



## 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	LOCAL INFORMATION			LOCAL REPORT NUMBER*		
		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*			NCIC*	2 2 0 5 6 2 2 0	
		<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> PRIVATE PROPERTY	Fairfield Police Department			0 0 9 0 1	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 3
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			UNIT IN ERROR	
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 8 0 6 2 0 2 2 0 8 5 5			98 - ANIMAL 0 1 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 3 9 3 1 8 2 0 8			CRASH SEVERITY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 4 5 6 1 5 0 2			5 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED				
1 - INTERSECTION 3 - 2-MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP)	AL - ALLEY	HW - HIGHWAY	RD - ROAD	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH			
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	US - FEDERAL US ROUTE	AV - AVENUE	LA - LANE	SQ - SQUARE	<input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
	1 - MILES 2 - FEET 3 - YARDS	SR - STATE ROUTE	BL - BOULEVARD	MP - MILEPOST	ST - STREET	ROADWAY			
		CR - NUMBERED COUNTY ROUTE	CR - CIRCLE	OV - OVAL	TE - TERRACE	<input type="checkbox"/> ROADWAY DIVIDED			
		TR - NUMBERED TOWNSHIP ROUTE	CT - COURT	PK - PARKWAY	TL - TRAIL				
			DR - DRIVE	PI - PIKE	WA - WAY				
			HE - HEIGHTS	PL - PLACE					
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL	MEDIAN TYPE		
0 1	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	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	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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			
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE		
<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION		WEATHER							
1	1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	0 2	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					
<p>NARRATIVE</p> <p>On 08-06-22 at 8:55 a.m., Unit 1, Unit 2 and Unit 3 were traveling north on US 127 (Pleasant Ave). Unit 2 and Unit 3 were stopped in traffic when Unit 1 drove into the rear of Unit 2 causing Unit 2 to strike Unit 3 in the rear.</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 8 0 6 2 0 2 2 0 8 5 6		0 8 0 6 2 0 2 2 0 8 5 8		0 8 0 6 2 0 2 2 0 9 0 4		0 8 0 6 2 0 2 2 0 9 3 8		<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
1 0		2 0		6 0		P. O. J. DRAKE		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
						CHECKED BY OFFICER'S NAME*			
						S J			
						CHECKED BY OFFICER'S BADGE NUMBER*			
						1 0 3			

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 1		

OWNER ADDRESS: STREET, CITY, STATE, ZIP  SAME AS DRIVER

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	GCY1125	1 G N K V G K D 3 G J 2 5 7 4 6 0	2 0 1 6	CHEVY

<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	GRANGE	1581267	BLACK	TRAVERSE

TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		

INTERLOCK DEVICE EQUIPPED	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL
<input type="checkbox"/>	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD

UNIT TYPE	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 - MOVED 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
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0 3 # OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - FULL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
0 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL		

SPECIAL FUNCTION	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
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CARGO BODY TYPE	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	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 8 - SIDEWALK 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	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
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CONTRIBUTING CIRCUMSTANCES	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

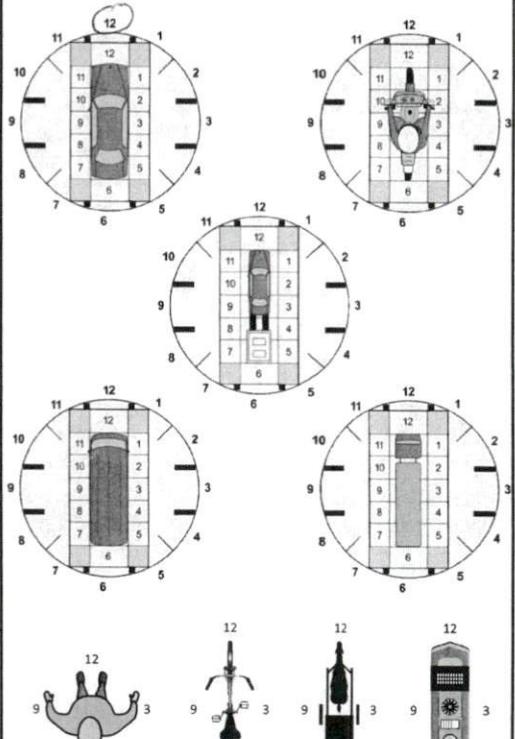
1 2 0	1 - OVERTURN / ROLLOVER 2 - FIRE / EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	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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4 1	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 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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LOCAL REPORT NUMBER	2 2 0 5 6 2 2 0
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DAMAGE	DAMAGE SCALE
3	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	0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC	TRAFFIC WAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 6 - NO CONTROL
2		
# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING
2		1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

