



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-3 ☐ OH-1P ☒ PRIVATE PROPERTY		LOCAL INFORMATION		2 2 0 9 1 2 3 1	
REPORTING AGENCY NAME* Fairfield Police Department				NCIC* 0 0 9 0 1		HIT/SKIP 1-SOLVED 2-UNSOLVED	
COUNTY* 0 9		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield		CRASH DATE / TIME* 1 2 1 6 2 0 2 2 1 0 5 3	
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE NUMBER 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME Wessel		ROAD TYPE D R	
ROUTE TYPE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE NUMBER 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 560		ROAD TYPE D R	
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3		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 SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL WA-WAY	
DISTANCE FROM REFERENCE 1-MILES 2-Feet 3-YARDS		DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		CRASH SEVERITY 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 0 6		MANNER OF CRASH COLLISION/IMPACT 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 6		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	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 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 1		WEATHER 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 0 1		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
NARRATIVE On 12/16/22 at about 10:53 a.m. Unit 1 was attempting to make a left turn in the parking lot of 560 Wessel Dr and in doing so struck Unit 2 which was traveling eastbound in the parking lot. Unit 1 failed to stop after the collision.							
CRASH REPORTED DATE / TIME 1 2 1 6 2 0 2 2 1 1 0 1		DISPATCH DATE / TIME 1 2 1 6 2 0 2 2 1 1 0 3		ARRIVAL DATE / TIME 1 2 1 6 2 0 2 2 1 1 0 4		SCENE CLEARED DATE / TIME 1 2 1 6 2 0 2 2 1 1 1 0	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 1 7		OFFICER'S NAME* J. Sons	
OFFICER'S BADGE NUMBER* 1 5 0		CHECKED BY OFFICER'S NAME* Sgt. Aaron Meyer		CHECKED BY OFFICER'S BADGE NUMBER* 1 3 2		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHP)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
	TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR
	INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	VEHICLE MAKE
	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #
	UNIT TYPE 01	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME	
	# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	
	SPECIAL FUNCTION 01	0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION	
	CARGO BODY TYPE 01	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL	
VEHICLE DEFECTS	1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT		
NON-MOTORIST LOCATION AT IMPACT	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 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS		
ACTION	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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN		
CONTRIBUTING CIRCUMSTANCES	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 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN		
FIRST HARMFUL EVENT	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 2 2 0 9 1 2 3 1	
DAMAGE DAMAGE SCALE 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 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 FROM 1 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (☒ SAME AS DRIVER)		
	012	Johnson, Zurrik				
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
EVENTS	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	
	OH	JWE8729	KMHLD84L1F2H1U295023	2017	Hyundai	
	☒ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	
		Nationwide	92347406506	Black	Elantra	
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
	☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE					
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL		
			01	☐ MATERIAL RELEASED ☐ PLACARD		
	UNIT TYPE		VEHICLE WEIGHT GVWR/GCWR			
	01		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
0		# OF TRAILING UNITS				
0						
01		SPECIAL FUNCTION				
01		CARGO BODY TYPE				
01		VEHICLE DEFECTS				
01		NON-MOTORIST LOCATION AT IMPACT				
4		ACTION				
01		CONTRIBUTING CIRCUMSTANCES				
01		SEQUENCE OF EVENTS				
120		1. OVERTURN/ROLLOVER				
2		2. FIRE/EXPLOSION				
3		3. IMMERSION				
2		4. JACKKNIFE				
3		5. CARGO/EQUIPMENT LOSS OR SHIFT				
4		5. IMPACT ATTENUATOR / CRASH CUSHION				
5		26. BRIDGE OVERHEAD STRUCTURE				
6		27. BRIDGE PIER OR ABUTMENT				
6		28. BRIDGE PARAPET				
6		29. BRIDGE RAIL				
6		30. GUARDRAIL FACE				
1		FIRST HARMFUL EVENT				
1		MOST HARMFUL EVENT				

LOCAL REPORT NUMBER	
2, 2, 0, 9, 1, 2, 3, 1	
DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE	
2 - MINOR DAMAGE 4 - DISABLING DAMAGE	
