

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

00025002146

|  |  |  |  |   |  |   |  |   |   |  |  |   |  |
|--|--|--|--|---|--|---|--|---|---|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>Clermont County Sheriff   |  | NCIC *<br>01300   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  |   | NUMBER OF UNITS<br>2   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN  |  |
| COUNTY*<br>13  |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Stonelick (Township of)   |  | CRASH DATE / TIME*<br>01/17/2025 18:25  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY      |   |  |  |   |  |
| ROUTE TYPE<br>US   |  | ROUTE NUMBER<br>50   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | LOCATION ROAD NAME<br>Benton  |  | ROAD TYPE<br>RD   |   | LATITUDE DECIMAL DEGREES<br>39.119405  |  | LONGITUDE DECIMAL DEGREES<br>-84.162461   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                       |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                   |   | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA   |  | NUMBER OF APPROACHES<br>4   |  |
| DISTANCE FROM REFERENCE<br>0.00  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                       |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP  |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  |  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |   | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                          |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1  |  | CONDITIONS<br>1   |   | SURFACE<br>2   |  |   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN   |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                    |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN                                     |  | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN |   | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN   |  |   |  |
| NARRATIVE<br>On 1/17/2025 at 1826 hours I was dispatched to the intersection of US 50 and Benton Road for a Motor Vehicle Accident with possible injuries. I arrived on scene at 1835 hours and observed a white Jeep and a silver Cadillac both involved in the accident in the roadway. I spoke with the driver of the white Jeep, Bryn Gatio. Bryn stated that she was traveling SB on Benton Road when she then stopped at the stop sign at the US 50 intersection. Bryn stated that she thought that the intersection was a four-way stop instead of just the traffic on Benton Road having to stop, and ended up pulling in front of another vehicle. Bryn stated that the passenger rear side of her vehicle was struck by the silver Cadillac traveling EB on US 50. Bryn had two passengers in the vehicle, L.G. in the front passenger seat, and K.F. in the passenger rear. K.F. struck her head on the passenger side rear window and was checked and cleared by EMS on scene. I spoke with the driver of the silver Cadillac, Paul Anderson, and he stated that while traveling EB on US 50, the white Jeep suddenly pulled in front of him. Paul stated that he attempted to swerve towards the rear of the white Jeep to avoid colliding with it but ended up striking the rear of the vehicle. |  |  |  |   |  |   |  |   |   |  |  |   |  |
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| CRASH REPORTED DATE / TIME<br>01/17/2025 18:26   |  |  | DISPATCH DATE / TIME<br>01/17/2025 18:26 |   |  | ARRIVAL DATE / TIME<br>01/17/2025 18:35   |  |   | SCENE CLEARED DATE / TIME<br>01/17/2025 19:40 |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST     |  |
| TOTAL TIME ROADWAY CLOSED<br>60  |  | OTHER INVESTIGATION TIME<br>0  |  | TOTAL MINUTES<br>74   |  | OFFICER'S NAME*<br>Dep. A. Marsh  |  |   | CHECKED BY OFFICER'S NAME*<br>Rudd, J         |  |  | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |  |
| OFFICER'S BADGE NUMBER*<br>13591   |  |  |  |   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>R3052   |  |   |   |  |  |   |  |

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| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>GATIO, BRIAN, JOSEPH | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>5440 CHERRY BLOSSOM CT, MILFORD, OH, 45150 |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

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| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>KME9840             | <b>VEHICLE IDENTIFICATION #</b><br>ZACCJBCB9HPF12395  | <b>VEHICLE YEAR</b><br>2017   | <b>VEHICLE MAKE</b><br>JEEP      |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE       | <b>INSURANCE POLICY #</b><br>961430596  | <b>COLOR</b><br>WHI   | <b>VEHICLE MODEL</b><br>RENEGADE |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>   |   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME<br>L. WOOD & SON  |                                  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <input type="checkbox"/> <b>PLACARD</b> |                                  |
| <b>UNIT TYPE</b><br>1   | <b># OCCUPANTS</b><br>2                       | <b># OF TRAILING UNITS</b><br>0   |   |                                  |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION   |   |   |   |                                  |
| <b>SPECIAL FUNCTION</b><br>1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 19 - TOWING 20 - SAFETY SERVICE PATROL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. |   |   |   |                                  |
| <b>CARGO BODY TYPE</b><br>1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN<br>2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>10 - FLAT BED 14 - GARBAGE/REFUSE         |   |   |   |                                  |
| <b>VEHICLE DEFECTS</b><br>1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT  |   |   |   |                                  |

