

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                                                    |                                                             | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                                    | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER       |                                                                                                                                                                                                                                                                           | LOCAL INFORMATION |                                                                                                                                                                                                                                                                                                                | IR26-000245                            |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| REPORTING AGENCY NAME*<br>Fairfield Police Department                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                           | NCIC*<br>00901    |                                                                                                                                                                                                                                                                                                                | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED | NUMBER OF UNITS<br>2                                                                                                                                                                              | UNIT IN ERROR<br>1 98 - ANIMAL<br>99 - UNKNOWN |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| COUNTY*<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                        | LOCALITY*<br>1 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>1 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                           |                   | CRASH DATE/TIME*<br>01/13/2026 14:39                                                                                                                                                                                                                                                                           |                                        | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>3                                                 |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                           | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | LOCATION ROAD NAME<br>Nilles                                          |                                                                                                                                                                                                                                                                           |                   | ROAD TYPE<br>RD                                                                                                                                                                                                                                                                                                | LATITUDE<br>39.339523                  |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                           | ROUTE NUMBER                                                | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Buckhead             |                                                                                                                                                                                                                                                                           |                   | ROAD TYPE<br>DR                                                                                                                                                                                                                                                                                                | LONGITUDE<br>-84.534075                |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| REFERENCE POINT<br>1 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                                                                                                                                                                                                                                                                                                                                |                                                             | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                      |                                                                       | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                       |                   | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                        | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>4                              |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| DISTANCE FROM REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                                  |                                                                       |                                                                                                                                                                                                                                                                           |                   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN                                                                                      |                                                             |                                                                                                                                                 |                                                                       | MANNER OF CRASH COLLISION/IMPACT<br>6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN |                   |                                                                                                                                                                                                                                                                                                                |                                        | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                             |                                                | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |                                                                                                                                   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                                                                            |                                                             | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |                                                                       | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                               |                   | CONTOUR<br>1                                                                                                                                                                                                                                                                                                   |                                        | CONDITIONS<br>1                                                                                                                                                                                   |                                                | SURFACE<br>2                                                                                                                                                                             |  |                                                                                                                                   |  |
| LIGHT CONDITION<br>1 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                       |                                                             |                                                                                                                                                 |                                                                       | WEATHER<br>2 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN                                     |                   |                                                                                                                                                                                                                                                                                                                |                                        | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN                                                                                              |                                                | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                          |  | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN |  |
| NARRATIVE<br>On 01/13/2026 at approximately 2:39 p.m., Unit #1 was stopped at a stop sign on Buckhead Drive (Private Property) attempting to turn left onto Nilles Road to travel westbound. Unit #1 failed to yield to on coming traffic and collided with Unit #2. Unit #2 was traveling eastbound on Nilles Road at the time of the collision. Unit #1 was cited for Driving onto Roadway from Place Other than Roadway: Duty to Yield (331.22a). |                                                             |                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                           |                   | DIAGRAM<br>                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| CRASH REPORTED DATE/TIME<br>01/13/2026 14:39                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | DISPATCH DATE/TIME<br>01/13/2026 14:39                                                                                                          |                                                                       | ARRIVAL DATE/TIME<br>01/13/2026 14:40                                                                                                                                                                                                                                     |                   | SCENE CLEARED DATE/TIME<br>01/13/2026 15:06                                                                                                                                                                                                                                                                    |                                        | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPs) |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |
| TOTAL TIME ROADWAY CLOSED<br>26                                                                                                                                                                                                                                                                                                                                                                                                                      | OTHER INVESTIGATION TIME<br>0                               | TOTAL MINUTES<br>27                                                                                                                             | OFFICER'S NAME*<br>Hamilton, Taylor<br>OFFICER'S BADGE NUMBER*<br>189 |                                                                                                                                                                                                                                                                           |                   | CHECKED BY OFFICER'S NAME*<br>Roush, Alexander<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>170                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                   |                                                |                                                                                                                                                                                          |  |                                                                                                                                   |  |

