

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
 13SO260011275

|   |                          |   |   |   |  |   |   |  |  |  |  |  |  |                     |  |
|---|--------------------------|---|---|---|--|---|---|--|--|--|--|--|--|---------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |                          | <input checked="" 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>3           | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Batavia   |   |   |  | CRASH DATE / TIME*<br>03/19/2026 19:30  |   | CRASH SEVERITY<br>5  |  |  |  |  |  |                     |  |
| ROUTE TYPE<br>SR  | ROUTE NUMBER<br>125      | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME                                    |   |  | ROAD TYPE   | LATITUDE DECIMAL DEGREES<br>39.037531   |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |  |  |  |                     |  |
| ROUTE TYPE  | ROUTE NUMBER             | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>LORI |   |  | ROAD TYPE<br>LA   | LONGITUDE DECIMAL DEGREES<br>-84.229185 |  |  |  |  |  |  |                     |  |
| 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 |   | 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<br>NUMBER OF APPROACHES<br>4          |  |  |  |                     |  |
| DISTANCE FROM REFERENCE   |                          | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |   |   |  |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |  |  |  |  |                     |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - 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   |                          |   |   | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  |  |   |   | 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 |  | 9 - OTHER / UNKNOWN  |  | 9 - OTHER / UNKNOWN                          |  | 9 - OTHER / UNKNOWN |  |
| NARRATIVE<br>On 3/19/2026 I was dispatched to Lori Lane and SR 125 for an motor vehicle accident. Upon arrival, I spoke to Unit one. She advised that she did not see Unit 2 stopped at the light and ran into the back of him. She admitted fault and was cited for assured clear distance. No one appeared to be injured. |                          |   |   |   |  |   |   |  |  |  |  |  |  |                     |  |
| CRASH REPORTED DATE / TIME<br>03/19/2026 19:30  |                          | DISPATCH DATE / TIME<br>03/19/2026 19:31  |   | ARRIVAL DATE / TIME<br>03/19/2026 19:36   |  | SCENE CLEARED DATE / TIME<br>03/19/2026 20:13   |   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                |  |  |  |  |  |                     |  |
| TOTAL TIME ROADWAY CLOSED   | OTHER INVESTIGATION TIME | TOTAL MINUTES<br>42   | OFFICER'S NAME*<br>Dales, J                           |   |  | 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>R12706                     |   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>R3052   |   |  |  |  |  |  |  |                     |  |

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 BRANCH, LOIS

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 119 E MAIN ST, AMELIA, OH, 45102

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

**LP STATE** OH **LICENSE PLATE #** CTT6140 **VEHICLE IDENTIFICATION #** JTDKARFU0J3063247 **VEHICLE YEAR** 2018 **VEHICLE MAKE** TOYOTA

**INSURANCE VERIFIED** **INSURANCE COMPANY** ERIE **INSURANCE POLICY #** Q087408667 **COLOR** RED **VEHICLE MODEL** PRIUS

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.

**MATERIAL RELEASED** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**UNIT TYPE** 1

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 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?**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

**AUTONOMOUS MODE LEVEL** 0 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**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** 1

|  |                                  |                        |                       |                      |
|--|----------------------------------|------------------------|-----------------------|----------------------|
| 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**

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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**

|                                       |                                  |                            |  |                      |
|---------------------------------------|----------------------------------|----------------------------|--|----------------------|
| 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 **PRE-CRASH ACTIONS** 1

|                            |                           |  |   |  |
|----------------------------|---------------------------|--|---|--|
| 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                 |  |
|                            | 7 - MAKING U-TURN         |  |   |  |
|                            | 8 - ENTERING TRAFFIC LANE |  |   |  |

**CONTRIBUTING CIRCUMSTANCES** 8

|                      |                               |  |                                      |                                |
|----------------------|-------------------------------|--|--------------------------------------|--------------------------------|
| 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 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |
| 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |
| 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |                                      |   |
| 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM       |                                      |   |
|                                     |  | 18 - ANIMAL - DEER       |                                      |   |

