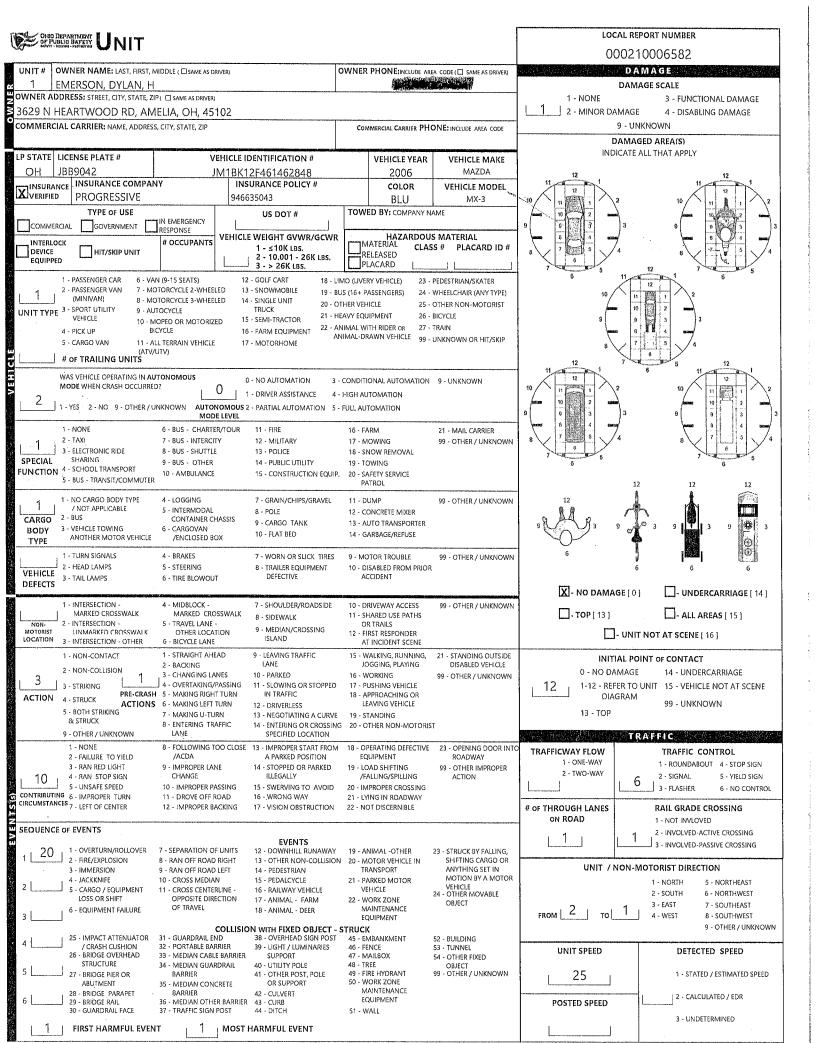
OF PUBLIC SAPETY OF PUBLIC SAPETY NATION - PROPERTY.	TRAFFIC C	RASH RI	PORT *DEN	IOTES MANDATORY	FIELD FOR SUPPL	EMENT REPORT		LOCAL REPORT	NUMBER *			
X PHOTOS TAKEN	terminal transmit	OH -3 LOCAL	OCAL INFORMATION					000210006582				
SECONDARY CRA	ASH		TING AGENCY NAME *			NCIC *	HIT/SKIP 1 - SOLVED	NUMBER OF UN	ITS UNIT IN ERROR  4 98 - ANIMAL			
COUNTY* LOCALIT	PRIVATE PROF		ont County Sheriff	·		01300	2 - UNSOLVED	2	99 - UNKNOWN			
l I	2 - VILLAGE Bata	<b>NTION:</b> CITY. VILLAC	E. TOWNSHIP"				CRASH DATE	1	CRASH SEVERITY  1 - FATAL			
	3 - TOWNSHIP		TON ROAD NAME		(WAN)	ROAD TYPE	02/24/202		5 2 - SERIOUS INJURY SUSPECTED			
ROUTE TYPE ROUT	2	SOUTH	Heartwood			RD RD	39.038		3 - MINOR INJURY SUSPECTED			
ROUTE TYPE ROUT	E NUMBER PREFIX 1	NORTH REFER	ENCE ROAD NAME (ROA	D, MILEPOST, HOL	JSE #)	ROAD TYPE	LONGITUDE	ECIMAL DEGREES	4 - INJURY POSSIBLE			
FEREN	13	SOUTH Tho	rnberry			DR	-84.221	978	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT	DIRECTION	· WE21	ROUTE TYPE		ROAD TYPE			INTERSECTION				
1 - INTERSECTIO	I - NOR	TH IR - INTERS	IMIE HOOTE (III)		HW - HIGHWA		WITHIN INTE	RSECTION OR ON	APPROACH			
2 - MILE POST 3 - HOUSE #	2 2 - SOU' 3 - EAST	US - FEDER	AL US ROUTE	BL - BOULEVARD	LA - LANE MP - MILEPOST	SQ - SQUARE ST - STREET	WITHIN INTE	RCHANGE AREA	NUMBER OF ARRESONCHES			
DISTANCE FROM REFERENCE	4 - WEST SR - STATE ROUTE CR -				OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL	WITHIN INTERCHANGE AREA NUMBER OF APPROACHE  ROADWAY					
	1 - MILE	s	COCO TOUGHICHUS	DR - DRIVE	PI - PIKE	WA - WAY	ROADWAY					
110.00			the second secon	HE - HEIGHTS	PL - PLACE		LJROADWATI	NAIDED				
LOC/ 1 - ON ROA	ATION OF FIRST HARM ADWAY 9 - CR	FUL EVENT Ossover		MANNER OF CRASE			DIRECTION OF TRA	1	MEDIAN TYPE			
1 2 - ON SHO		RIVEWAY/ALLEY	ACCESS 6 B		- BACKING		1 - NORTH 2 - SOUTH		IVIDED FLUSH MEDIAN <4 FEET )			
4 - ON ROA	ADSIDE 12 - S	AILWAY GRADE C HARED USE PATH	S OR V	/EHICLES IN	- ANGLE - SIDESWIPE, sa	ME DIRECTION	3 - EAST 4 - WEST		IVIDED FLUSH MEDIAN ≥4 FEET )			
5 - ON GOF 6 - OUTSID	RE TRAFFIC WAY 13 - B	RAILS IKE LANE		MANAGERI		PPOSITE DIRECTION		3 - D	IVIDED, DEPRESSED MEDIAN IVIDED, RAISED MEDIAN			
7 - ON RAN 8 - OFF RAI	ЙР 14 - Т	OLL BOOTH THER / UNKNOW		HEAD-ON 9	- OTHER / UNK	NOWN		(A	NY TYPE)			
				T			an Irolin	CONDITIO	THER / UNKNOWN  DNS SURFACE			
WORK ZONE REL			RK ZONE TYPE CLOSURE	1		N WORK ZONE ST WORK ZONE	CONTOUR 1	1 . 1 .	JNS SURFACE			
WORKERS PRESE			SHIFT/ CROSSOVER	WARNING SIGNADVANCE WA		1 - STRAIGHT	1 - DRY	1 - CONCRETE				
LAW ENFORCEM	ENT PRESENT		CON SHOULDER EDIAN	3 -	TRANSITION A	AREA	LEVEL	2 - WET	2 - BLACKTOP,			
