



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

GENERAL INFORMATION				2 0 2 6 0 1 4 2		
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		LOCAL INFORMATION				
REPORTING AGENCY NAME * GARFIELD HEIGHTS				NCIC *	HIT/SKIP	
0 1 8 2 0				1-Solved 2-Unsolved	NUMBER OF UNITS	
COUNTY * 1 8		LOCALITY * 1 - CITY * 1		CRASH DATE/TIME * 0 1 1 5 2 0 2 6 2 0 2 2		
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				CRASH SEVERITY		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME 11309 BRUNSWICK	ROAD TYPE A V	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 11308 BRUNSWICK	ROAD TYPE	
REFERENCE	REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3	DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	LONGITUDE DECIMAL DEGREES 4 1 1 4 1 4 6 2 4 8 1 6 0 5 5 1 9	
						INTERSECTION RELATED
					<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
					NUMBER OF APPROACHES	
DISTANCE 1 0		DISTANCE 2			Roadway	
1 MILES 2 - Feet 3 - Yards						
LOCATION ~ EFFECT UPON CRASH EVENT				MANNER of CRASH COLLISION/IMPACT		
0 1				9	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - MEDIAN 5 - INTERMITTENT OR MOVING WORK 6 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		
<input type="checkbox"/> ACTIVE SCHOOL ZONE				CONTOUR 1	CONDITIONS 3	
LIGHT CONDITION 3		WEATHER 6		SURFACE 1		
1 - DAYLIGHT 2 - DAWNDUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		
NARRATIVE/ UNIT 2 WAS PARKED IN THE AREA OF 11309 BRUNSWICK AVE. ACCORDING TO UNIT 2 AN UNKNOWN VEHICLE WAS BACKING AND STRUCK THE FRONT END OF UNIT 2 CAUSING DAMAGE.						
CRASH REPORTED DATE/TIME 0 1 1 5 2 0 2 6 2 0 2 2		DISPATCH DATE/TIME 0 1 1 5 2 0 2 6 2 0 2 4		ARRIVAL DATE/TIME 0 1 1 5 2 0 2 6 2 0 2 9		
SCENE CLEARED DATE/TIME 0 1 1 5 2 0 2 6 2 0 3 5				REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 5		POLICE AGENCY MOTORIST		
TOTAL MINUTES 1 6		OFFICER'S NAME * A. Rosa		MOTORIST		
		OFFICER'S BADGE NUMBER* 0 6 7		SUPPLEMENT (CORRECTION/ADDITION)		
				TEAM EXISTING REPORT BY DATE		

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE UNKNOWN	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE _____	( <input type="checkbox"/> Same As Driver)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP UNKNOWN	( <input type="checkbox"/> Same As Driver)	CLEVELAND OH	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____
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LP STATE _____	LICENSE PLATE # _____	VEHICLE IDENTIFICATION # _____		VEHICLE YEAR _____	VEHICLE MAKE _____
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY _____	INSURANCE POLICY # _____		VEHICLE COLOR _____	VEHICLE MODEL _____
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____	TOWED BY: COMPANY NAME _____		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD		

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR BICYCLE 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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UNIT TYPE 9 9	# OF TRAILING UNITS 0	# OF TRAILING UNITS _____			
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9	9	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/UNKNOWN
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CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
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VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/RROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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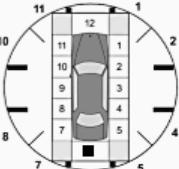
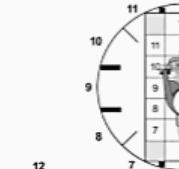
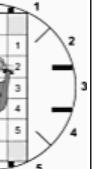
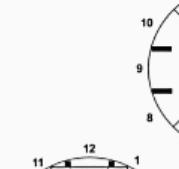
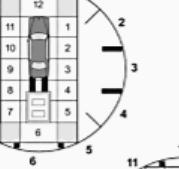
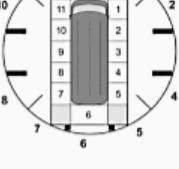
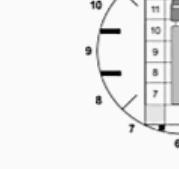
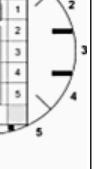
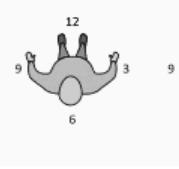
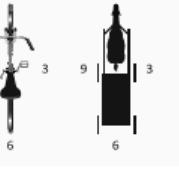
ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTION 0 2 1 - STRIKING 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOBILE OBJECT
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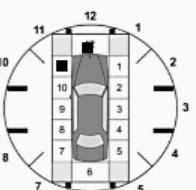
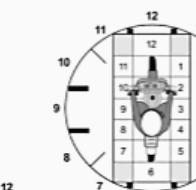
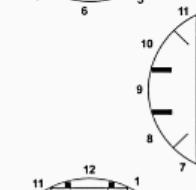
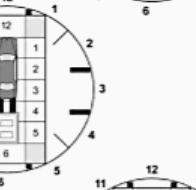
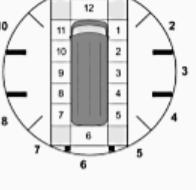
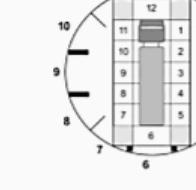
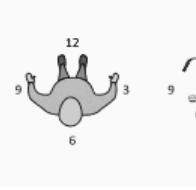
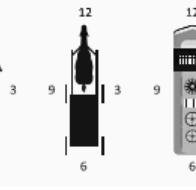
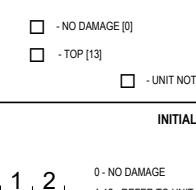
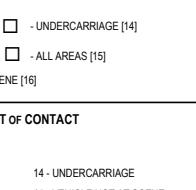
CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS EVENTS 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 49 - FIRE HYDRANT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL BARRIER 5 - MEDIAN CONCRETE BARRIER 6 - MEDIAN OTHER BARRIER	1 - FIRST HARMFUL EVENT 1	1 - MOST HARMFUL EVENT 1
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DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
           	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
TRAFFIC	
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY
6	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD
1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
DETECTED SPEED	
<input type="checkbox"/> - STATED/ESTIMATED SPEED <input type="checkbox"/> - CALCULATED / EDR <input type="checkbox"/> - UNDETERMINED	
POSTED SPEED	
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> -	

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <b>LAVETTE NIAKAYE MARIA</b>	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE [REDACTED]	( <input type="checkbox"/> Same As Driver)	LOCAL REPORT NUMBER <b>2 0 2 6 0 1 4 2</b>
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <b>216 CENTER RD APT 106</b>	( <input type="checkbox"/> Same As Driver)	BEDFORD OH 44146	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED]	DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>JKW2402</b>	VEHICLE IDENTIFICATION # <b>M L 3 2 F U F J 5 N H F 0 7 4 5 6</b>	VEHICLE YEAR <b>2 0 2 2</b>	VEHICLE MAKE <b>Mitsubishi</b>	DAMAGED AREA(S) INDICATE ALL THAT APPLY
	■ INSURANCE VERIFIED	INSURANCE COMPANY <b>PROGRESSIVE</b>	INSURANCE POLICY # <b>99529085</b>	VEHICLE COLOR <b>WHI</b>	VEHICLE MODEL <b>Mirage</b>	         
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # [REDACTED]	TOWED BY: COMPANY NAME [REDACTED]		
	INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <b>0 0</b>	VEHICLE WEIGHT OVR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <b>PLACARD ID #</b> <input type="checkbox"/> PLACARD	
	UNIT TYPE <b>0 1</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
	0	# OF TRAILING UNITS				
	2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>0</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
	0 1	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL				
	0 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
	0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
0 1	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN					
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAILER 6 - SIDEWALK 7 - SHOULDER/ROADSIDE 8 - TRAVEL LANE-OTHER LOCATION 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVING 14 - STANDING 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE 22 - APPROACHING 23 - OPENING DOOR INTO ROADWAY 24 - WORKING 25 - DRIVING 26 - STANDING 27 - WALKING 28 - STANDING 29 - DRIVING 30 - STANDING 31 - DRIVING 32 - DRIVING 33 - DRIVING 34 - DRIVING 35 - DRIVING 36 - DRIVING 37 - DRIVING 38 - DRIVING 39 - DRIVING 40 - DRIVING 41 - DRIVING 42 - DRIVING 43 - DRIVING 44 - DRIVING 45 - DRIVING 46 - DRIVING 47 - DRIVING 48 - DRIVING 49 - DRIVING 50 - DRIVING 51 - DRIVING 52 - DRIVING 53 - DRIVING 54 - 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SEQUENCE OF EVENTS	EVENTS	COLLISION WITH FIXED OBJECT - STRUCK	TRAFFIC WAY FLOW	TRAFFIC CONTROL		
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	1 - ONE WAY 2 - TWO WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
3	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
4	40 - GUARDRAIL	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL	54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	UNIT / NON-MOTORIST DIRECTION FROM <b>4</b> TO <b>3</b>	
5	41 - GUARDRAIL	56 - WORK ZONE MAINTENANCE EQUIPMENT 57 - WALL 58 - BUILDING 59 - TUNNEL	60 - OTHER FIXED OBJECT 61 - OTHER / UNKNOWN	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	UNIT SPEED DETECTED SPEED	
6	42 - GUARDRAIL	62 - WORK ZONE MAINTENANCE EQUIPMENT 63 - WALL 64 - BUILDING 65 - TUNNEL	66 - OTHER FIXED OBJECT 67 - OTHER / UNKNOWN	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	POSTED SPEED	