**COLLISION WITH FIXED OBJECT - STRUCK**

|  |                               |                                  |                                      |                         |
|--|-------------------------------|----------------------------------|--------------------------------------|-------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 38 - OVERHEAD SIGN POST          | 45 - EMBANKMENT                      | 52 - BUILDING           |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 39 - LIGHT / LUMINARIES SUPPORT  | 46 - FENCE                           | 53 - TUNNEL             |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 40 - UTILITY POLE                | 47 - MAILBOX                         | 54 - OTHER FIXED OBJECT |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 48 - TREE                            | 99 - OTHER / UNKNOWN    |
| 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                            |                         |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER

13SO260011275

**DAMAGE**

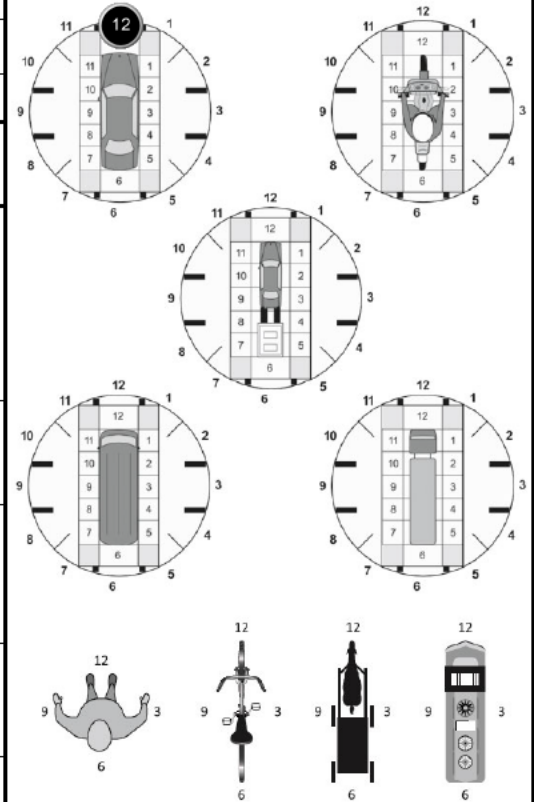
**DAMAGE SCALE**

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

2

**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  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 12 13 - TOP

**TRAFFIC**

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

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

**# OF THROUGH LANES ON ROAD** 4

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

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

**UNIT SPEED**

**DETECTED SPEED** 3  
 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>KATTINE, MATTHEW, D | <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>4668 CARDINAL DR, CINCINNATI, OH, 45201 |   |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |   |  |                               |                                 |
|---|---|--|-------------------------------|---------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>KKS6140       | <b>VEHICLE IDENTIFICATION #</b><br>2T1BU4EE4CC788784 | <b>VEHICLE YEAR</b><br>2012   | <b>VEHICLE MAKE</b><br>TOYOTA   |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE | <b>INSURANCE POLICY #</b><br>991886716               | <b>COLOR</b><br>GRY           | <b>VEHICLE MODEL</b><br>COROLLA |
| <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 |                                 |

|   |   |   |  |   |  |                   |                      |                |                            |                        |                             |                          |                 |                           |                            |                           |                          |                        |                    |                         |             |               |                   |                      |              |               |                                 |                     |  |            |  |                                    |                |                          |  |
|---|---|---|--|---|--|-------------------|----------------------|----------------|----------------------------|------------------------|-----------------------------|--------------------------|-----------------|---------------------------|----------------------------|---------------------------|--------------------------|------------------------|--------------------|-------------------------|-------------|---------------|-------------------|----------------------|--------------|---------------|---------------------------------|---------------------|--|------------|--|------------------------------------|----------------|--------------------------|--|
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>1   | <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>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <b>CLASS #</b> <b>PLACARD ID #</b> |  |                   |                      |                |                            |                        |                             |                          |                 |                           |                            |                           |                          |                        |                    |                         |             |               |                   |                      |              |               |                                 |                     |  |            |  |                                    |                |                          |  |
| <b>UNIT TYPE</b>  |   | <table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>6 - VAN (9-15 SEATS)</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>9 - AUTOCYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>10 - MOPEL OR MOTORIZED BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td></td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table> |  |   |  | 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 - MOPEL 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 |  |
| 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 - MOPEL 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   |   |  |                   |                      |                |                            |                        |                             |                          |                 |                           |                            |                           |                          |                        |                    |                         |             |               |                   |                      |              |               |                                 |                     |  |            |  |                                    |                |                          |  |
| <b># OF TRAILING UNITS</b>                                |   | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b>  |  |   |  |                   |                      |                |                            |                        |                             |                          |                 |                           |                            |                           |                          |                        |                    |                         |             |               |                   |                      |              |               |                                 |                     |  |            |  |                                    |                |                          |  |