|                                                                                                                                       |                                                                                                 |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIT #<br>1                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>HIER, CHARI LYNN | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>1208 BUCKHEAD DR APT C, FAIRFIELD, OH 45014    |                                                                                                 |                                                                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                 | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                            |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>KMF2110                                                                      | VEHICLE IDENTIFICATION #<br>JHLRD1867WC062015                          |
| VEHICLE YEAR<br>1998                                                                                                                  |                                                                                                 | VEHICLE MAKE<br>Honda                                                  |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>GENERAL INSURANCE                                                          | INSURANCE POLICY #<br>8632159                                          |
| COLOR<br>Red                                                                                                                          |                                                                                                 | VEHICLE MODEL<br>CR-V                                                  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                 |                                                                        |
| US DOT #                                                                                                                              |                                                                                                 |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID #                                 |                                                                                                 |                                                                        |
| TOWED BY: COMPANY NAME<br>FOX TOWING                                                                                                  |                                                                                                 |                                                                        |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD                                              |                                                                                                 |                                                                        |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                               |                                                                                                 |                                                                        |
| UNIT TYPE<br>3                                                                                                                        |                                                                                                 |                                                                        |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                 |                                                                        |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                     |                                                                                                 |                                                                        |
| AUTONOMOUS MODE LEVEL<br>0                                                                                                            |                                                                                                 |                                                                        |
| SPECIAL FUNCTION<br>1                                                                                                                 |                                                                                                 |                                                                        |
| CARGO BODY TYPE<br>1                                                                                                                  |                                                                                                 |                                                                        |
| VEHICLE DEFECTS<br>1                                                                                                                  |                                                                                                 |                                                                        |
| NON-MOTORIST LOCATION AT IMPACT<br>1                                                                                                  |                                                                                                 |                                                                        |
| ACTION<br>4                                                                                                                           |                                                                                                 |                                                                        |
| CONTRIBUTING CIRCUMSTANCES<br>2                                                                                                       |                                                                                                 |                                                                        |
| SEQUENCE OF EVENTS<br>1                                                                                                               |                                                                                                 |                                                                        |
| EVENTS<br>1                                                                                                                           |                                                                                                 |                                                                        |
| COLLISION WITH FIXED OBJECT - STRUCK<br>1                                                                                             |                                                                                                 |                                                                        |
| FIRST HARMFUL EVENT<br>1                                                                                                              |                                                                                                 |                                                                        |
| MOST HARMFUL EVENT<br>1                                                                                                               |                                                                                                 |                                                                        |

LOCAL REPORT NUMBER\*

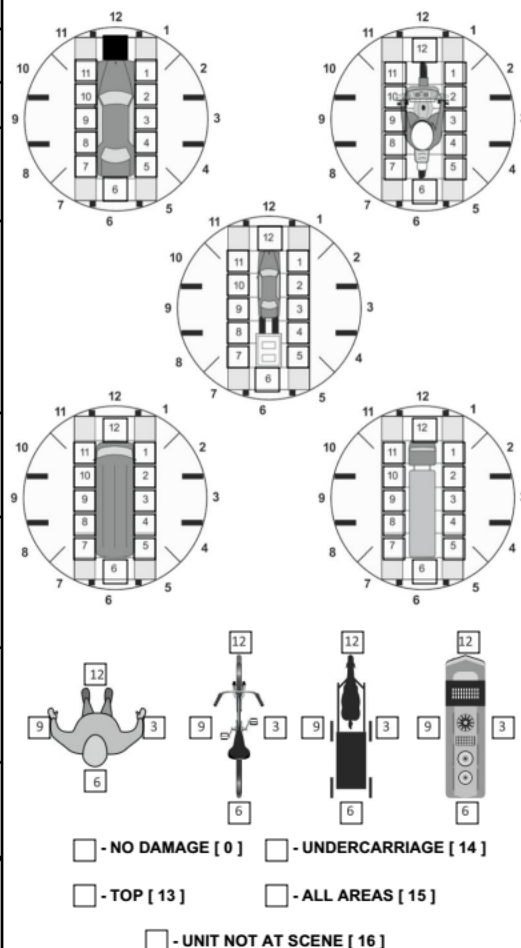
IR26-000245

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>4 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                             | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 4<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                              |
| UNIT SPEED<br>15                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                              |

