISION 2- BACKING 3- ANGLE 4- SIDEWISE, SAME DIRECTION 5- REAR-END 6- SIDEWISE, OPPOSITE DIRECTION 7- HEAD-ON 8- OTHER/ UNKNOWN			ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
<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		
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			CONDITONS 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/ UNKNOWN		
CRASH REPORTED DATE / TIME 07012022 0544			DISPATCH DATE / TIME 07012022 0548			ARRIVAL DATE / TIME 07012022 0556		
SCENE CLEARED DATE / TIME 07012022 0613			REPORT TAKEN BY					
TOTAL TIME ROADWAY CLOSED 3 0			TOTAL MINUTES 5 5			OFFICER'S NAME* P.O. S.FINLEY		
OFFICER'S BADGE NUMBER* 1 6 3			CHECKED BY OFFICER'S NAME* J. SONS					
CHECKED BY OFFICER'S BADGE NUMBER* 1 5 0			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)					

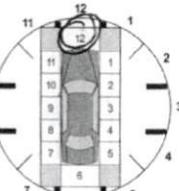
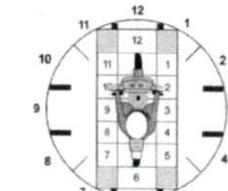
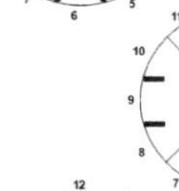
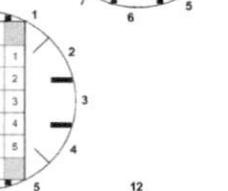
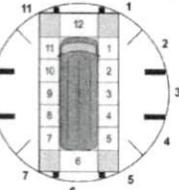
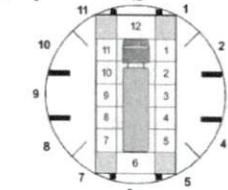
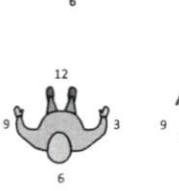
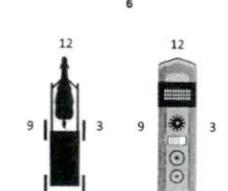
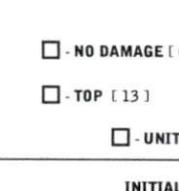
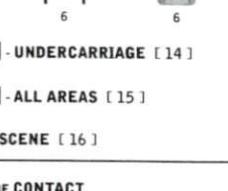


Indicate the north direction with an "N" on the compass diagram.

NOT TO SCALE



OWNER	UNIT # 0_1 OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) LONA, MIRIAM Y		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 554 MATHEWS ST. APT 1 GALESBURG, IL 61401		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	
LP STATE I_L	LICENSE PLATE # BH71397	VEHICLE IDENTIFICATION # 1GKKRNED0DJ134521	VEHICLE YEAR 2013
<input checked="" type="checkbox"/> INSURANCE VERIFIED AAA	INSURANCE COMPANY AAA	INSURANCE POLICY # AUTO72130131	VEHICLE MAKE GMC
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME
INTERLOCK EQUIPPED 0_3	DEVICE EQUIPPED 0_1	#OCCUPANTS 0_1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE 4	4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME
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 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			
# OF TRAILING UNITS 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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			
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - GRAIN/CHIPS/GRAVEL			
7 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP			
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
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			
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			
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			
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 1_0_8 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 2_3_0 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 3_1_1			
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 - PEDAL CYCLE			
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			
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 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			
COLLISION WITH FIXED OBJECT - STRUCK 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 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 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 14 - PEDESTRIAN 15 - PEDAL CYCLE 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 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 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			

LOCAL REPORT NUMBER 2 2 0 4 6 6 6 2		
DAMAGE		
DAMAGE SCALE 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 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
TRAFFIC		
TRAFFICWAY FLOW 2	TRAFFIC CONTROL 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 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN		
UNIT SPEED 3_5		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 3_5		