ACTIVE SCHOOL	ZONE		MITTENT OR MOVING WO	JKK	ACTIVITY AREA TERMINATION		2 - STRAIGHT GRADE	3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT			
	**************************************	5 - OTHE	R				3 - CURVE LEVEL 4 - CURVE GRADE	5 - SAND, MUD OIL, GRAVE				
1 - DAYLIGI	HT CONDITION HT		1 - CLEAR	WEATHER 6 - SNOW			9 - OTHER	6 - WATER (STA	NDING, STONE 5 - DIRT			
1 2 - DAWN/DUSK 1 2 - CLOUDY 3 - DARK - LIGHTED ROADWAY 3 - EGG SM				- CLOUDY 7 - SEVERE CROSSWINDS			\UNKNOWN	7 - SLUSH	9 - OTHER			
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			3 - FOG, SMOG, SMOKE 8 - BLOWING SA 4 - RAIN 9 - FREEZING RA					9 - OTHER / UN	IKNOMN \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			5 - SLEET, HAIL	99 - OTHER /	UNKNOWN							
NARRATIVE	/ UNKNOWN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iklasidi da maran an a						
On February 24,			rtwood Rd for a two				1 1					
			nch. Mr. Lynch stated he was a male attempted to go around him				il		(*)			
			Emerson lives several									
			ing to park on the str age. Mr. Lynch had m									
to his driver's do		lave any dame	ige, ivii, Lynch nad iii	mor damage					Thornberry Dr			
							i					
					3619 N	Heartwood Rd						
							♥al					
							<u> </u>					
CRASH REPORT	CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME ARE			RIVAL DATE / TIME		DATE / TIME	REPORT TAKEN BY			
02/24/2	021 18:25	02/	24/2021 18:25	02	/24/2021 18	3:33	02/24/20	21 18:45	POLICE AGENCY			
TOTAL TIME	OTHER INVESTIGATION TIME	TOTAL	OFFICER'S NAME*			CHECKED BY OFFIC	ER'S NAME*	ikalik nirajani ipp iyo zamiri kultyin intige intibiy palisi entag	MOTORIST			
MONDANI CLOSED	HARBHOWHOM HIME	MINUTES	Curless, Cody	BADGE NUMBER*		-	Rudd, Jeffrey XSup					
0	. 0	20	•	R11623		CHECKED	by officer's badge R3052	: NUIVIBER*	TO AN EXISTING REPORT SENT TO ODPS)			
L		L,	N I IULU				DOUG4					



OHIO DEPARTMENT UNIT					AL REPORT NUMBER 00210006582				
UNIT# OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)	OWNE	R PHONE MADE AND	A CODE ( SAME AS DRIVER)	00					
2 IVAIGN THE !	OWNER	THO IN ENNULUDE ARE	A CODE (LI SAME AS DRIVER)	DAMAGE  DAMAGE SCALE					
OWNER ADDRESS: STREET, CITY, STATE, ZIP(   SAME AS DRIVER)		Anna Section 1 and A	7	1 - NONE	3 - FUNCTIONAL DAMAGE				
OWNER ADDRESS: STREET, CITY, STATE, ZIPI ( SAME AS DRIVER)  3916 N HEARTWOOD RD, AMELIA, OH, 45102	<del></del>			2 - MINOR DAI					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	Co	MMERCIAL CARRIER PHO	ONE: INCLUDE AREA CODE		9 - UNKNOWN				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #		VEIDELEVE	VEHICLES		AMAGED AREA(S) CATE ALL THAT APPLY				