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

|                    |                               |  |  |  |
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| <b>ACTION</b><br>4 | <b>PRE-CRASH ACTIONS</b><br>1 | <b>EVENTS</b><br>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<br>2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT<br>3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE<br>4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE<br>6 - EQUIPMENT FAILURE 30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST |  |  |
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| <b>CONTRIBUTING CIRCUMSTANCES</b><br>2 | 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY<br>2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION<br>3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING<br>4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY<br>5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE<br>6 - IMPROPER TURN 7 - LEFT OF CENTER |
|--|---|

|                                |                     |   |
|--------------------------------|---------------------|---|
| <b>SEQUENCE OF EVENTS</b><br>1 | <b>EVENTS</b><br>20 | <b>COLLISION WITH FIXED OBJECT - STRUCK</b><br>25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL |
|--------------------------------|---------------------|---|

|                                 |                                |
|---------------------------------|--------------------------------|
| <b>FIRST HARMFUL EVENT</b><br>1 | <b>MOST HARMFUL EVENT</b><br>1 |
|---------------------------------|--------------------------------|

LOCAL REPORT NUMBER

00025002146

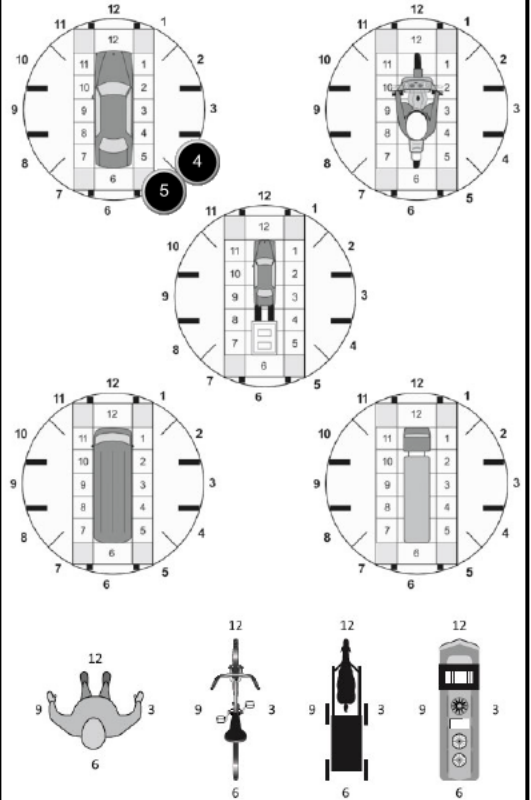
**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



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

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
5 - 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

|  |   |
|--|---|
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|--|---|

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| <b># OF THROUGH LANES ON ROAD</b><br>4 | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>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**

10

**DETECTED SPEED**

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

**POSTED SPEED**

35

|              |  |  |   |
|--------------|--|--|---|
| <b>OWNER</b> | <b>UNIT #</b><br>2   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>JOHNSON, CHARLENA, KAY | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br>000-000-0000 |
|              | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>3690 PARFORE CT, CINCINNATI, OH, 45201 |  |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE  |