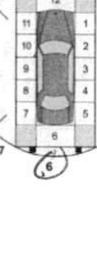
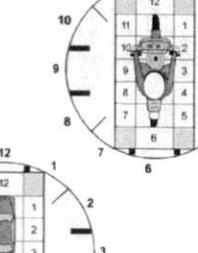
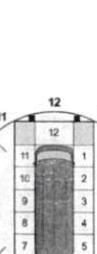
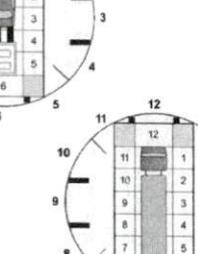
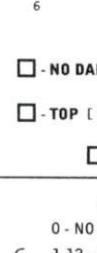
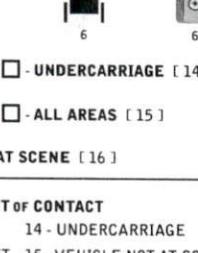
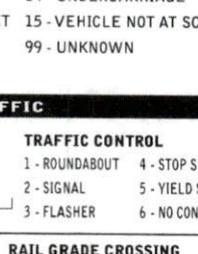
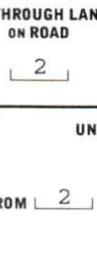
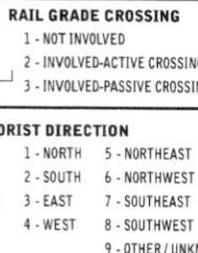
UNIT / NON-MOTORIST DIRECTION	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN
FROM 2 TO 1	

UNIT SPEED	DETECTED SPEED
3 0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
3 5	
POSTED SPEED	

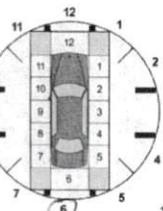
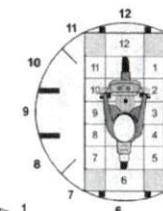
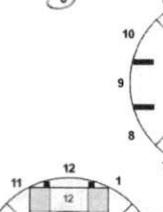
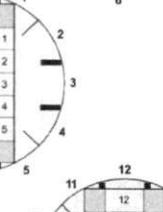
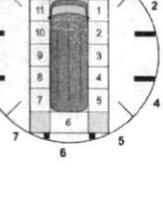
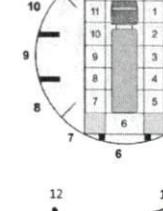


## UNIT

OWNER UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) MILLER, SHANNON D			OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE O H	LICENSE PLATE # JEJ2987	VEHICLE IDENTIFICATION # 1FMCU9GX5EUB13544		VEHICLE YEAR 2014	VEHICLE MAKE FORD		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # C860131E1935		COLOR BLACK	VEHICLE MODEL ESCAPE		
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME			
<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 - 26 K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
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		
UNIT TYPE 0 3		# OF TRAILING UNITS 0					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 2		AUTONOMOUS MODE LEVEL 1 - YES 2 - NO 3 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
SPECIAL FUNCTION 0 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 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE 0 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
VEHICLE DEFECTS 0 1		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
NON-MOTORIST LOCATION AT IMPACT 0 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
ACTION 0 5		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
CONTRIBUTING CIRCUMSTANCES 0 1		1 - 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 / AHEAD 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						NON-COLLISION	
1 2 0		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 MOVABLE OBJECT
2 2 0		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX
3 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE		41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
4 1		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	50 - WORK ZONE MAINTENANCE EQUIPMENT		
5 1		30 - GUARDRAIL FACE		37 - GUARDRAIL			
6 1		1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT		38 - GUARDRAIL			

LOCAL REPORT NUMBER											
2	2	0	5	6	2	2	0				
<b>DAMAGE</b>											
<b>DAMAGE SCALE</b>											
3			1 - NONE			3 - FUNCTIONAL DAMAGE					
			2 - MINOR DAMAGE			4 - DISABLING DAMAGE					
						9 - UNKNOWN					
<b>DAMAGED AREA(S)</b> 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 ]											
<b>INITIAL POINT OF CONTACT</b>											
0 - NO DAMAGE						14 - UNDERCARRIAGE					
0 6 1-12 - REFER TO UNIT DIAGRAM						15 - VEHICLE NOT AT SCENE					
13 - TOP						99 - UNKNOWN					
<b>TRAFFIC</b>											
<b>TRAFFICWAY FLOW</b>						<b>TRAFFIC CONTROL</b>					
1			1 - ONE-WAY			4 - STOP SIGN					
2			2 - TWO-WAY			5 - YIELD SIGN					
2			6			3 - FLASHER			6 - NO CONTROL		
<b># OF THROUGH LANES ON ROAD</b>						<b>RAIL GRADE CROSSING</b>					
2			1			1 - NOT INVOLVED					
2			1			2 - INVOLVED-ACTIVE CROSSING					
2			1			3 - INVOLVED-PASSIVE CROSSING					
<b>UNIT / NON-MOTORIST DIRECTION</b>											
FROM 2 TO 1						1 - NORTH      5 - NORTHEAST					
						2 - SOUTH      6 - NORTHWEST					
						3 - EAST      7 - SOUTHEAST					
						4 - WEST      8 - SOUTHWEST					
						9 - OTHER/UNKNOWN					
<b>UNIT SPEED</b>						<b>DETECTED SPEED</b>					
0			1			1 - STATED/ESTIMATED SPEED					
<b>POSTED SPEED</b>						2 - CALCULATED/EDR					
3			5			3 - UNDETERMINED					

