

JJM 10/7/24



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION			24MPD1502			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-TP	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME * Millersburg			NCIC * 03801	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY* 38	LOCALITY* 2	LOCATION: CITY, VILLAGE, TOWNSHIP* Millersburg	CRASH DATE / TIME* 10/06/2024 17:53	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME 1586 S. Washington	ROAD TYPE ST	LATITUDE DECIMAL DEGREES 40.534356	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Washington	ROAD TYPE ST	LONGITUDE DECIMAL DEGREES -81.917361	

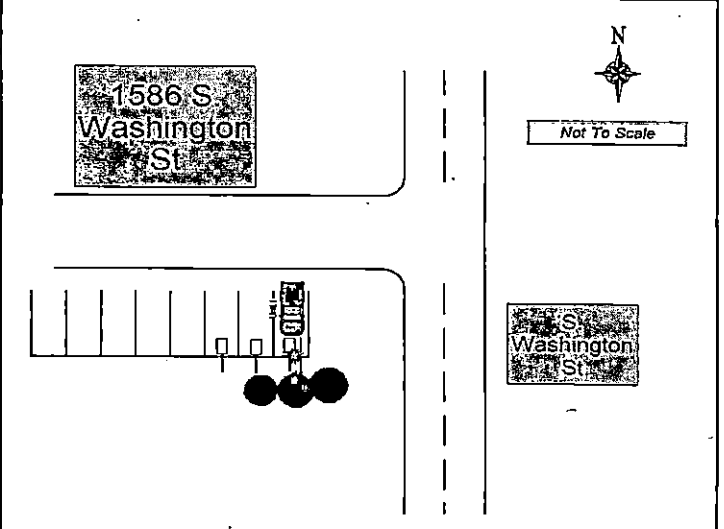
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS LA - LANE LA - LANE MP - MILEPOST CV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - SQUARE ST - STREET STE - TERRACE TR - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			

LOCATION OF FIRST HARMFUL EVENT 6	MANNER OF CRASH COLLISION/IMPACT 1	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1	WEATHER 1	CONTOUR 1	CONDITIONS 1	SURFACE 2
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**NARRATIVE**  
On the listed date I was dispatched to a possible drunk driver call. On arrival I was met by an employee that stated the vehicle pulled into a curbside parking space and ran over the sign. As I approached the vehicle I could see the curbside parking sign underneath the truck and ripped out of the ground. The operator could not show any proof of auto insurance and was declared under the influence of alcohol as his BAC was .213



CRASH REPORTED DATE / TIME 10/06/2024 17:53	DISPATCH DATE / TIME 10/06/2024 17:53	ARRIVAL DATE / TIME 10/06/2024 17:55	SCENE CLEARED DATE / TIME 10/06/2024 18:39	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 76	OFFICER'S NAME* Derrick, Hunter	CHECKED BY OFFICER'S NAME*
			OFFICER'S BADGE NUMBER* 111	CHECKED BY OFFICER'S BADGE NUMBER*

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**CLEAVENGER, DOUGLAS, C**

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**25234 SR 621, COSHOCTON, OH, 43812**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JWR5988 VEHICLE IDENTIFICATION # 1FT7W2BT2BEA29604 VEHICLE YEAR 2011 VEHICLE MAKE FORD

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR BRO VEHICLE MODEL F-250

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME RIGZ TOWING

HAZARDOUS MATERIAL:  MATERIAL CLASS # \_\_\_\_\_  RELEASED  PLACARD ID # \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS \_\_\_\_\_

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.

UNIT TYPE 4

1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION MODE LEVEL

SPECIAL FUNCTION 1

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 99

1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN / ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
		10 - FLAT BED	14 - GARBAGE/REFUSE	

VEHICLE DEFECTS 99

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION 3

1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

ACTION 3

1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING; PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	

CONTRIBUTING CIRCUMSTANCES 99

1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO ROADWAY
2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

2 54 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

3 \_\_\_\_\_ 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

4 \_\_\_\_\_ 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 27 - BRIDGE PIER OR ABUTMENT

5 \_\_\_\_\_ 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 30 - GUARDRAIL FACE

6 \_\_\_\_\_ 6 - EQUIPMENT FAILURE 31 - GUARDRAIL END 17 - ANIMAL - FARM 32 - PORTABLE BARRIER 37 - TRAFFIC SIGN POST

**EVENTS**

1 1 FIRST HARMFUL EVENT 2 2 MOST HARMFUL EVENT

COLLISION WITH FIXED OBJECT - STRUCK:

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL
			52 - BUILDING
			53 - TUNNEL
			54 - OTHER FIXED OBJECT
			99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER  
**24MPD1502**

**DAMAGE**

DAMAGE SCALE

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

2

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

**INITIAL POINT OF CONTACT**

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

12

☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]  
 ☐ - TOP [13] ☐ - ALL AREAS [15]  
 ☐ - UNIT NOT AT SCENE [16]

**TRAFFIC**

TRAFFICWAY FLOW: 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED: 5

POSTED SPEED: 0

DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
24MPD1502

UNIT # 1	NAME: LAST, FIRST, MIDDLE CLEAVENGER, DOUGLAS, C	DATE OF BIRTH 07/04/1964	AGE 60	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP 25234 SR 621, COSHOCTON, OH, 43812	CONTACT PHONE - INCLUDE AREA CODE 234-301-8948
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INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RH265624	OFFENSE CHARGED 4511.19A1H	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION THE PERSON HAS A CONCENTRATION	CITATION NUMBER 1XMBAR				
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS: 4, TYPE: 4, VALUE: .213		DRUG TEST(S) STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4	

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	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE:		DRUG TEST(S) STATUS: , TYPE: , RESULTS SELECT UP TO 4	

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	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE:		DRUG TEST(S) STATUS: , TYPE: , RESULTS SELECT UP TO 4	

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