|                |  |                                   |  |  |                                 |
|----------------|--|-----------------------------------|--|--|---------------------------------|
| <b>VEHICLE</b> | <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>KNJ8360 | <b>VEHICLE IDENTIFICATION #</b><br>1G6DE5EG1A0127348 | <b>VEHICLE YEAR</b><br>2010                    | <b>VEHICLE MAKE</b><br>CADILLAC |
|                | <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>AAA   | <b>INSURANCE POLICY #</b><br>OHSS229297367           | <b>COLOR</b><br>SIL                            | <b>VEHICLE MODEL</b><br>CTS     |
|                | <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME<br>L. WOOD & SON |                                 |

|                |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|
| <b>VEHICLE</b> | <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b>  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤ 10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.                              | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD  |   |
|                | <b>UNIT TYPE</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN |   | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPEL OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV)  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
|                | <b># OF TRAILING UNITS</b><br>0   |   | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |   |   |   |

|                |  |   |  |  |   |  |
|----------------|--|---|--|--|---|--|
| <b>VEHICLE</b> | <b>SPECIAL FUNCTION</b><br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP. | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |  |
|                | <b>CARGO BODY TYPE</b><br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE             | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX                           | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED                        | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE           | 99 - OTHER / UNKNOWN                      |  |
|                | <b>VEHICLE DEFECTS</b><br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS   | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT  | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                                   | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT                                     | 99 - OTHER / UNKNOWN                      |  |

|                   |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|
| <b>EVENTS (S)</b> | <b>NON-MOTORIST LOCATION</b><br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                       | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE  | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND  | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE  | 99 - OTHER / UNKNOWN   |  |
|                   | <b>ACTION</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                                       | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |
|                   | <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING   | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                        | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE              | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |

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

|                   |  |  |   |  |  |  |
|-------------------|--|--|---|--|--|--|
| <b>EVENTS (S)</b> | <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY |  | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER   |  | <b>INITIAL POINT OF CONTACT</b><br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP |  |
|                   | <b># OF THROUGH LANES ON ROAD</b><br>2               |  | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |  | <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 4 TO 3  |  |
|                   | <b>UNIT SPEED</b><br>55                              |  | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED               |  |  |  |

|                   |   |  |   |  |
|-------------------|---|--|---|--|
| <b>EVENTS (S)</b> | <b>POSTED SPEED</b><br>55                   |  | <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 4 TO 3 |  |
|                   | <b>COLLISION WITH FIXED OBJECT - STRUCK</b> |  |   |  |
|                   | <b>SEQUENCE OF EVENTS</b>                   |  |   |  |

|                   |   |  |   |  |
|-------------------|---|--|---|--|
| <b>EVENTS (S)</b> | <b>POSTED SPEED</b><br>55                   |  | <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM 4 TO 3 |  |
|                   | <b>COLLISION WITH FIXED OBJECT - STRUCK</b> |  |   |  |
|                   | <b>SEQUENCE OF EVENTS</b>                   |  |   |  |

**LOCAL REPORT NUMBER**  
00025002146

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

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

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

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

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

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

**# OF THROUGH LANES ON ROAD**  
2

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

**UNIT SPEED**  
55

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

**POSTED SPEED**  
55

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
00025002146

|  |   |                                   |  |                                  |   |   |                              |                           |  |                     |                    |                  |                               |
|--|---|-----------------------------------|--|----------------------------------|---|---|------------------------------|---------------------------|--|---------------------|--------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>GATIO, BRYN, ANN COLLETTE |                                   |  |                                  | <b>DATE OF BIRTH</b><br>08/18/2006  |   | <b>AGE</b><br>18             | <b>GENDER</b><br>F        |  |                     |                    |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5440 CHERRY BLOSSOM CT, MILFORD, OH, 45150 |   |                                   |  |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |   |                              |                           |  |                     |                    |                  |                               |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>[REDACTED]                         | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1                           | <b>TRAPPED</b><br>1 |                    |                  |                               |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]                  |                                   | <b>OFFENSE CHARGED</b><br>4511.43                      |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b><br>RIGHT-OF-WAY AT THROUGH HIGHW                             |                              |                           | <b>CITATION NUMBER</b><br>01300R13591011720251 |                     |                    |                  |                               |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>  | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>       |  | <b>DRUG TEST(S)</b> |                    |                  |                               |
|  |   |                                   |  |                                  |   |   |                              | <b>STATUS</b><br>1        | <b>TYPE</b><br>1                               | <b>VALUE</b><br>.   | <b>STATUS</b><br>1 | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