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> SAME AS DRIVER) <b>HANLEY, BARBARA</b>		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	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR
O_H	DXX5259	5J6YH2871610215936	2006 HONDA
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>LIBERTY MUTUAL</b>	INSURANCE POLICY # AA0528820802640	COLOR MAROON
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	VEHICLE MODEL ELEMENT
<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.
<b>UNIT TYPE</b> 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)  <b># OF TRAILING UNITS</b> 0			
<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 0 2 1-YES 2-NO 9-OTHER / UNKNOWN <b>AUTONOMOUS MODE LEVEL</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
<b>SPECIAL FUNCTION</b> 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER  1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS  1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS  1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK  1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN  1 - SEQUENCE OF EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE  1 - COLLISION WITH FIXED OBJECT - STRUCK 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 3 - BRIDGE PIER OR ABUTMENT 4 - BRIDGE PARAPET 5 - BRIDGE RAIL 6 - GUARDRAIL FACE			
<b>CONTRIBUTING CIRCUMSTANCES</b> 0 1 1 - NO DAMAGE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN  <b>SEQUENCE OF EVENTS</b> 1 2 0 1 - NO DAMAGE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN  1 - COLLISION WITH FIXED OBJECT - STRUCK 1 2 0 1 - NO DAMAGE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
<b>FIRST HARMFUL EVENT</b> 1 <b>MOST HARMFUL EVENT</b> 1			

LOCAL REPORT NUMBER 2 2 0 5 6 2 2 0	
DAMAGE	
DAMAGE SCALE 3 - 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	
0 1 6 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
13 - TOP	
TRAFFIC	
TRAFFIC WAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - 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	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
FROM 2 TO 1	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
3	5



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 5 6 2 2 0

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1 KNOX, KELLY ANN						DATE OF BIRTH	AGE	GENDER		
					0 2 2 4 1 9 8 6	3 6	F					
ADDRESS: STREET, CITY, STATE, ZIP 2482 OWLCREST DR CINCINNATI, OHIO 45231										CONTACT PHONE - INCLUDE AREA CODE		
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 333.03A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 251844				
OL CLASS 4		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 .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE PILAIA, JAMES W						DATE OF BIRTH 0 3 1 5 1 9 7 4	AGE 4 8	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 5263 BELCLARE RD CINCINNATI, OHIO 45247										CONTACT PHONE - INCLUDE AREA CODE		
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	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4		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 .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT # 0 3		NAME: LAST, FIRST, MIDDLE GLASER, CHRISTOPHER DELBERT						DATE OF BIRTH 0 3 1 3 1 9 7 0	AGE 5 2	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 1369 OAK KNOLL DR CINCINNATI, OHIO 45224										CONTACT PHONE - INCLUDE AREA CODE		
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	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4		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 .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTIONS	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							
INJURED TAKEN BY		6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- EXCEPT CLASS A & CLASS B BUS	6- TALKING ON HAND-FREE COMMUNICATION DEVICE							
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- THIRD - MIDDLE	7- NO VALID OL	7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-HELD COMMUNICATION DEVICE							
2- EMS	8- THIRD - MIDDLE	8- PARTIALLY EJECTED	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8- DRUG TEST TYPE							
3- POLICE	9- THIRD - RIGHT SIDE	9- TOTALLY EJECTED	9- LEARNER'S PERMIT RESTRICTIONS	9- PASSENGER	1- NONE							
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	4- NOT APPLICABLE	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE	2- BLOOD							
SAFETY EQUIPMENT		TRAPPED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	3- URINE							
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	1- NOT TRAPPED	12- LIMITED - OTHER	8- OTHER / UNKNOWN	4- BREATH							
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	2- EXTRICATED BY MECHANICAL MEANS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9- OTHER / UNKNOWN	5- OTHER							
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3- FREED BY NON-MECHANICAL MEANS	14- MILITARY VEHICLES ONLY	1- APPARENTLY NORMAL								
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	15- MOTOR VEHICLES WITHOUT AIR BRAKES	2- PHYSICAL IMPAIRMENT	2- PHYSICAL IMPAIRMENT								
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN	16- OUTSIDE MIRROR	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)								
6- CHILD RESTRAINT SYSTEM - REAR FACING		17- PROSTHETIC AID	4- ILLNESS	4- ILLNESS								
7- BOOSTER SEAT		18- OTHER	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.								
8- HELMET USED			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			7- OTHER / UNKNOWN	7- OTHER / UNKNOWN								
10- REFLECTIVE CLOTHING			8- NEGATIVE RESULTS	8- NEGATIVE RESULTS								
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99- OTHER / UNKNOWN												