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	2 5		



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

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  |                               | DATE OF BIRTH |            | AGE        | GENDER                                    | ADDRESS: STREET, CITY, STATE, ZIP |                      |   
  |   |                              |                               |  |   |                     |                               |                            |                      | CONTACT PHONE - INCLUDE AREA CODE  |  | INJURIES                   | INJURED TAKEN BY                         | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |   | SAFETY EQUIPMENT USED         |  | DOT-COMPLIANT MC HELMET     |  | SEATING POSITION              |  | AIR BAG USAGE                     |                     | EJECTION                                  |   | TRAPPED                    |  | OL STATE   | OPERATOR LICENSE NUMBER                  |  |  | OFFENSE CHARGED                    |                              | LOCAL CODE                             | OFFENSE DESCRIPTION |                       | CITATION NUMBER                                |   |   |                                |  |  | OL CLASS                                       | ENDORSEMENT SELECT UP TO 2    | RESTRICTION SELECT UP TO 3   |                                   | DRIVER DISTRACTED BY                      | ALCOHOL / DRUG SUSPECTED      |                               | CONDITION  | STATUS                  | TYPE                                      | ALCOHOL TEST                              | VALUE                            | STATUS   | TYPE   
   | DRUG TEST(S)                |                               |  |                             |                      |                               |            | ALCOHOL    | MARIJUANA  |   |   |                            |  |  |  |   |  |                             |                |  |            |              |            | OTHER DRUG                                |   |                            |  |  |                             |  |                               |                       |                |                                       | <table border="1"> <tr> <td>UNIT #</td> <td colspan="6">NAME: LAST, FIRST, MIDDLE</td> <td colspan="2">DATE OF BIRTH</td> <td>AGE</td> <td>GENDER</td> </tr> <tr> <td colspan="12">ADDRESS: STREET, CITY, STATE, ZIP</td> <td colspan="2">CONTACT PHONE - INCLUDE AREA CODE</td> </tr> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>EMS AGENCY (NAME)</td> <td colspan="2">INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td colspan="2">SAFETY EQUIPMENT USED</td> <td colspan="2">DOT-COMPLIANT MC HELMET</td> <td colspan="2">SEATING POSITION</td> <td colspan="2">AIR BAG USAGE</td> <td colspan="2">EJECTION</td> <td colspan="2">TRAPPED</td> </tr> <tr> <td>OL STATE</td> <td colspan="3">OPERATOR LICENSE NUMBER</td> <td colspan="2">OFFENSE CHARGED</td> <td>LOCAL CODE</td> <td colspan="2">OFFENSE DESCRIPTION</td> <td colspan="6">CITATION
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  |            |            |            |                  |   |   |   |                            |  | CONTACT PHONE - INCLUDE AREA CODE  |   
  | INJURIES                                       | 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                       |                      | OL STATE   | OPERATOR LICENSE NUMBER                        |  |                                 | OFFENSE CHARGED                    |                                 | LOCAL CODE                                | OFFENSE DESCRIPTION        |                       | CITATION NUMBER  |                             |   |                                |                              |  | OL CLASS                                       | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3       |                                   | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED                  |                               | CONDITION            | STATUS   | TYPE                        | ALCOHOL TEST                              | VALUE                            | STATUS                          | TYPE   
   | DRUG TEST(S)                |                              |                               |            |                  |   |                            | ALCOHOL              | MARIJUANA  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            | OTHER DRUG      |   |                            |                      |  |                             |  |                               |                               |                |                                       | <table border="1"> <tr> <td>INJURIES</td> <td>SEATING POSITION</td> <td>AIR BAG</td> <td>OL CLASS</td> <td>OL RESTRICTION(S)</td> <td>DRIVER DISTRACTION</td> <td>TEST STATUS</td> </tr> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS A &amp; 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   | TEST STATUS                               | 1 - FATAL                  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED   | 1 - CLASS A                 | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED            | 1 - NONE GIVEN   | 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B         | 2 - CDL INTRASTATE ONLY                 | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                          | 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE  | 3 - CLASS C                                  | 3 - CORRECTIVE LENSES                          | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 4 - POSSIBLE INJURY                        | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO - D) | 4 - FARM WAIVER    | 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE                       | 5 - NOT APPLICABLE                     | 5 - M / C MOPED ONLY | 5 - EXCEPT CLASS A BUS   | 5 - TEST GIVEN, RESULTS KNOWN |   | 6 - SECOND - RIGHT SIDE       | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL  | 6 - EXCEPT CLASS A & CLASS B BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | <table border="1"> <tr> <td>INJURED TAKEN BY</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8 - THIRD - MIDDLE</td> <td>9 - THIRD - RIGHT SIDE</td> <td>EJECTION</td> <td>OL ENDORSEMENT</td> <td>RESTRICTIONS</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td></td> <td></td> <td></td> <td>1 - NOT EJECTED</td> <td>H - HAZMAT</td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>1 - NONE</td> </tr> <tr> <td>2 - EMS</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>2 - PARTIALLY EJECTED</td> <td>M - MOTORCYCLE</td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td></td> <td>3 - 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| INJURIES   
   | 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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| OL STATE   
   | OPERATOR LICENSE NUMBER  |                                      |   | OFFENSE CHARGED                        |  | LOCAL CODE   | OFFENSE DESCRIPTION                          |               | CITATION NUMBER                           |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| OL CLASS   
   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           |   | DRIVER DISTRACTED BY                   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION                                    | STATUS        | TYPE                                      | ALCOHOL TEST                               | VALUE                | STATUS   | TYPE  | DRUG TEST(S)       |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