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
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13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	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	
UNIT SPEED	DETECTED SPEED
10	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER																																																																																																																																																																																													
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INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9 9	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1																																																																																																																																																																																			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																																																																																																																																																																			
UNIT # 0 2	NAME: LAST, FIRST, MIDDLE Johnson, Jielee				DATE OF BIRTH		AGE 5 9	GENDER F																																																																																																																																																																																					
ADDRESS: STREET, CITY, STATE, ZIP 5513 Lake Michigan Dr. Fairfield, Oh 45014					CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																								
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<table border="1"><thead><tr><th>INJURIES</th><th>SEATING POSITION</th><th>AIR BAG</th><th>OL CLASS</th><th>OL RESTRICTION(S)</th><th>DRIVER DISTRACTION</th><th>TEST STATUS</th></tr></thead><tbody><tr><td>1-FATAL</td><td>1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)</td><td>1-NOT DEPLOYED</td><td>1-CLASS A</td><td>1-ALCOHOL INTERLOCK DEVICE</td><td>1-NOT DISTRACTED</td><td>1-NONE GIVEN</td></tr><tr><td>2-SUSPECTED SERIOUS INJURY</td><td>2-FRONT-MIDDLE</td><td>2-DEPLOYED FRONT</td><td>2-CLASS B</td><td>2-CDL INTRASTATE ONLY</td><td>2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td><td>2-TEST REFUSED</td></tr><tr><td>3-SUSPECTED MINOR INJURY</td><td>3-FRONT-RIGHT SIDE</td><td>3-DEPLOYED SIDE</td><td>3-CLASS C</td><td>3-CORRECTIVE LENSES</td><td>3-TALKING ON HANDS-FREE COMMUNICATION DEVICE</td><td>3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td></tr><tr><td>4-POSSIBLE INJURY</td><td>4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)</td><td>4-DEPLOYED BOTH FRONT / SIDE</td><td>4-REGULAR CLASS (OHIO-D)</td><td>4-FARM WAIVER</td><td>4-TALKING ON HAND-HELD COMMUNICATION DEVICE</td><td>4-TEST GIVEN, RESULTS KNOWN</td></tr><tr><td>5-NO APPARENT INJURY</td><td>5-SECOND-MIDDLE</td><td>5-NOT APPLICABLE</td><td>5-M/C MOPED ONLY</td><td>5-EXCEPT CLASS A BUS</td><td>5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5-TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="2">EJECTION</td><td colspan="2">ALCOHOL TEST TYPE</td></tr><tr><td>1-NOT TRANSPORTED / TREATED AT SCENE</td><td>6-SECOND-RIGHT SIDE</td><td>1-NOT EJECTED</td><td colspan="2">OL ENDORSEMENT</td><td colspan="2">1-NONE</td></tr><tr><td>2-EMS</td><td>7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)</td><td>2-PARTIALLY EJECTED</td><td>H-HAZMAT</td><td colspan="2">2-BLOOD</td></tr><tr><td>3-POLICE</td><td>8-THIRD-MIDDLE</td><td>3-TOTALLY EJECTED</td><td>M-MOTORCYCLE</td><td colspan="2">3-URINE</td></tr><tr><td>9-OTHER / UNKNOWN</td><td>9-THIRD-RIGHT SIDE</td><td>4-NOT APPLICABLE</td><td>P-PASSENGER</td><td colspan="2">4-BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="2">TRAPPED</td><td colspan="2">5-OTHER</td></tr><tr><td>1-NONE USED</td><td>11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td><td>1-NOT TRAPPED</td><td>Q-MOTOR SCOOTER</td><td colspan="2">9-OTHER / UNKNOWN</td><td>DRUG TEST TYPE</td></tr><tr><td>2-SHOULDER BELT ONLY USED</td><td>12-PASSENGER IN UNENCLOSED CARGO AREA</td><td>2-EXTRICATED BY MECHANICAL MEANS</td><td>R-THREE-WHEEL MOTORCYCLE</td><td colspan="2">CONDITION</td><td>1-NONE</td></tr><tr><td>3-LAP BELT ONLY USED</td><td>13-TRAILING UNIT</td><td>3-FREED BY NON-MECHANICAL MEANS</td><td>S-SCHOOL BUS</td><td colspan="2">1-APPARENTLY NORMAL</td><td>2-BLOOD</td></tr><tr><td>4-SHOULDER & LAP BELT USED</td><td>14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td><td></td><td>T-DOUBLE & TRIPLE TRAILERS</td><td colspan="2">2-PHYSICAL IMPAIRMENT</td><td>3-URINE</td></tr><tr><td>5-CHILD RESTRAINT SYSTEM FORWARD FACING</td><td>15-NON-MOTORIST</td><td></td><td>X-TANKER / HAZMAT</td><td colspan="2">3-EMOTIONAL (E.G. 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