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																			
UNIT #		DATE OF BIRTH																	
0 1		0 1 1 2 1 9 8 0 4 2 M																	
NAME: LAST, FIRST, MIDDLE KAMBU, EMMANUEL MUAKASA																			
ADDRESS: STREET, CITY, STATE, ZIP 10 MERLIN DR. APT. F FAIRFIELD, OHIO 45014																			
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 5																			
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34a		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 251903									
OL CLASS		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 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE 0 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 OL STATE										DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
OL CLASS		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 1		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					
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH		AGE 0 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 OL STATE										DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
OL CLASS		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 1		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					
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-FARM WAIVER		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-EXCEPT CLASS A BUS		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		6-SECOND - RIGHT SIDE		6-DEPLOYMENT UNKNOWN		6-NO VALID OL		6-EXCEPT TRACTOR-TRAILER		6-PASSENGER		6-URINE							
1-NOT TRANSPORTED / TREATED AT SCENE		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7-NOT EJECTED		7-H-HAZMAT		7-OTHER DISTRACTION INSIDE THE VEHICLE		7-BREATH									
2-EMS		8-THIRD - MIDDLE		8-PARTIALLY EJECTED		8-M-MOTORCYCLE		8-OTHER DISTRACTION OUTSIDE THE VEHICLE		8-OTHER									
3-POLICE		9-THIRD - RIGHT SIDE		9-TOTALLY EJECTED		9-P-PASSENGER		9-Q-Q-TANKER											
9-OTHER / UNKNOWN		10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE		10-R-R-THREE-WHEEL MOTORCYCLE		10-S-SCHOOL BUS											
SAFETY EQUIPMENT										TRAPPED		T-T-DOUBLE & TRIPLE TRAILERS		X-X-TANKER / HAZMAT					
1-NONE USED		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1-NOT TRAPPED		15-M-MOTOR VEHICLES WITHOUT AIR BRAKES		16-O-OUTSIDE MIRROR		17-P-PROSTHETIC AID									
2-SHOULDER BELT ONLY USED		12-PASSENGER IN UNENCLOSED CARGO AREA		2-EXTRICATED BY MECHANICAL MEANS		17-F-F-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		18-O-OTHER		18-Q-ILLNESS									
3-LAP BELT ONLY USED		13-TRAILING UNIT		3-FREED BY NON-MECHANICAL MEANS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
4-SHOULDER & LAP BELT USED		14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING		15-NON-MOTORIST		5-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
6-CHILD RESTRAINT SYSTEM - REAR FACING		99-OTHER / UNKNOWN		6-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
7-BOOSTER SEAT				7-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
8-HELMET USED				8-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				9-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
10-REFLECTIVE CLOTHING				10-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
11-LIGHTING - PEDESTRIAN / CYCLE ONLY				11-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
99-OTHER / UNKNOWN				12-PROTESTS		18-F-F-PROSTHETIC AID		18-Q-ILLNESS											
INJURIES EJECTION OL ENDORSEMENT										GENDER		CONDITION		DRUG TEST TYPE					
F-F-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		M-M-PROTESTS		F-F-F-PROTESTS		1-APPARENTLY NORMAL		1-AMPHETAMINES											
M-M-PROTESTS		P-P-PASSENGER		M-M-M-PROTESTS		2-PHYSICAL IMPAIRMENT		2-BARBITURATES											
P-P-PASSENGER		N-N-TANKER		N-N-N-PROTESTS		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-BENZODIAZEPINES											
N-N-TANKER		Q-Q-MOTOR SCOOTER		Q-Q-Q-PROTESTS		4-ILLNESS		4-CANNABINOIDS											
Q-Q-MOTOR SCOOTER		R-R-THREE-WHEEL MOTORCYCLE		R-R-R-PROTESTS		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-COCAINA											
R-R-THREE-WHEEL MOTORCYCLE		S-S-SCHOOL BUS		S-S-S-PROTESTS		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-OPIATES / OPIOIDS											
S-S-SCHOOL BUS		T-T-DOUBLE & TRIPLE TRAILERS		T-T-T-PROTESTS		7-OTHER		7-OTHER											
T-T-DOUBLE & TRIPLE TRAILERS		X-X-TANKER / HAZMAT		X-X-X-PROTESTS		8-OTHER / UNKNOWN		8-Negative RESULTS											
INJURIES TRAPPED										GENDER		CONDITION		DRUG TEST RESULT(S)					
F-F-F-PROTESTS		M-M-M-PROTESTS		1-APPARENTLY NORMAL		1-AMPHETAMINES													
M-M-M-PROTESTS		N-N-N-PROTESTS		2-PHYSICAL IMPAIRMENT		2-BARBITURATES													
N-N-N-PROTESTS		Q-Q-Q-PROTESTS		3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3-BENZODIAZEPINES													
Q-Q-Q-PROTESTS		R-R-R-PROTESTS		4-ILLNESS		4-CANNABINOIDS													
R-R-R-PROTESTS		S-S-S-PROTESTS		5-FELL ASLEEP, FAINTED, FATIGUED, ETC.		5-COCAINA													
S-S-S-PROTESTS		T-T-T-PROTESTS		6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6-OPIATES / OPIOIDS													
T-T-T-PROTESTS		X-X-X-PROTESTS		7-OTHER		7-OTHER													
X-X-X-PROTESTS				8-OTHER / UNKNOWN		8-Negative RESULTS													