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CLASS B BUS</td> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>INJURED TAKEN BY</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8 - THIRD - MIDDLE</td> <td>9 - THIRD - RIGHT SIDE</td> <td>EJECTION</td> <td>OL ENDORSEMENT</td> <td>RESTRICTIONS</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td></td> <td></td> <td></td> <td>1 - NOT EJECTED</td> <td>H - HAZMAT</td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>1 - NONE</td> </tr> <tr> <td>2 - EMS</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>2 - PARTIALLY EJECTED</td> <td>M - MOTORCYCLE</td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td></td> <td>3 - TOTALLY EJECTED</td> <td>P - PASSENGER</td> <td>9 - LEARNER'S PERMIT RESTRICTIONS</td> <td>3 - URINE</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td></td> <td></td> <td>4 - NOT APPLICABLE</td> <td>N - TANKER</td> <td>10 - LIMITED TO DAYLIGHT ONLY</td> <td>4 - BREATH</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> <td>S - SCHOOL BUS</td> <td>14 - MILITARY VEHICLES ONLY</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>T - DOUBLE &amp; TRIPLE TRAILERS</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td>15 - NON-MOTORIST FORWARD FACING</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> <td>X - TANKER / HAZMAT</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>4 - SHOULDER &amp; LAP BELT USED</td> <td>15 - NON-MOTORIST REAR FACING</td> <td></td> <td></td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>21 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td>15 - NON-MOTORIST REAR FACING</td> <td></td> <td></td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>21 - OTHER</td> <td>22 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td>15 - NON-MOTORIST REAR FACING</td> <td></td> <td></td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>21 - OTHER</td> <td>22 - OTHER</td> <td>23 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>7 - BOOSTER SEAT</td> <td>15 - NON-MOTORIST REAR FACING</td> <td></td> <td></td> <td>20 - OTHER</td> <td>21 - OTHER</td> <td>22 - OTHER</td> <td>23 - OTHER</td> <td>24 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>8 - HELMET USED</td> <td>15 - NON-MOTORIST REAR FACING</td> <td></td> <td></td>
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   |                        | OL STATE                         | OPERATOR LICENSE NUMBER           |                                 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  | OFFENSE CHARGED     |                       | LOCAL CODE | OFFENSE DESCRIPTION |   | CITATION NUMBER            |                      |  |                             |                              |                               | OL CLASS             | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3                   |                        | DRIVER DISTRACTED BY                     | ALCOHOL / DRUG SUSPECTED                   |                     | CONDITION                                 | STATUS                                 | TYPE                 | ALCOHOL TEST   | VALUE                       | STATUS                                      | TYPE                                   | DRUG TEST(S)               |                     |            |   |                            |                      |  | ALCOHOL                                   | MARIJUANA                             |  
  |  |                                   |  |                               |                     |               |                                   |   |                            |  |  |   |                            | OTHER DRUG                       |  |                             |  
  |                               |               |            |            |   |                                   |                      | <table border="1"> <tr> <td>UNIT #</td> <td colspan="6">NAME: LAST, FIRST, MIDDLE</td> <td colspan="2">DATE OF BIRTH</td> <td>AGE</td> <td>GENDER</td> </tr> <tr> <td colspan="12">ADDRESS: STREET, CITY, STATE, ZIP</td> <td colspan="2">CONTACT PHONE - INCLUDE AREA CODE</td> </tr> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>EMS AGENCY (NAME)</td> <td colspan="2">INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td colspan="2">SAFETY EQUIPMENT USED</td> <td colspan="2">DOT-COMPLIANT MC HELMET</td> <td colspan="2">SEATING POSITION</td> <td colspan="2">AIR BAG USAGE</td> <td colspan="2">EJECTION</td> <td colspan="2">TRAPPED</td> </tr> <tr> <td>OL STATE</td> <td colspan="3">OPERATOR LICENSE NUMBER</td> <td colspan="2">OFFENSE CHARGED</td> <td>LOCAL CODE</td> <td colspan="2">OFFENSE DESCRIPTION</td> <td colspan="6">CITATION NUMBER</td> </tr> <tr> <td>OL CLASS</td> <td>ENDORSEMENT SELECT UP TO 2</td> <td colspan="2">RESTRICTION SELECT UP TO 3</td> <td>DRIVER DISTRACTED BY</td> <td colspan="2">ALCOHOL / DRUG SUSPECTED</td> <td>CONDITION</td> <td>STATUS</td> <td>TYPE</td> <td>ALCOHOL TEST</td> <td>VALUE</td> <td>STATUS</td> <td>TYPE</td> <td colspan="2">DRUG TEST(S)</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> <td></td> <td>ALCOHOL</td> <td>MARIJUANA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> <td></td> <td>OTHER DRUG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>INJURIES</td> <td>SEATING POSITION</td> <td>AIR BAG</td> <td>OL CLASS</td> <td>OL RESTRICTION(S)</td> <td>DRIVER DISTRACTION</td> <td>TEST STATUS</td> </tr> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS A &amp; 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  | INJURIES                                       | SEATING POSITION                         | AIR BAG                                    | OL CLASS  | OL RESTRICTION(S) | DRIVER DISTRACTION    | TEST STATUS        | 1 - FATAL               | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED                          | 1 - CLASS A                            | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED   | 1 - NONE GIVEN              | 2 - SUSPECTED SERIOUS INJURY              | 2 - FRONT - MIDDLE            | 2 - DEPLOYED FRONT   | 2 - CLASS B  | 2 - CDL INTRASTATE ONLY                        | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                | 3 - SUSPECTED MINOR INJURY         | 3 - FRONT - RIGHT SIDE          | 3 - DEPLOYED SIDE                         | 3 - CLASS C                | 3 - CORRECTIVE LENSES | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE                                     | 4 - POSSIBLE INJURY         | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO - D) | 4 - FARM WAIVER  | 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 5 - NO APPARENT INJURY     | 5 - SECOND - MIDDLE              | 5 - NOT APPLICABLE                | 5 - M / C MOPED ONLY | 5 - EXCEPT CLASS A BUS                    | 5 - TEST GIVEN, RESULTS KNOWN |                      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN      | 6 - NO VALID OL                           | 6 - EXCEPT CLASS A & CLASS B BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | <table border="1"> <tr> <td>INJURED TAKEN BY</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8 - THIRD - MIDDLE</td> <td>9 - THIRD - RIGHT SIDE</td> <td>EJECTION</td> <td>OL ENDORSEMENT</td> <td>RESTRICTIONS</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td></td> <td></td> <td></td> <td>1 - NOT EJECTED</td> <td>H - HAZMAT</td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>1 - NONE</td> </tr> <tr> <td>2 - 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   | 3 - POLICE        | 10 - SLEEPER SECTION OF TRUCK CAB |            |   | 3 - TOTALLY EJECTED        | P - PASSENGER        | 9 - LEARNER'S PERMIT RESTRICTIONS  | 3 - URINE                   | 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |           |          | 4 - NOT APPLICABLE | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | 4 - BREATH        | <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> <td>S - SCHOOL BUS</td> <td>14 - MILITARY VEHICLES ONLY</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>T - DOUBLE &amp; 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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| ADDRESS: STREET, CITY, STATE, ZIP  
   |  |                                      |   |  |  |  |  |               |   |  |                      | CONTACT PHONE - INCLUDE AREA CODE  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| INJURIES   
   | 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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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| OL STATE   
   | OPERATOR LICENSE NUMBER  |                                      |   | OFFENSE CHARGED                        |  | LOCAL CODE   | OFFENSE DESCRIPTION                          |               | CITATION NUMBER                           |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| OL CLASS   
