

2 0 2 1 - 0 0 0 0 3 5 9 1

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME* **Stow Police** NCIC* 0 7 7 1 2

HIT/SKIP: 1 - SOLVED, 2 - UNSOLVED
 NUMBER OF UNITS: 0 1
 UNIT IN ERROR: 0 1 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY* 7 7 LOCALITY* 1 (1 - CITY, 2 - VILLAGE, 3 - TOWNSHIP)
 LOCATION: CITY, VILLAGE, TOWNSHIP* **Stow**

CRASH DATE / TIME* 0 3 1 3 2 0 2 1 / 0 2 4 8
 CRASH SEVERITY: 3 (1 - FATAL, 2 - SERIOUS INJURY SUSPECTED, 3 - MINOR INJURY SUSPECTED, 4 - INJURY POSSIBLE, 5 - PROPERTY DAMAGE ONLY)

ROUTE TYPE, ROUTE NUMBER, PREFIX, LOCATION ROAD NAME **BRIDGEWATER**, ROAD TYPE **P K**

LATITUDE DECIMAL DEGREES 4 1 1 8 0 2 9 4

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) **4200**, ROAD TYPE

LONGITUDE DECIMAL DEGREES 8 1 4 8 3 0 9 5

REFERENCE POINT: 3 (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, HW - HIGHWAY, LA - LANE, MP - MILEPOST, OV - OVAL, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

INTERSECTION RELATED: WITHIN INTERSECTION OR ON APPROACH, WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
 ROADWAY: ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 0 4 (1 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFIC WAY, 7 - ON RAMP, 8 - OFF RAMP, 9 - CROSSOVER, 10 - DRIVEWAY/ALLEY ACCESS, 11 - RAILWAY GRADE CROSSING, 12 - SHARED USE PATHS OR TRAILS, 13 - BIKE LANE, 14 - TOLL BOOTH, 99 - OTHER / UNKNOWN)
 MANNER OF CRASH COLLISION/IMPACT: 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

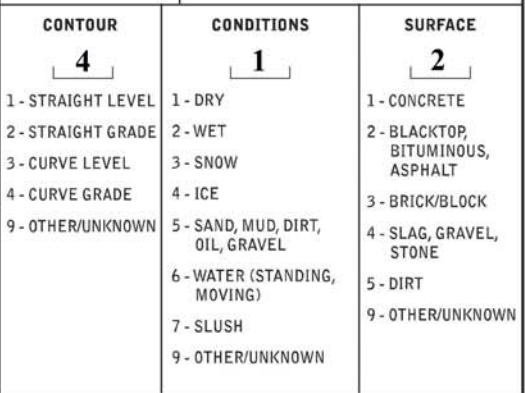
DIRECTION OF TRAVEL: 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST
 MEDIAN TYPE: 1 - DIVIDED FLUSH MEDIAN (<4 FEET), 2 - DIVIDED FLUSH MEDIAN (>=4 FEET), 3 - DIVIDED, DEPRESSED MEDIAN, 4 - DIVIDED, RAISED MEDIAN (ANY TYPE), 9 - OTHER/UNKNOWN

WORK ZONE RELATED: WORKERS PRESENT: LAW ENFORCEMENT PRESENT: ACTIVE SCHOOL ZONE:
 WORK ZONE TYPE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER
 LOCATION OF CRASH IN WORK ZONE: 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN, 2 - ADVANCE WARNING AREA, 3 - TRANSITION AREA, 4 - ACTIVITY AREA, 5 - TERMINATION AREA

CONTOUR: 4 (1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - OTHER/UNKNOWN)
 CONDITIONS: 1 (1 - DRY, 2 - WET, 3 - SNOW, 4 - ICE, 5 - SAND, MUD, DIRT, OIL, GRAVEL, 6 - WATER (STANDING, MOVING), 7 - SLUSH, 9 - OTHER/UNKNOWN)
 SURFACE: 2 (1 - CONCRETE, 2 - BLACKTOP, BITUMINOUS, ASPHALT, 3 - BRICK/BLOCK, 4 - SLAG, GRAVEL, STONE, 5 - DIRT, 9 - OTHER/UNKNOWN)

LIGHT CONDITION: 3 (1 - DAYLIGHT, 2 - DAWN/DUSK, 3 - DARK - LIGHTED ROADWAY, 4 - DARK - ROADWAY NOT LIGHTED, 5 - DARK - UNKNOWN ROADWAY LIGHTING, 9 - OTHER / UNKNOWN)
 WEATHER: 0 1 (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)

NARRATIVE
Unit 1 was fleeing from police traveling southbound on Bridgewater Pkwy negotiating a curve. Unit 1 failed to maintain control of their vehicle ran off the road to the right and came to a stop after running into a tree.