|                                                                                                                                       |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                           |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| UNIT #<br>2                                                                                                                           | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>NELSON, TINA LOUISE                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> SAME AS DRIVER                                                         |                           |
|                                                                                                                                       | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>17 SHAWNEE DR, HAMILTON, OH 45013 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                           |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                   |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                    |                           |
| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>GVE2390                                                                                               | VEHICLE IDENTIFICATION #<br>1G1PA5SH5D7277244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE YEAR<br>2013                                                                                                           | VEHICLE MAKE<br>Chevrolet |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>SHELTER MUTUAL INS. CO.                                                                             | INSURANCE POLICY #<br>34-1-11021069-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COLOR<br>Dark Blue                                                                                                             | VEHICLE MODEL<br>Cruze    |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                                                                                                          | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOWED BY: COMPANY NAME<br>WAYNES TOWING                                                                                        |                           |
| INTERLOCK<br>DEVICE<br>EQUIPPED <input type="checkbox"/>                                                                              |                                                                                                                          | HIT/SKIP UNIT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> |                           |
| # OCCUPANTS<br>1                                                                                                                      |                                                                                                                          | VEHICLE WEIGHT GVWR/GCWR<br>1 - <= 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >= 26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                           |
| UNIT TYPE<br>1                                                                                                                        |                                                                                                                          | 23 - PEDESTRIAN/<br>SKATER<br>24 - WHEELCHAIR (ANY<br>TYPE)<br>25 - OTHER NON-<br>MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR<br>HIT/SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                           |
| # OF TRAILING UNITS<br>0                                                                                                              |                                                                                                                          | WAS VEHICLE OPERATING IN<br>AUTONOMOUS MODE<br>WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                           |
| SPECIAL<br>FUNCTION<br>1                                                                                                              |                                                                                                                          | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL<br>AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                           |
| CARGO<br>BODY<br>TYPE<br>1                                                                                                            |                                                                                                                          | 1 - NO CARGO BODY<br>TYPE / NOT<br>APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING<br>ANOTHER MOTOR<br>VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL<br>CONTAINER CHASSIS<br>6 - CARGO VAN/<br>ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                           |
| VEHICLE<br>DEFECTS<br>1                                                                                                               |                                                                                                                          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK<br>TIRES<br>8 - TRAILER<br>EQUIPMENT<br>DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM<br>PRIOR ACCIDENT<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                           |
| NON-MOTORIST<br>LOCATION<br>AT IMPACT<br>1                                                                                            |                                                                                                                          | 1 - INTERSECTION -<br>MARKED<br>CROSSWALK<br>2 - INTERSECTION -<br>UNMARKED<br>CROSSWALK<br>3 - INTERSECTION -<br>OTHER<br>4 - MIDBLOCK -<br>MARKED CROSSWALK<br>5 - TRAVEL LANE -<br>OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/<br>ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING<br>ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS<br>OR TRAILS<br>12 - FIRST RESPONDER<br>AT INCIDENT SCENE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                           |
| ACTION<br>3                                                                                                                           |                                                                                                                          | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH<br>6 - STRUCK & STRUCK<br>7 - PRE-CRASHES<br>8 - ACTIONS<br>9 - OTHER/UNKNOWN<br>10 - STRAIGHT AHEAD<br>11 - BACKING<br>12 - CHANGING LANES<br>13 - OVERTAKING/<br>PASSING<br>14 - MAKING RIGHT TURN<br>15 - MAKING LEFT TURN<br>16 - MAKING U-TURN<br>17 - ENTERING TRAFFIC<br>LANE<br>18 - LEAVING TRAFFIC<br>LANE<br>19 - PARKED<br>20 - SLOWING OR<br>STOPPED IN<br>TRAFFIC<br>21 - DRIVERLESS<br>22 - NEGOTIATING A<br>CURVE<br>23 - ENTERING OR<br>CROSSING<br>24 - SPECIFIED LOCATION<br>25 - WALKING, RUNNING,<br>JOGGING, PLAYING<br>26 - WORKING<br>27 - PUSHING VEHICLE<br>28 - APPROACHING OR<br>LEAVING VEHICLE<br>29 - STANDING<br>30 - OTHER NON-<br>MOTORIST<br>31 - TRAILING OUTSIDE<br>DISABLED VEHICLE<br>32 - OTHER/UNKNOWN |                                                                                                                                |                           |
| CONTRIBUTING<br>CIRCUMSTANCES<br>1                                                                                                    |                                                                                                                          | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO<br>CLOSE/ACDA<br>9 - IMPROPER LANE<br>CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START<br>FROM A PARKED<br>POSITION<br>14 - STOPPED OR<br>PARKED ILLEGALLY<br>15 - SWERVING TO<br>AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING<br>DEFECTIVE<br>EQUIPMENT<br>19 - LOAD SHIFTING/<br>FALLING/SPILLING<br>20 - IMPROPER<br>CROSSING<br>21 - LYING IN<br>ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR<br>INTO ROADWAY<br>24 - OTHER IMPROPER<br>ACTION                                                                                                                        |                                                                                                                                |                           |
| SEQUENCE OF EVENTS                                                                                                                    |                                                                                                                          | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                           |
| 1 20                                                                                                                                  |                                                                                                                          | 1 - OVERTURN/<br>ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO/EQUIPMENT<br>LOSS OR SHIFT<br>6 - EQUIPMENT<br>FAILURE<br>7 - SEPARATION OF<br>UNITS<br>8 - RAN OFF ROAD<br>RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE<br>OPPOSITE<br>DIRECTION OF<br>TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-<br>COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>EQUIPMENT<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE<br>IN TRANSPORT<br>21 - PARKED MOTOR<br>VEHICLE<br>22 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>23 - STRUCK BY<br>FALLING, SHIFTING<br>CARGO OR ANYTHING<br>SET IN MOTION BY A<br>MOTOR VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT                                    |                                                                                                                                |                           |
| 4                                                                                                                                     |                                                                                                                          | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                           |
| 5                                                                                                                                     |                                                                                                                          | 25 - IMPACT<br>ATTENUATOR/<br>CRASH CUSHION<br>26 - BRIDGE OVERHEAD<br>STRUCTURE<br>27 - BRIDGE PIER OR<br>ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE<br>BARRIER<br>34 - MEDIAN GUARDRAIL<br>BARRIER<br>35 - MEDIAN CONCRETE<br>BARRIER<br>36 - MEDIAN OTHER<br>BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN<br>POST<br>39 - LIGHT/LUMINARIES<br>SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE<br>OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>MAINTENANCE<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED<br>OBJECT<br>99 - OTHER/UNKNOWN               |                                                                                                                                |                           |
| 1                                                                                                                                     |                                                                                                                          | FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |                           |
| 1                                                                                                                                     |                                                                                                                          | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                |                           |