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION #  OH HCS9079 KMHDH4AE2DU781044		VEHICLE YEAR 2013	VEHICLE MAKE HYUNDAI	40	••				
INSURANCE OMPANY INSURANCE POLICY # VERIFIED GRANGE GRANGE 4445874	.,	COLOR	VEHICLE MODEL	11 12	11 12 1				
IXIverified GRANGE 4445874		SIL	SONATA	10 1 2	10 11 12 1 2				
TYPE OF USE US DOT #	TOW	/ED BY: COMPANY NA	MME	10 2	10 2 -				
COMMERCIAL GOVERNMENT RESPONSE  INTERLOCK # OCCUPANTS  VEHICLE WEIGHT GVWR/GCV	VR	HAZARDOU	MATERIAL.	$9   \frac{9}{5}   \frac{3}{4}  $					
DEVICE HIT/SKIP UNIT 1 - \$10K LBS.		MATERIAL CLAS RELEASED	S # PLACARD ID #	8 7 5	7 7 5 4				
3 - > 26K LBS.	Р	PLACARD		5	12 7 5				
2 DACCENCED VAN 2 MOTODOVCIE 2 WHITEIGD 42 CHOWN COME			PEDESTRIAN/SKATER WHEELCHAIR (ANY TYPE)	/	12				
MINIVAN) 8. MOTOPOVOLE 3. WHEELED 14. CINICLE HALT	- OTHER VE	•	OTHER NON-MOTORIST	10	10 2 2				
10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR	- HEAVY EQI		BICYCLE FRAIN	9 (	9 3				
4 - PICK OF DICTORY 15 - FARM EQUIPMENT			Jnknown or Hit/Skip	, feededs	8 7 5 5 A				
# of TRAILING UNITS				8					
WAS VEHICLE OPERATING IN AUTONOMOUS	2 601/2:-	MONIAL AUTOLISME	0 1010/25000	11 12 1	6 11 12				
MODE WHEN CRASH OCCURRED?  O 1 1 - DRIVER ASSISTANCE		'IONAL AUTOMATION UTOMATION	a - nukuomn	10	10 11 2				
1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS 2 - PARTIAL AUTOMATION				(answer 10 2 manuar)	10 2				
MODE LEVEL           1 - NONE         6 - BUS - CHARTER/TOUR         11 - FIRE	16 - F.	ADM	24 MAIL CARRIES	8 3 4	9 9 3				
1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY		ARIVI MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 5	4 B 7 5 4				
3 - ELECTRONIC RIDE 8 - BUS - SHUTTLE 13 - POLICE SPECIAL SHARING 9 - BUS - OTHER 14 - PUBLIC UTILITY		NOW REMOVAL OWING		7 6	7 8 5				
FUNCTION 4 - SCHOOL TRANSPORT 10 - AMBULANCE 15 - CONSTRUCTION EQU	JIP. 20 - \$	AFETY SERVICE		v	ь				
		ATROL			12 12 12				
1 - NO CARGO BODY TYPE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEI 1 / NOT APPLICABLE 5 - INTERMODAL 8 - POLE		DUMP CONCRETE MIXER	99 - OTHER / UNKNOWN	12 <b>0 0</b>					
CARGO 2 - BUS CONTAINER CHASSIS 9 - CARGO TANK	13 - 🗡	UTO TRANSPORTER		9 RAP 9	3 9 3 9 3				
TYPE ANOTHER MOTOR VEHICLE /ENCLOSED BOX 10 - FLAT BED	14 - 0	GARBAGE/REFUSE							
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRE		OTOR TROUBLE	99 - OTHER / UNKNOWN	6					
VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE  DEFECTIVE		DISABLED FROM PRIOR CCIDENT			6 6				
DEFECTS	والمراسية والمرادية			☐- NO DAMAG	SE[0]				