|          |   |          |   |
|----------|---|----------|---|
| <b>1</b> | <b>1 - YES</b> <b>2 - NO</b> <b>9 - OTHER / UNKNOWN</b> | <b>0</b> | <b>0 - NO AUTOMATION</b> <b>3 - CONDITIONAL AUTOMATION</b> <b>9 - UNKNOWN</b> |
| <b>2</b> | <b>1 - DRIVER ASSISTANCE</b> <b>4 - HIGH AUTOMATION</b> | <b>1</b> | <b>1 - PARTIAL AUTOMATION</b> <b>5 - FULL AUTOMATION</b>                      |

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

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

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

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

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

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

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

|   |   |                                      |   |   |                                |
|---|---|--------------------------------------|---|---|--------------------------------|
| <b>COLLISION WITH FIXED OBJECT - STRUCK</b> |   |                                      |   |   |                                |
| <b>4</b>                                    | <b>25 - IMPACT ATTENUATOR / CRASH CUSHION</b> | <b>31 - GUARDRAIL END</b>            | <b>38 - OVERHEAD SIGN POST</b>          | <b>45 - EMBANKMENT</b>                      | <b>52 - BUILDING</b>           |
|   | <b>26 - BRIDGE OVERHEAD STRUCTURE</b>         | <b>32 - PORTABLE BARRIER</b>         | <b>39 - LIGHT / LUMINARIES SUPPORT</b>  | <b>46 - FENCE</b>                           | <b>53 - TUNNEL</b>             |
|   | <b>27 - BRIDGE PIER OR ABUTMENT</b>           | <b>33 - MEDIAN CABLE BARRIER</b>     | <b>40 - UTILITY POLE</b>                | <b>47 - MAILBOX</b>                         | <b>54 - OTHER FIXED OBJECT</b> |
|   | <b>28 - BRIDGE PARAPET</b>                    | <b>34 - MEDIAN GUARDRAIL BARRIER</b> | <b>41 - OTHER POST, POLE OR SUPPORT</b> | <b>48 - TREE</b>                            | <b>99 - OTHER / UNKNOWN</b>    |
|   | <b>29 - BRIDGE RAIL</b>                       | <b>35 - MEDIAN CONCRETE BARRIER</b>  | <b>42 - CULVERT</b>                     | <b>49 - FIRE HYDRANT</b>                    |                                |
|   | <b>30 - GUARDRAIL FACE</b>                    | <b>36 - MEDIAN OTHER BARRIER</b>     | <b>43 - CURB</b>                        | <b>50 - WORK ZONE MAINTENANCE EQUIPMENT</b> |                                |
|   |   | <b>37 - TRAFFIC SIGN POST</b>        | <b>44 - DITCH</b>                       | <b>51 - WALL</b>                            |                                |
| <b>1</b>                                    | <b>FIRST HARMFUL EVENT</b>                    | <b>1</b>                             | <b>MOST HARMFUL EVENT</b>               |   |                                |