|   |   |                                   |  |                                  |   |   |                              |                           |                        |                     |                    |                  |                               |
|---|---|-----------------------------------|--|----------------------------------|---|---|------------------------------|---------------------------|------------------------|---------------------|--------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>ANDERSON, PAUL, E |                                   |  |                                  | <b>DATE OF BIRTH</b><br>09/04/1975  |   | <b>AGE</b><br>49             | <b>GENDER</b><br>M        |                        |                     |                    |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3460 NUMBER NINE ROAD, BLANCHESTER, OH, 45107 |   |                                   |  |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED]  |   |                              |                           |                        |                     |                    |                  |                               |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b><br>[REDACTED]                 | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                  | <b>SAFETY EQUIPMENT USED</b><br>4   | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                    |                  |                               |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>[REDACTED]          |                                   | <b>OFFENSE CHARGED</b>                                 |                                  | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>  |                              |                           | <b>CITATION NUMBER</b> |                     |                    |                  |                               |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>                                    | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b><br>1 | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1        | <b>ALCOHOL TEST</b>       |                        | <b>DRUG TEST(S)</b> |                    |                  |                               |
|   |   |                                   |  |                                  |   |   |                              | <b>STATUS</b><br>1        | <b>TYPE</b><br>1       | <b>VALUE</b><br>.   | <b>STATUS</b><br>1 | <b>TYPE</b><br>1 | <b>RESULTS SELECT UP TO 4</b> |

|  |                                  |                                   |  |                             |  |  |                         |                      |                        |                     |               |             |                               |
|--|----------------------------------|-----------------------------------|--|-----------------------------|--|--|-------------------------|----------------------|------------------------|---------------------|---------------|-------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |                             | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                        |                     |               |             |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |  |                             | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                      |                        |                     |               |             |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                             | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |               |             |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |                             | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         |                      | <b>CITATION NUMBER</b> |                     |               |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b> | <b>ALCOHOL / DRUG SUSPECTED</b>          |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |               |             |                               |
|  |                                  |                                   |  |                             |  |  |                         | <b>STATUS</b>        | <b>TYPE</b>            | <b>VALUE</b>        | <b>STATUS</b> | <b>TYPE</b> | <b>RESULTS SELECT UP TO 4</b> |