   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           |   | DRIVER DISTRACTED BY                   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION                                    | STATUS        | TYPE                                      | ALCOHOL TEST                               | VALUE                | STATUS   | TYPE  | DRUG TEST(S)       |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |  |                                      |   |  | OTHER DRUG   |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| <table border="1"> <tr> <td>UNIT #</td> <td colspan="6">NAME: LAST, FIRST, MIDDLE</td> <td colspan="2">DATE OF BIRTH</td> <td>AGE</td> <td>GENDER</td> </tr> <tr> <td colspan="12">ADDRESS: STREET, CITY, STATE, ZIP</td> <td colspan="2">CONTACT PHONE - INCLUDE AREA CODE</td> </tr> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>EMS AGENCY (NAME)</td> <td colspan="2">INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</td> <td colspan="2">SAFETY EQUIPMENT USED</td> <td colspan="2">DOT-COMPLIANT MC HELMET</td> <td colspan="2">SEATING POSITION</td> <td colspan="2">AIR BAG USAGE</td> <td colspan="2">EJECTION</td> <td colspan="2">TRAPPED</td> </tr> <tr> <td>OL STATE</td> <td colspan="3">OPERATOR LICENSE NUMBER</td> <td colspan="2">OFFENSE CHARGED</td> <td>LOCAL CODE</td> <td colspan="2">OFFENSE DESCRIPTION</td> <td colspan="6">CITATION NUMBER</td> </tr> <tr> <td>OL CLASS</td> <td>ENDORSEMENT SELECT UP TO 2</td> <td colspan="2">RESTRICTION SELECT UP TO 3</td> <td>DRIVER DISTRACTED BY</td> <td colspan="2">ALCOHOL / DRUG SUSPECTED</td> <td>CONDITION</td> <td>STATUS</td> <td>TYPE</td> <td>ALCOHOL TEST</td> <td>VALUE</td> <td>STATUS</td> <td>TYPE</td> <td colspan="2">DRUG TEST(S)</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> <td></td> <td>ALCOHOL</td> <td>MARIJUANA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> <td></td> <td>OTHER DRUG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>INJURIES</td> <td>SEATING POSITION</td> <td>AIR BAG</td> <td>OL CLASS</td> <td>OL RESTRICTION(S)</td> <td>DRIVER DISTRACTION</td> <td>TEST STATUS</td> </tr> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS A &amp; 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   |                        | OL STATE                         | OPERATOR LICENSE NUMBER           |                                 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  | OFFENSE CHARGED     |                       | LOCAL CODE | OFFENSE DESCRIPTION |   | CITATION NUMBER            |                      |  |                             |                              |                               | OL CLASS             | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3                   |                        | DRIVER DISTRACTED BY                     | ALCOHOL / DRUG SUSPECTED                   |                     | CONDITION                                 | STATUS                                 | TYPE                 | ALCOHOL TEST   | VALUE                       | STATUS                                      | TYPE                                   | DRUG TEST(S)               |                     |            |   |                            |                      |  | ALCOHOL                                   | MARIJUANA                             |  
  |  |                                   |  |                               |                     |               |                                   |   |                            |  |  |   |                            | OTHER DRUG                       |  |                             |  
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FATAL                   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)      | 1 - NOT DEPLOYED              | 1 - CLASS A                            | 1 - ALCOHOL INTERLOCK DEVICE      | 1 - NOT DISTRACTED  | 1 - NONE GIVEN                            | 2 - SUSPECTED SERIOUS INJURY              | 2 - FRONT - MIDDLE         | 2 - DEPLOYED FRONT   | 2 - CLASS B  | 2 - CDL INTRASTATE ONLY                  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED   | 3 - SUSPECTED MINOR INJURY         | 3 - FRONT - RIGHT SIDE       | 3 - DEPLOYED SIDE                      | 3 - CLASS C         | 3 - CORRECTIVE LENSES | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | 4 - POSSIBLE INJURY                       | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO - D)   | 4 - FARM WAIVER  | 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 5 - NO APPARENT INJURY        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                | 5 - M / C MOPED ONLY                      | 5 - EXCEPT CLASS A BUS        | 5 - TEST GIVEN, RESULTS KNOWN |            | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN                    | 6 - NO VALID OL                           | 6 - EXCEPT CLASS A & CLASS B BUS | 5 - TEST GIVEN, RESULTS UNKNOWN  | <table border="1"> <tr> <td>INJURED TAKEN BY</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8 - THIRD - MIDDLE</td> <td>9 - THIRD - RIGHT SIDE</td> <td>EJECTION</td> <td>OL ENDORSEMENT</td> <td>RESTRICTIONS</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td></td> <td></td> <td></td> <td>1 - NOT EJECTED</td> <td>H - HAZMAT</td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>1 - NONE</td> </tr> <tr> <td>2 - EMS</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>2 - PARTIALLY EJECTED</td> <td>M - MOTORCYCLE</td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - 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NOT TRANSPORTED / TREATED AT SCENE |            |              |            | 1 - NOT EJECTED                           | H - HAZMAT                                | 7 - EXCEPT TRACTOR-TRAILER | 1 - NONE   | 2 - EMS  | 9 - THIRD - RIGHT SIDE      |  |                               | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 2 - BLOOD   
   
  | 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB |   |   | 3 - TOTALLY EJECTED        | P - PASSENGER  | 9 - LEARNER'S PERMIT RESTRICTIONS  | 3 - URINE                                 | 9 - OTHER / UNKNOWN           | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |            | 4 - NOT APPLICABLE        | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | 4 - BREATH | <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - 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| UNIT #   
   | NAME: LAST, FIRST, MIDDLE  |                                      |   |  |  |  | DATE OF BIRTH                                |               | AGE                                       | GENDER                                     |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| ADDRESS: STREET, CITY, STATE, ZIP  
   |  |                                      |   |  |  |  |  |               |   |  |                      | CONTACT PHONE - INCLUDE AREA CODE  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| INJURIES   
   | 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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| OL STATE   
   | OPERATOR LICENSE NUMBER  |                                      |   | OFFENSE CHARGED                        |  | LOCAL CODE   | OFFENSE DESCRIPTION                          |               | CITATION NUMBER                           |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| OL CLASS   
   | ENDORSEMENT SELECT UP TO 2   | RESTRICTION SELECT UP TO 3           |   | DRIVER DISTRACTED BY                   | ALCOHOL / DRUG SUSPECTED   |  | CONDITION                                    | STATUS        | TYPE                                      | ALCOHOL TEST                               | VALUE                | STATUS   | TYPE  | DRUG TEST(S)       |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| <table border="1"> <tr> <td>INJURIES</td> <td>SEATING POSITION</td> <td>AIR BAG</td> <td>OL CLASS</td> <td>OL RESTRICTION(S)</td> <td>DRIVER DISTRACTION</td> <td>TEST STATUS</td> </tr> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>9 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS A &amp; CLASS B BUS</td> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>INJURED TAKEN BY</td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td>8 - THIRD - MIDDLE</td> <td>9 - THIRD - RIGHT SIDE</td> <td>EJECTION</td> <td>OL ENDORSEMENT</td> <td>RESTRICTIONS</td> <td>DRUG TEST TYPE</td> </tr> <tr> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td></td> <td></td> <td></td> <td>1 - NOT EJECTED</td> <td>H - HAZMAT</td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>1 - NONE</td> </tr> <tr> <td>2 - EMS</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>2 - PARTIALLY EJECTED</td> <td>M - MOTORCYCLE</td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>2 - BLOOD</td> </tr> <tr> <td>3 - POLICE</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td></td> <td>3 - TOTALLY EJECTED</td> <td>P - PASSENGER</td> <td>9 - LEARNER'S PERMIT RESTRICTIONS</td> <td>3 - URINE</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td></td> <td></td> <td>4 - NOT APPLICABLE</td> <td>N - TANKER</td> <td>10 - LIMITED TO DAYLIGHT ONLY</td> <td>4 - BREATH</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> <td>S - SCHOOL BUS</td> <td>14 - MILITARY VEHICLES ONLY</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>T - DOUBLE &amp; TRIPLE TRAILERS</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - 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   | 3 - POLICE   | 10 - SLEEPER SECTION OF TRUCK CAB |  |                               | 3 - TOTALLY EJECTED | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | 3 - URINE                                 | 9 - OTHER / UNKNOWN        | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  |   | 4 - NOT APPLICABLE         | N - TANKER                       | 10 - LIMITED TO DAYLIGHT ONLY  | 4 - BREATH                  | <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> <td>S - SCHOOL BUS</td> <td>14 - MILITARY VEHICLES ONLY</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>T - DOUBLE &amp; TRIPLE TRAILERS</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td>15 - NON-MOTORIST FORWARD FACING</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> <td>X - TANKER / HAZMAT</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 -
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   |            | 21 - OTHER | 22 - OTHER | 23 - OTHER       | 24 - OTHER                              | 25 - OTHER                                | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  
   | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | 15 - NON-MOTORIST REAR FACING            |  |   | 22 - OTHER        | 23 - OTHER            | 24 - OTHER         | 25 - OTHER              | 26 - OTHER                                | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT             | 12 - LIMITED - OTHER         | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY | 10 - REFLECTIVE CLOTHING                  | 15 - NON-MOTORIST REAR FACING |                      |  | 23 - OTHER                                     | 24 - OTHER   | 25 - OTHER                      | 26 - OTHER                         | 27 - OTHER                      | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 15 - NON-MOTORIST REAR FACING  |                              |  | 24 - OTHER                                     | 25 - OTHER                 | 26 - OTHER                       | 27 - OTHER                        | 28 - OTHER           | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT    | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY | 99 - OTHER / UNKNOWN                      | 15 - NON-MOTORIST REAR FACING    |                                 |   
  | 25 - OTHER                  | 26 - OTHER                   | 27 - OTHER                    | 28 - OTHER | 29 - OTHER       | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY | <table border="1"> <tr> <td>GENDER</td> <td>TEST STATUS</td> </tr> <tr> <td>F - FEMALE</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>M - MALE</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>U - OTHER/UNKNOWN</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td></td> <td>4 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1 - NONE</td> </tr> <tr> <td></td> <td>2 - BLOOD</td> </tr> <tr> <td></td> <td>3 - URINE</td> </tr> <tr> <td></td> <td>4 - BREATH</td> </tr> <tr> <td></td> <td>5 - OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1 - NONE</td> </tr> <tr> <td></td> <td>2 - BLOOD</td> </tr> <tr> <td></td> <td>3 - URINE</td> </tr> <tr> <td></td> <td>4 - OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST RESULT(S)</td> </tr> <tr> <td></td> <td>1 - AMPHETAMINES</td> </tr> <tr> <td></td> <td>2 - BARBITURATES</td> </tr> <tr> <td></td> <td>3 - BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4 - CANNABINOID</td> </tr> <tr> <td></td> <td>5 - COCAINE</td> </tr> <tr> <td></td> <td>6 - OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7 - OTHER</td> </tr> <tr> <td></td> <td>8 - NEGATIVE RESULTS</td> </tr> </table> |                            |   |  |                             |   |                               |              |                |  |            |            | GENDER     | TEST STATUS     | F - FEMALE                                | 1 - NONE GIVEN             | M - MALE             | 2 - TEST REFUSED   | U - OTHER/UNKNOWN           | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |                               | 4 - TEST GIVEN, RESULTS KNOWN |                | 5 - TEST GIVEN, RESULTS UNKNOWN       |  
  | ALCOHOL TEST TYPE |                                   | 1 - NONE   |   | 2 - BLOOD                  |                      | 3 - URINE  |                             | 4 - BREATH          |  | 5 - OTHER |          | DRUG TEST TYPE     |            | 1 - NONE                      |                   | 2 - BLOOD  
  |   | 3 - URINE                  |   | 4 - OTHER  |                             | DRUG TEST RESULT(S)          |                               | 1 - AMPHETAMINES |                              | 2 - BARBITURATES   |                    | 3 - BENZODIAZEPINES |   | 4 - CANNABINOID  |   | 5 - COCAINE                |                        | 6 - OPIATES / OPIOIDS  |  | 7 - OTHER                                      |  | 8 - NEGATIVE RESULTS                       |   |                                |                              |                    |  |                        |   |  |                      |  |                               |   |                               |                        |  |                                  |                                 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INJURIES   
   | SEATING POSITION   | AIR BAG                              | OL CLASS  | OL RESTRICTION(S)                      | DRIVER DISTRACTION   | TEST STATUS  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 1 - FATAL  
   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                     | 1 - CLASS A                                     | 1 - ALCOHOL INTERLOCK DEVICE           | 1 - NOT DISTRACTED   | 1 - NONE GIVEN   |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 2 - SUSPECTED SERIOUS INJURY   
   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                   | 2 - CLASS B                                     | 2 - CDL INTRASTATE ONLY                | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED   |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 3 - SUSPECTED MINOR INJURY   
   | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                    | 3 - CLASS C                                     | 3 - CORRECTIVE LENSES                  | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE                                       |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 4 - POSSIBLE INJURY  
   | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE       | 4 - REGULAR CLASS (OHIO - D)                    | 4 - FARM WAIVER                        | 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 5 - NO APPARENT INJURY   
   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                   | 5 - M / C MOPED ONLY                            | 5 - EXCEPT CLASS A BUS                 | 5 - TEST GIVEN, RESULTS KNOWN  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                              |                               |            |                  |   |                            |                      |  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       |   