**LOCAL REPORT NUMBER**

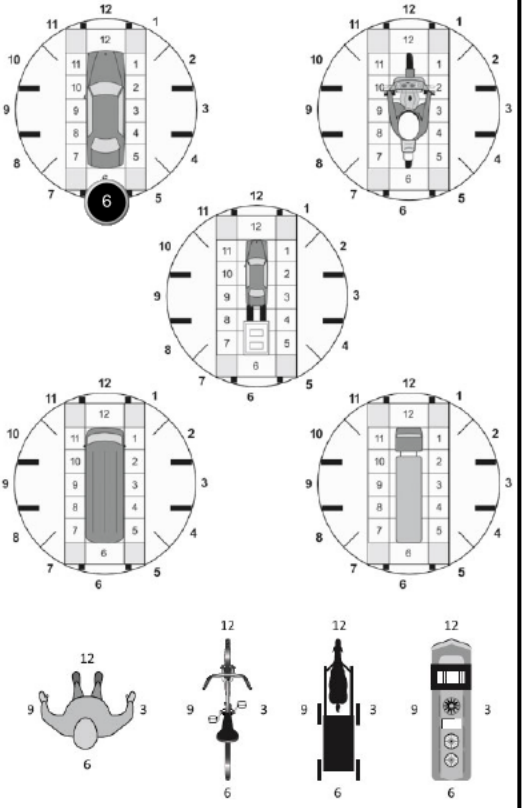
13SO260011275

**DAMAGE**

**DAMAGE SCALE**

|                         |                              |
|-------------------------|------------------------------|
| <b>1 - NONE</b>         | <b>3 - FUNCTIONAL DAMAGE</b> |
| <b>2 - MINOR DAMAGE</b> | <b>4 - DISABLING DAMAGE</b>  |
| <b>9 - UNKNOWN</b>      |                              |

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



|  |  |
|--|--|
| <input type="checkbox"/> <b>NO DAMAGE [ 0 ]</b>          | <input type="checkbox"/> <b>UNDERCARRIAGE [ 14 ]</b> |
| <input type="checkbox"/> <b>TOP [ 13 ]</b>               | <input type="checkbox"/> <b>ALL AREAS [ 15 ]</b>     |
| <input type="checkbox"/> <b>UNIT NOT AT SCENE [ 16 ]</b> |  |

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| <b># OF THROUGH LANES ON ROAD</b> | <b>RAIL GRADE CROSSING</b>           |
| <b>4</b>                          | <b>1 - NOT INVOLVED</b>              |
|                                   | <b>2 - INVOLVED-ACTIVE CROSSING</b>  |
|                                   | <b>3 - INVOLVED-PASSIVE CROSSING</b> |

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED**

[ ]

**DETECTED SPEED**

**1 - STATED / ESTIMATED SPEED**

**POSTED SPEED**

[ ]

**2 - CALCULATED / EDR**

**3 - UNDETERMINED**

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
13SO260011275

|  |  |                                   |  |   |  |   |                              |                           |  |                     |                               |
|--|--|-----------------------------------|--|---|--|---|------------------------------|---------------------------|--|---------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>HAMRICK, MARISA, A |                                   |  |   | <b>DATE OF BIRTH</b><br>07/07/1969                     |   | <b>AGE</b><br>56             | <b>GENDER</b><br>F        |  |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>119 E MAIN ST, AMELIA, OH, 45102 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |   |                              |                           |  |                     |                               |
| <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 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>4511.21A                     |   | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b><br>NO PERSON SHALL OPERATE A MOTO                            |                              |                           | <b>CITATION NUMBER</b><br>01300R12706031920262 |                     |                               |
| <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>KATTINE, BRANTON |                                   |  |   | <b>DATE OF BIRTH</b><br>06/05/2008                     |   | <b>AGE</b><br>17             | <b>GENDER</b><br>M        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>821 BLACKCOMB DR, CINCINNATI, OH, 45201 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[REDACTED] |   |                              |                           |                        |                     |                               |
| <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 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 MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES 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  
13SO260011275