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

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
00025002146

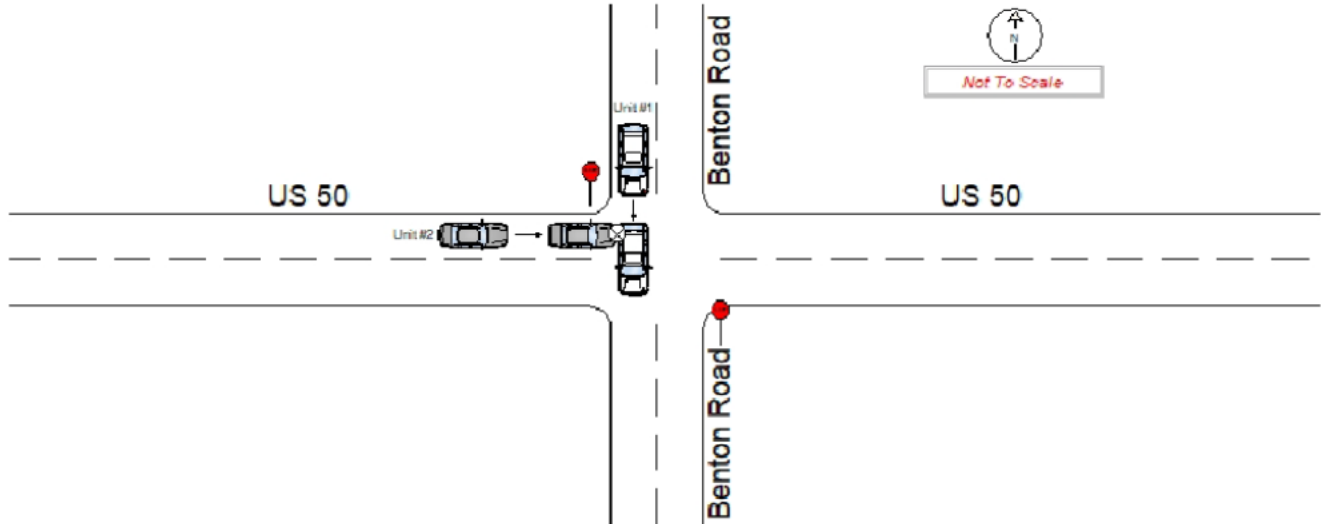
|                 |  |  |                                   |  |                               |  |                              |                           |                      |                     |
|-----------------|--|--|-----------------------------------|--|-------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>GRAY, LAUREN, LOUISA |                                   |  |                               | <b>DATE OF BIRTH</b><br>01/25/2009                       |                              | <b>AGE</b><br>15          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>6761 SHILOH, GOSHEN, OH, 45122 |  |                                   |  |                               | <b>CONTACT PHONE</b> - INCLUDE AREA CODE<br>000-000-0000 |                              |                           |                      |                     |
|                 | <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                             | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>99 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>  | <b>SEATING POSITION</b><br>3 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b><br>1   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>FRAZIER, KENSEY      |                                   |  |                               | <b>DATE OF BIRTH</b><br>10/06/2009                       |                              | <b>AGE</b><br>15          | <b>GENDER</b><br>F   |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>UNKNOWN, CINCINNATI, OH, 45201 |  |                                   |  |                               | <b>CONTACT PHONE</b> - INCLUDE AREA CODE<br>000-000-0000 |                              |                           |                      |                     |
|                 | <b>INJURIES</b><br>4   | <b>INJURED TAKEN BY</b><br>1                             | <b>EMS AGENCY (NAME)</b><br>CJFED | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b><br>99 | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>  | <b>SEATING POSITION</b><br>6 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |
| <b>OCCUPANT</b> | <b>UNIT #</b>  | <b>NAME:</b> LAST, FIRST, MIDDLE                         |                                   |  |                               | <b>DATE OF BIRTH</b>                                     |                              | <b>AGE</b>                | <b>GENDER</b>        |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                   |  |                                   |  |                               | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                 |                              |                           |                      |                     |
|                 | <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>                                  | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>       | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>  | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |
| <b>OCCUPANT</b> | <b>UNIT #</b>  | <b>NAME:</b> LAST, FIRST, MIDDLE                         |                                   |  |                               | <b>DATE OF BIRTH</b>                                     |                              | <b>AGE</b>                | <b>GENDER</b>        |                     |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP                                   |  |                                   |  |                               | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                 |                              |                           |                      |                     |
|                 | <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>                                  | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>       | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>  | <b>SEATING POSITION</b>      | <b>AIR BAG USAGE</b>      | <b>EJECTION</b>      | <b>TRAPPED</b>      |

| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                      |
|--|---|---|------------------------------------|
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY           | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE  | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY             | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE  | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY                    | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY                 | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE   | 5 - NOT APPLICABLE                 |
| <b>INJURED TAKEN BY</b>                |   | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - OTHER / UNKNOWN                          | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 2 - EXTRICATED BY MECHANICAL MEANS |
|  |   | 15 - NON-MOTORIST   | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN  |                                    |

|                |  |  |            |               |
|----------------|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |            |               |
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |            |               |
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |            |               |

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

|   |  |                                    |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>00025002146</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>01/17/2025</b> |
| IN COUNTY OF<br><b>Clermont County</b>    | ACCIDENT LOCATION<br><b>50</b>                     |                                    |



OFFICERS SIGNATURE

BADGE NO.

**13591**