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   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN               | 6 - NO VALID OL                                 | 6 - EXCEPT CLASS A & CLASS B BUS       | 5 - TEST GIVEN, RESULTS UNKNOWN  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                     |                       |            |                     |   |                            | SAFETY EQUIPMENT     | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                     | R - THREE-WHEEL MOTORCYCLE   | 11 - LIMITED TO EMPLOYMENT    | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | 6 - PASSENGER          | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 9 - OTHER / UNKNOWN | ALCOHOL TEST TYPE                         | 1 - NONE USED                          | 13 - TRAILING UNIT   | 1 - NOT TRAPPED  | S - SCHOOL BUS              | 14 - MILITARY VEHICLES ONLY                 | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 16 - OUTSIDE MIRROR        | 17 - PROSTHETIC AID | 18 - OTHER | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY               | 2 - SHOULDER BELT ONLY USED           | 14 - RIDING ON VEHICLE EXTERIOR   
   | 2 - EXTRICATED BY MECHANICAL MEANS   | T - DOUBLE & TRIPLE TRAILERS      | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 16 - OUTSIDE MIRROR           | 17 - PROSTHETIC AID | 18 - OTHER    | 19 - OTHER                        | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY               | 3 - LAP BELT ONLY USED     | 15 - NON-MOTORIST FORWARD FACING | 3 - FREED BY NON-MECHANICAL MEANS  | X - TANKER / HAZMAT         | 16 - OUTSIDE MIRROR   
   | 17 - PROSTHETIC AID           | 18 - OTHER    | 19 - OTHER | 20 - OTHER | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT        | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)   
   | 14 - MILITARY VEHICLES ONLY               | 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST REAR FACING |  |   | 17 - PROSTHETIC AID | 18 - OTHER                    | 19 - OTHER                 | 20 - OTHER           | 21 - OTHER   | 10 - OTHER DISTRACTION INSIDE THE VEHICLE    | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER                     | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                     | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 15 - NON-MOTORIST REAR FACING |  |                             | 18 - OTHER                                     | 19 - OTHER                    | 20 - OTHER                             | 21 - OTHER                        | 22 - OTHER          | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 15 - NON-MOTORIST REAR FACING  |  |                                    | 19 - OTHER                   | 20 - OTHER                             | 21 - OTHER          | 22 - OTHER            | 23 - OTHER                                     | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                      | 12 - LIMITED - OTHER           | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 7 - BOOSTER SEAT                               | 15 - NON-MOTORIST REAR FACING |  |                                   | 20 - OTHER                                | 21 - OTHER                    | 22 - OTHER                    | 23 - OTHER | 24 - OTHER              | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER             | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY   
  | 8 - HELMET USED             | 15 - NON-MOTORIST REAR FACING |  |                             | 21 - OTHER           | 22 - OTHER                    | 23 - OTHER | 24 - OTHER | 25 - OTHER | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | 15 - NON-MOTORIST REAR FACING               |  |                             | 22 - OTHER     | 23 - OTHER                             | 24 - OTHER | 25 - OTHER   | 26 - OTHER | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 10 - REFLECTIVE CLOTHING    | 15 - NON-MOTORIST REAR FACING            |                               |                       | 23 - OTHER     | 24 - OTHER                            | 25 - OTHER   
   
   | 26 - OTHER | 27 - OTHER                        | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 15 - NON-MOTORIST REAR FACING |  |  | 24 - OTHER | 25 - OTHER                | 26 - OTHER | 27 - OTHER                    | 28 - OTHER | 10 - OTHER DISTRACTION INSIDE THE VEHICLE   | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | 99 - OTHER / UNKNOWN        | 15 - NON-MOTORIST REAR FACING     |                               |   
   | 25 - OTHER | 26 - OTHER | 27 - OTHER | 28 - OTHER       | 29 - OTHER                              | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                | 12 - LIMITED - OTHER       | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY  | <table border="1"> <tr> <td>GENDER</td> <td>TEST STATUS</td> </tr> <tr> <td>F - FEMALE</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>M - MALE</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>U - OTHER/UNKNOWN</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td></td> <td>4 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td></td> <td>5 - TEST GIVEN, RESULTS UNKNOWN</td> </tr> <tr> <td></td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td></td> <td>1 - NONE</td> </tr> <tr> <td></td> <td>2 - BLOOD</td> </tr> <tr> <td></td> <td>3 - URINE</td> </tr> <tr> <td></td> <td>4 - BREATH</td> </tr> <tr> <td></td> <td>5 - OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>1 - NONE</td> </tr> <tr> <td></td> <td>2 - BLOOD</td> </tr> <tr> <td></td> <td>3 - URINE</td> </tr> <tr> <td></td> <td>4 - OTHER</td> </tr> <tr> <td></td> <td>DRUG TEST RESULT(S)</td>
</tr> <tr> <td></td> <td>1 - AMPHETAMINES</td> </tr> <tr> <td></td> <td>2 - BARBITURATES</td> </tr> <tr> <td></td> <td>3 - BENZODIAZEPINES</td> </tr> <tr> <td></td> <td>4 - CANNABINOID</td> </tr> <tr> <td></td> <td>5 - COCAINE</td> </tr> <tr> <td></td> <td>6 - OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td>7 - OTHER</td> </tr> <tr> <td></td> <td>8 - NEGATIVE RESULTS</td> </tr> </table> |  |  |  |   |                   |                       |                    |                         |   |   |  | GENDER                       | TEST STATUS  | F - FEMALE                  | 1 - NONE GIVEN                            | M - MALE                      | 2 - TEST REFUSED     | U - OTHER/UNKNOWN  | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |  | 4 - TEST GIVEN, RESULTS KNOWN   |                                    | 5 - TEST GIVEN, RESULTS UNKNOWN |   | ALCOHOL TEST TYPE          |                       | 1 - NONE   |                             | 2 - BLOOD                                     |                                | 3 - URINE                    |  | 4 - BREATH                                     |                            | 5 - OTHER                        |                                   | DRUG TEST TYPE       |   | 1 - NONE                      |                      | 2 - BLOOD  |                             | 3 - URINE                                 |                                  | 4 - OTHER                       |  
   | DRUG TEST RESULT(S)         |                              | 1 - AMPHETAMINES              |            | 2 - BARBITURATES |   | 3 - BENZODIAZEPINES        |                      | 4 - CANNABINOID  |                             | 5 - COCAINE  |                            | 6 - OPIATES / OPIOIDS                       |  | 7 - OTHER                   |   | 8 - NEGATIVE RESULTS          |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INJURED TAKEN BY   
   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 8 - THIRD - MIDDLE                   | 9 - THIRD - RIGHT SIDE                          | EJECTION                               | OL ENDORSEMENT   | RESTRICTIONS   | DRUG TEST TYPE                               |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 1 - NOT TRANSPORTED / TREATED AT SCENE   
   |  |                                      |   | 1 - NOT EJECTED                        | H - HAZMAT   | 7 - EXCEPT TRACTOR-TRAILER   | 1 - NONE                                     |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 2 - EMS  
   | 9 - THIRD - RIGHT SIDE   |                                      |   | 2 - PARTIALLY EJECTED                  | M - MOTORCYCLE   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 2 - BLOOD                                    |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 3 - POLICE   
   | 10 - SLEEPER SECTION OF TRUCK CAB  |                                      |   | 3 - TOTALLY EJECTED                    | P - PASSENGER  | 9 - LEARNER'S PERMIT RESTRICTIONS  | 3 - URINE                                    |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 9 - OTHER / UNKNOWN  