LOCAL REPORT NUMBER\*

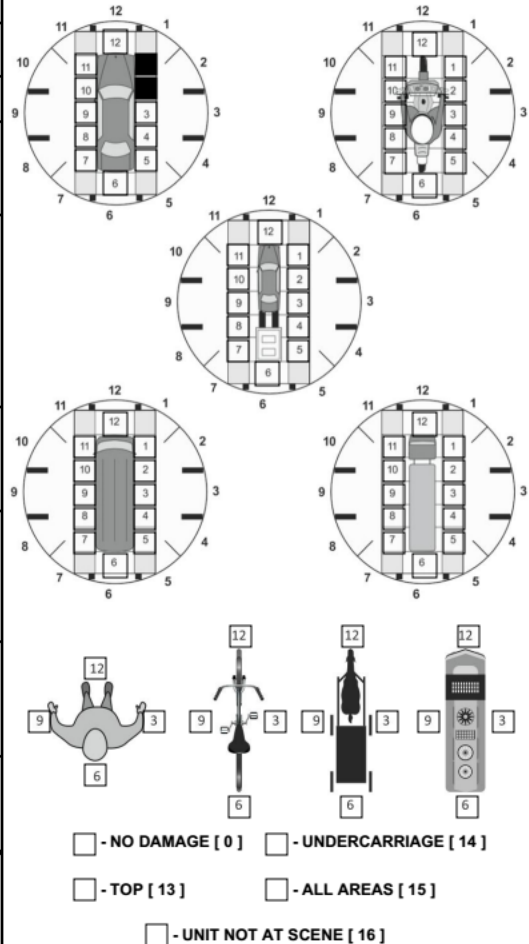
IR26-000245

## DAMAGE

## DAMAGE SCALE

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

9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

## INITIAL POINT OF CONTACT

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

## TRAFFIC

|                                                                                                                                                                             |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                             | TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES<br>ON ROAD<br>4                                                                                                                                          | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE<br>CROSSING           |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER/UNKNOWN |                                                                                                                       |
| UNIT SPEED<br>35                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED<br>SPEED<br>2 - CALCULATED/EDR<br>3 - UNDETERMINED                           |
| POSTED SPEED<br>35                                                                                                                                                          |                                                                                                                       |