CRASH REPORTED DATE / TIME: 0 3 1 3 2 0 2 1 / 0 2 4 8
 DISPATCH DATE / TIME: 0 3 1 3 2 0 2 1 / 0 2 5 6
 ARRIVAL DATE / TIME: 0 3 1 3 2 0 2 1 / 0 3 0 1
 SCENE CLEARED DATE / TIME: 0 3 1 3 2 0 2 1 / 0 5 4 8
 REPORT TAKEN BY: POLICE AGENCY, MOTORIST, SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
 TOTAL TIME ROADWAY CLOSED: 0 6 5
 OTHER INVESTIGATION TIME: 0 0 0
 TOTAL MINUTES: 1 7 2
 OFFICER'S NAME*: **Maruna, Kristopher J**
 OFFICER'S BADGE NUMBER*: 7 5 5
 CHECKED BY OFFICER'S NAME*: **Dirker, Erik N**
 CHECKED BY OFFICER'S BADGE NUMBER*: 7 1 2

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
RSC MECHANICAL INC

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
4825 COMMERCIAL DR SW, HUNTSVILLE, AL 35816

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

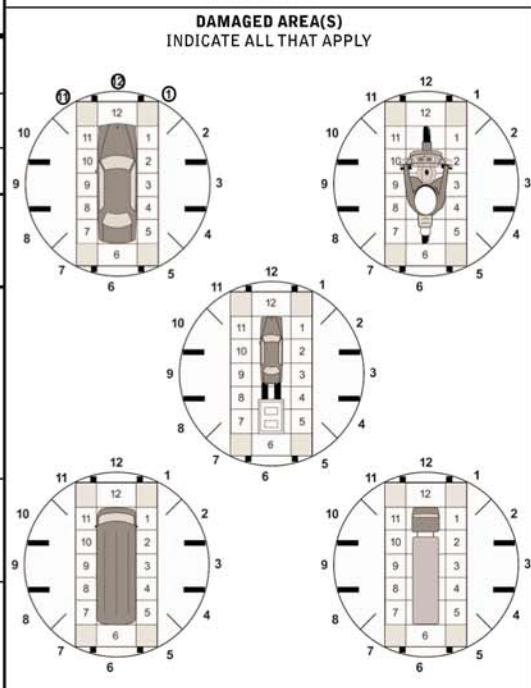
LP STATE AL LICENSE PLATE # 47P1744C VEHICLE IDENTIFICATION # 3 G C U Y D E D X L G 2 1 2 7 4 2 VEHICLE YEAR 2 0 2 0 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY AMERISURE PARTNERS I INSURANCE POLICY # CA20729730905 COLOR WHI VEHICLE MODEL SILVERADO

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME Joos Auto

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS. HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

UNIT TYPE 0 1 # OF TRAILING UNITS _____



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 0 1

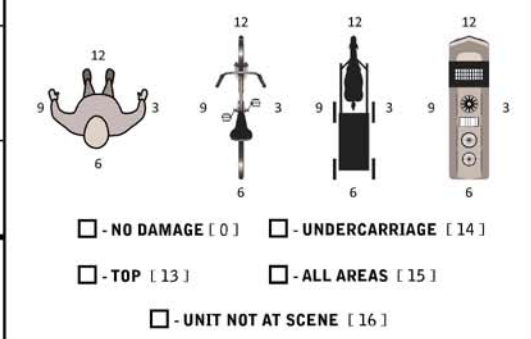
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS -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

CARGO BODY TYPE 0 1

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

VEHICLE DEFECTS 0 1

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



NON-MOTORIST LOCATION AT IMPACT 0 1

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

ACTION 3 PRE-CRASH ACTIONS 1 3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 9 9

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

INITIAL POINT OF CONTACT

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

EVENT(S)

SEQUENCE OF EVENTS

1 0 8 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

1 _____ FIRST HARMFUL EVENT 2 _____ MOST HARMFUL EVENT

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

1 - ONE-WAY 2 - TWO-WAY 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 3

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

UNIT SPEED 0 4 5 DETECTED SPEED 1

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

POSTED SPEED 2 5

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 1 - 0 0 0 0 3 5 9 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE BOWAR, JOHN, ALFRED		DATE OF BIRTH 0 1 / 1 2 / 1 9 7 5		AGE 4 6	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 4524 BAYWOOD DR SW ,HUNTSVILLE ,AL 35805				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Stow Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron City Hospital	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE A L	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 331.34	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control;		CITATION NUMBER 144502		
OL CLASS 4	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	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: 2 TYPE: 1 VALUE: [REDACTED]	DRUG TEST(S) STATUS: 1 TYPE: 1 RESULT: [REDACTED]	

UNIT # [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]		DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]			
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES [REDACTED]	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]		
OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTED BY [REDACTED]	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS: [REDACTED] TYPE: [REDACTED] VALUE: [REDACTED]	DRUG TEST(S) STATUS: [REDACTED] TYPE: [REDACTED] RESULT: [REDACTED]	

UNIT # [REDACTED]	NAME: LAST, FIRST, MIDDLE [REDACTED]		DATE OF BIRTH [REDACTED]		AGE [REDACTED]	GENDER [REDACTED]			
ADDRESS: STREET, CITY, STATE, ZIP [REDACTED]				CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES [REDACTED]	INJURED TAKEN BY [REDACTED]	EMS AGENCY (NAME) [REDACTED]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [REDACTED]	SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]
OL STATE [REDACTED]	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED [REDACTED]	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION [REDACTED]		CITATION NUMBER [REDACTED]		
OL CLASS [REDACTED]	ENDORSEMENT [REDACTED]	RESTRICTION SELECT UP TO 3 [REDACTED]	DRIVER DISTRACTED BY [REDACTED]	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION [REDACTED]	ALCOHOL TEST STATUS: [REDACTED] TYPE: [REDACTED] VALUE: [REDACTED]	DRUG TEST(S) STATUS: [REDACTED] TYPE: [REDACTED] RESULT: [REDACTED]	

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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 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, CONTAMINATED SAMPLE / UNSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	SAFETY EQUIPMENT	EJECTION	OL ENDORSEMENT	GENDER	CONDITION	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	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 (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
		TRAPPED				DRUG TEST TYPE
		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