   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                      |   | 4 - NOT APPLICABLE                     | N - TANKER   | 10 - LIMITED TO DAYLIGHT ONLY  | 4 - BREATH                                   |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| <table border="1"> <tr> <td>SAFETY EQUIPMENT</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td>TRAPPED</td> <td>R - THREE-WHEEL MOTORCYCLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> <td>6 - PASSENGER</td> <td>7 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> <td>9 - OTHER / UNKNOWN</td> <td>ALCOHOL TEST TYPE</td> </tr> <tr> <td>1 - NONE USED</td> <td>13 - TRAILING UNIT</td> <td>1 - NOT TRAPPED</td> <td>S - SCHOOL BUS</td> <td>14 - MILITARY VEHICLES ONLY</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>2 - SHOULDER BELT ONLY USED</td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td>2 - EXTRICATED BY MECHANICAL MEANS</td> <td>T - DOUBLE &amp; TRIPLE TRAILERS</td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - MILITARY VEHICLES ONLY</td> </tr> <tr> <td>3 - LAP BELT ONLY USED</td> <td>15 - NON-MOTORIST FORWARD FACING</td> <td>3 - FREED BY NON-MECHANICAL MEANS</td> <td>X - TANKER / HAZMAT</td> <td>16 - OUTSIDE MIRROR</td> <td>17 - PROSTHETIC AID</td> <td>18 - OTHER</td> <td>19 - OTHER</td> <td>20 - OTHER</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>12 - LIMITED - OTHER</td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>14 - 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  |            |                                   |   |   |                            |  |  |   |                               |  |  |            |                           |            |                               |            |   |   |                            |  |  |                             |                                   |                               | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - NONE USED  
   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                      | S - SCHOOL BUS                                  | 14 - MILITARY VEHICLES ONLY            | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 16 - OUTSIDE MIRROR  | 17 - PROSTHETIC AID                          | 18 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 2 - SHOULDER BELT ONLY USED  
   | 14 - RIDING ON VEHICLE EXTERIOR  | 2 - EXTRICATED BY MECHANICAL MEANS   | T - DOUBLE & TRIPLE TRAILERS                    | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 16 - OUTSIDE MIRROR  | 17 - PROSTHETIC AID  | 18 - OTHER                                   | 19 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |   |                            |   |  |                             |                              |                               |                  |                              |                    |                    |                     |   |  |   |                            |                        |  |  |  |  |  |   |                                |                              |                    |  |                        |   |  |                      |  |                               |   |                               |                        |  |                                  |                                 |   
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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 3 - LAP BELT ONLY USED   
   | 15 - NON-MOTORIST FORWARD FACING   | 3 - FREED BY NON-MECHANICAL MEANS    | X - TANKER / HAZMAT                             | 16 - OUTSIDE MIRROR                    | 17 - PROSTHETIC AID  | 18 - OTHER   | 19 - OTHER                                   | 20 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 4 - SHOULDER & LAP BELT USED   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 17 - PROSTHETIC AID                    | 18 - OTHER   | 19 - OTHER   | 20 - OTHER                                   | 21 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING  
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 18 - OTHER                             | 19 - OTHER   | 20 - OTHER   | 21 - OTHER                                   | 22 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 6 - CHILD RESTRAINT SYSTEM - REAR FACING   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 19 - OTHER                             | 20 - OTHER   | 21 - OTHER   | 22 - OTHER                                   | 23 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 7 - BOOSTER SEAT   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 20 - OTHER                             | 21 - OTHER   | 22 - OTHER   | 23 - OTHER                                   | 24 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                               |  |                             |                      |                               |            |            |            |   |   |                            |  |  |  |   |  |                             |                |  |            |              |            |   |   |                            |  |  |                             |  |                               |                       |                |                                       |   
   
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 8 - HELMET USED  
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 21 - OTHER                             | 22 - OTHER   | 23 - OTHER   | 24 - OTHER                                   | 25 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                              |                               |            |                  |   |                            |                      |  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       |   
   |                   |                                   |            |   |                            |                      |  |                             |                     |  |           |          |                    |            |                               |                   |   
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 22 - OTHER                             | 23 - OTHER   | 24 - OTHER   | 25 - OTHER                                   | 26 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| 10 - REFLECTIVE CLOTHING   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 23 - OTHER                             | 24 - OTHER   | 25 - OTHER   | 26 - OTHER                                   | 27 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                              |                               |            |                  |   |                            |                      |  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       |   
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY  
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 24 - OTHER                             | 25 - OTHER   | 26 - OTHER   | 27 - OTHER                                   | 28 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                               |  |                             |                      |                               |            |            |            |   |   |                            |  |  |  |   |  |                             |                |  |            |              |            |   |   |                            |  |  |                             |  |                               |                       |                |                                       |   
   
  |            |                                   |   |   |                            |  |  |   |                               |  |  |            |                           |            |                               |            |   |   |                            |  |  |                             |                                   |                               | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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   |                             |                              |                               |            |                  |   |                            |                      |  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       |   
   |                   |                                   |            |   |                            |                      |  |                             |                     |  |           |          |                    |            |                               |                   |   