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| MOTORIST / NON-MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                            | INJURED TAKEN BY                                                                                                                              | EMS AGENCY (NAME)                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              | SAFETY EQUIPMENT USED           |                          | DOT-COMPLIANT MC HELMET                                                      | SEATING POSITION         | AIR BAG USAGE                                                                                                                                                                   | EJECTION                 | TRAPPED                  |          |                  |         |          |                   |      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                                                                                                                                                                                                                                                                                                                                                                         | ALCOHOL / DRUG SUSPECTED                                                                                                                                     |                                 | CONDITION                | ALCOHOL TEST                                                                 |                          | DRUG TEST(S)                                                                                                                                                                    |                          |                          |          |                  |         |          |                   |          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MEDICAL FACILITY (NAME, CITY)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              | SAFETY EQUIPMENT USED           |                          | DOT-COMPLIANT MC HELMET                                                      | SEATING POSITION         | AIR BAG USAGE                                                                                                                                                                   | EJECTION                 | TRAPPED                  |          |                  |         |          |                   |      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| <table border="1" style="width:100%; border-collapse: collapse;"> <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<br/>2 - SUSPECTED SERIOUS INJURY<br/>3 - SUSPECTED MINOR INJURY<br/>4 - POSSIBLE INJURY<br/>5 - NO APPARENT INJURY</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br/>2 - FRONT - MIDDLE<br/>3 - FRONT - RIGHT SIDE<br/>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br/>5 - SECOND - MIDDLE<br/>6 - SECOND - RIGHT SIDE<br/>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br/>8 - THIRD - MIDDLE<br/>9 - THIRD - RIGHT<br/>10 - SLEEPER SECTION OF TRUCK CAB<br/>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br/>12 - PASSENGER IN UNENCLOSED CARGO AREA<br/>13 - TRAILING UNIT<br/>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br/>15 - NON-MOTORIST<br/>99 - OTHER / UNKNOWN</td> <td>1 - 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TANKER / HAZMAT</td> <td>1 - NONE<br/>2 - BLOOD<br/>3 - URINE<br/>4 - BREATH<br/>5 - OTHER</td> </tr> <tr> <td colspan="2">SAFETY EQUIPMENT</td> <td colspan="2">TRAPPED</td> <td colspan="2">GENDER</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td colspan="2">1 - NONE USED<br/>2 - SHOULDER BELT ONLY USED<br/>3 - LAP BELT ONLY USED<br/>4 - SHOULDER &amp; LAP BELT USED<br/>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br/>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br/>7 - BOOSTER SEAT<br/>8 - HELMET USED<br/>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br/>10 - REFLECTIVE CLOTHING<br/>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br/>99 - OTHER / UNKNOWN</td> <td colspan="2">1 - NOT TRAPPED<br/>2 - EXTRICATED BY MECHANICAL MEANS<br/>3 - FREED BY NON-MECHANICAL MEANS</td> <td colspan="2">F - FEMALE<br/>M - MALE<br/>U - OTHER / UNKNOWN</td> <td>1 - NONE<br/>2 - BLOOD<br/>3 - URINE<br/>4 - OTHER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">CONDITION</td> <td>DRUG TEST RESULT(S)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">1 - APPARENTLY NORMAL<br/>2 - PHYSICAL IMPAIRMENT<br/>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br/>4 - ILLNESS<br/>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br/>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br/>9 - OTHER / UNKNOWN</td> <td>1 - AMPHETAMINES<br/>2 - BARBITURATES<br/>3 - BENZODIAZEPINES<br/>4 - CANNABINOIDS<br/>5 - COCAINE<br/>6 - OPIATES / OPIOIDS<br/>7 - OTHER<br/>8 - NEGATIVE RESULTS</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                 |                          |                                                                              |                          |                                                                                                                                                                                 |                          |                          | INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS | 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES WITHOUT AIR BRAKES<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | INJURED TAKEN BY |  | EJECTION |  | OL ENDORSEMENT |  | ALCOHOL TEST TYPE | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE |  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | SAFETY EQUIPMENT |  | TRAPPED |  | GENDER |  | DRUG TEST TYPE | 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN |  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |  |  |  |  | CONDITION |  | DRUG TEST RESULT(S) |  |  |  |  | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |
| INJURIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                            | AIR BAG                                                                                                                                       | OL CLASS                                                                                                           | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DRIVER DISTRACTION    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| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES WITHOUT AIR BRAKES<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |                                 |                          |                                                                              |                          |                                                                                                                                                                                 |                          |                          |          |                  |         |          |                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| INJURED TAKEN BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| SAFETY EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                            | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                                    |                                                                                                                    | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       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