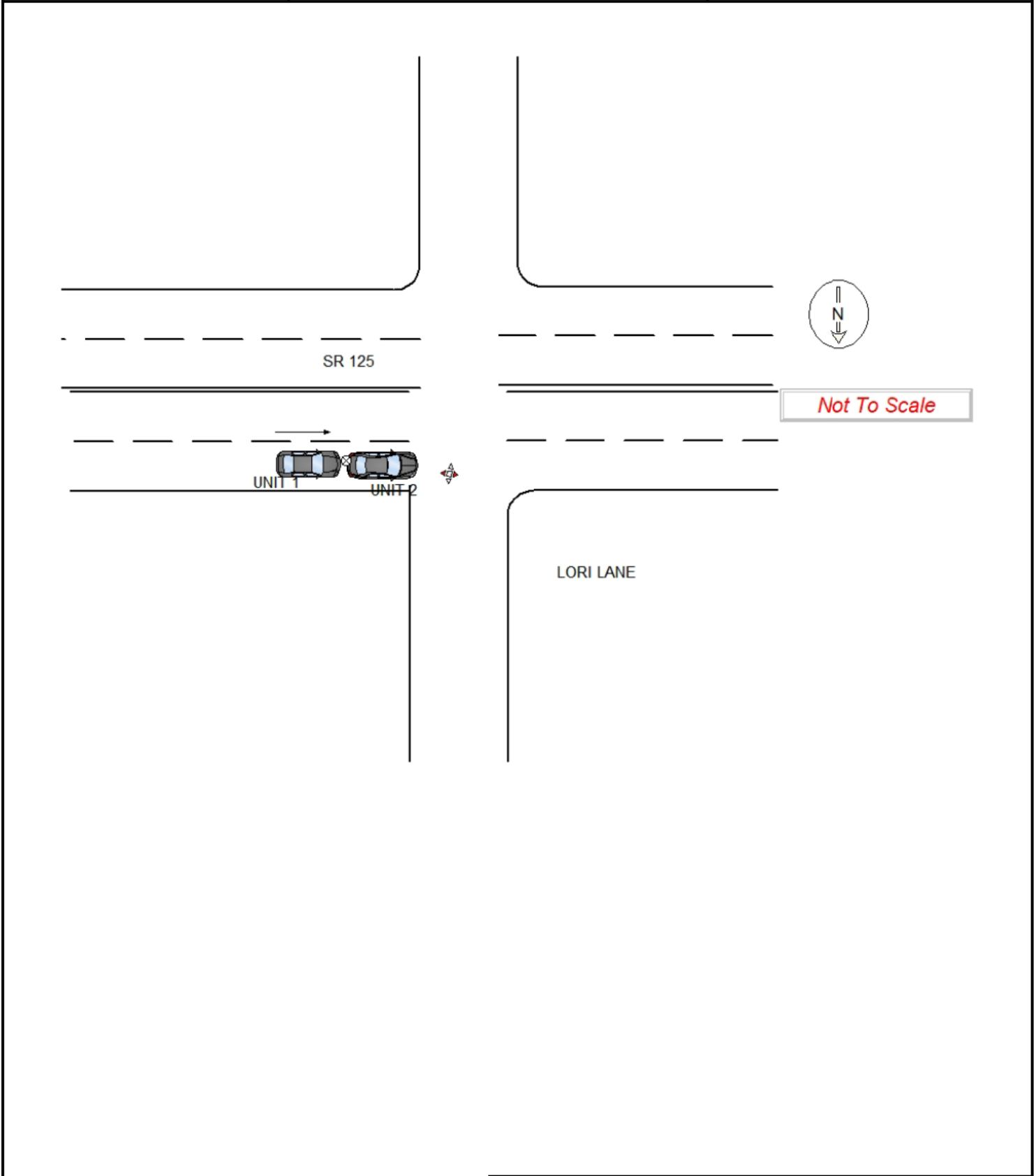
|                      |  |  |  |                              |   |  |                           |                      |                     |  |
|----------------------|--|--|--|------------------------------|---|--|---------------------------|----------------------|---------------------|--|
| <b>OCCUPANT</b>      | <b>UNIT #</b><br>2   | <b>NAME:</b> LAST, FIRST, MIDDLE<br>LANGLEY, MILES |  |                              |   | <b>DATE OF BIRTH</b><br>04/28/2008       |                           | <b>AGE</b><br>17     | <b>GENDER</b><br>M  |  |
|                      | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>588 BEECH CRT BANTON LANE, MOUNT CARMEL, OH, 45244 |  |  |                              |   | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |                           |                      |                     |  |
| <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>4 | <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>  | <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>      |  |
| <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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 - 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 SUCH AS A 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 |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 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   |
| GENDER   |   |  | TRAPPED   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <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>13SO260011275</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>03/19/2026</b> |
| IN COUNTY OF<br><b>Clermont County</b>      | ACCIDENT LOCATION<br><b>125</b>                    |                                    |



|                    |                            |
|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>R12706</b> |
|--------------------|----------------------------|