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
| 99 - OTHER / UNKNOWN   
   | 15 - NON-MOTORIST REAR FACING  |                                      |   | 25 - OTHER                             | 26 - OTHER   | 27 - OTHER   | 28 - OTHER                                   | 29 - OTHER    | 10 - OTHER DISTRACTION INSIDE THE VEHICLE | 11 - LIMITED TO EMPLOYMENT                 | 12 - LIMITED - OTHER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY                 |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |                             |                              |                               |            |                  |   |                            |                      |  |                             |  |                            |   |  |                             |   |                               |              |                |  |            |            |            |                 |   |                            |                      |  |                             |  |                               |                               |                |                                       |   
   |                   |                                   |            |   |                            |                      |  |                             |                     |  |           |          |                    |            |                               |                   |   
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| GENDER   
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| F - FEMALE   
   | 1 - NONE GIVEN   |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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| M - MALE   
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| U - OTHER/UNKNOWN  
   | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE   |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 4 - TEST GIVEN, RESULTS KNOWN  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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  |                                    |                              |   |                            |                      |  |                             |   |                               |                      |  |                             |   |                                  |                                   |                     |   |                            |                      |  |                             |   |                               |                      |  |                             |                              |                               |                        |            |   |                            |                      |  |                             |  |                                   |                      |  |                             |   |                                   |           |                     |  |            |            |                    |             |   |                            |   
   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
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   | 5 - TEST GIVEN, RESULTS UNKNOWN  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | ALCOHOL TEST TYPE  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 3 - URINE  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 4 - BREATH   |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | DRUG TEST RESULT(S)  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 2 - BARBITURATES   |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 3 - BENZODIAZEPINES  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   |  |                             |  |                               |                               |  |                                 |            |                   |            |            |   |   |                      |  |                             |                      |  |  |               |  |  |                     |                   |               |   |                            |                      |  |  |                     |                               |                  |   |                            |                      |  |                             |                             |   |                                    |                              |  |                             |  |                               |                      |   |                            |                      |  |                             |                        |   |                                   |                      |  |                             |                          |                               |            |   |                            |                      |  |                             |                              |   |                            |                      |  |                             |   |                               |            |   |                            |                      |  |                             |   |   |                            |                      |  |                             |                      |                               |            |   |                            |                      |  |                             |  |   |                            |                      |  |                             |  |            |            |   |                            |                      |  |                             |                  |                               |  |  |            |             |            |                |            |   |                            |  |  |                               |                 |                                 |  |                   |            |            |            |            |            |   |                            |                      |  |                             |  |                               |  |          |            |            |            |            |            |   |                            |                      |  |                             |                          |                               |  |                     |            |                 |            |             |            |   |                            |                      |  |                             |   |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |                      |                               |  |  |            |            |            |            |            |   |                            |                      |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |        |             |            |                |          |                  |                   |  |  |                               |  |                                 |  |                   |  |          |  |           |  |           |  |            |  |           |  |                |  |          |  |           |  |           |  |           |  |                     |  |                  |  |                  |  |                     |  |                 |  |             |  |                       |  |           |  |                      |
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   | 4 - CANNABINOID  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 5 - COCAINE  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 6 - OPIATES / OPIOIDS  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 7 - OTHER  |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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   | 8 - NEGATIVE RESULTS   |                                      |   |  |  |  |  |               |   |  |                      |  |   |                    |   |                            |                       |  |  |   |  |  |                                   |                    |                   |                              |                    |                    |                             |  |  |                       |                            |   |                                   |                      |  |  |                             |   |                                    |                                   |  |  |  |                            |                     |   |                            |                               |  | | | | | |
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