1 - INTERSECTION - 4 - MIDBLOCK - 7 - SHOULDER/ROADSIDI		DRIVEWAY ACCESS SHARED USE PATHS	99 - OTHER / UNKNOWN		ALL AREAS [ 15 ]				
NON- 2 - INTERSECTION - 5 - TRAVEL LANE - 9 - MEDIAN/CROSSING	C	OR TRAILS FIRST RESPONDER							
LOCATION 3 - INTERSECTION - OTHER 6 - BICYCLE LANE ISLAND		T INCIDENT SCENE			UNIT NOT AT SCENE [ 16 ]				
1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC 2 - BACKING LANE		WALKING, RUNNING, OGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	INITIA	AL POINT OF CONTACT				
2 - NON-COLLISION 6 3 - CHANGING LANES 10 - PARKED	16 - V	WORKING	99 - OTHER / UNKNOWN	0 - NO DAN					
ACTION 4. STRUCK PRE-CRASH 5 - MAKING RIGHT TURN IN TRAFFIC	18 - A	Pushing Vehicle Approaching or		1-12 - REFE	ER TO UNIT 15 - VEHICLE NOT AT SCENE FRAM				
ACTIONS 6 - MAXING LEFT TURN 12 - DRIVERLESS 5 - BOTH STRIKING 7 - MAKING U-TURN 13 - NEGOTIATING A CUR		EAVING VEHICLE STANDING		13 - TOP	99 - UNKNOWN				
& STRUCK 8 - ENTERING TRAFFIC 14 - ENTERING OR CROSS 9 - OTHER / UNKNOWN LANE SPECIFIED LOCATION		OTHER NON-MOTORIS	•	Est of the State o	TOACER				
1 - NONE 8 - FOLLOWING TOO CLOSE 13 - IMPROPER START FRO	OM 18 - O	PERATING DEFECTIVE	23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL				
2 - FAILURE TO YIELD         /ACDA         A PARKED POSITION           3 - RAN RED LIGHT         9 - IMPROPER LANE         14 - STOPPED OR PARKED	19 - L0	QUIPMENT OAD SHIFTING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
1 4 - RAN STOP SIGN CHANGE ILLEGALLY 5 - UNSAFE SPEED 10 - IMPROPER PASSING 15 - SWERVING TO AVOI		ALLING/SPILLING MPROPER CROSSING	ACTION	2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING 6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY	21 - L	YING IN ROADWAY		# or TUPOUGUE					
2 - IMPROPER BACKING 17 - VISION OBSTRUCTIO	N 22 N	OT DISCERNIBLE		# of THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVLOVED				
SEQUENCE OF EVENTS				1	1 2 - INVOLVED-ACTIVE CROSSING				
EVENTS  1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAW,			23 - STRUCK BY FALLING,		3 - INVOLVED-PASSIVE CROSSING				
2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLIS 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN		MOTOR VEHICLE IN RANSPORT	SHIFTING CARGO OR ANYTHING SET IN	UNIT / N	ON-MOTORIST DIRECTION				
4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 5 - CARGO / EQUIPMENT 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE		ARKED MOTOR	MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST				
LOSS OR SHIFT OPPOSITE DIRECTION 17 - ANIMAL - FARM	22 - V	VORK ZONE	24 - OTHER MOVABLE OBJECT	1	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
3 STEED WITH THE DEEK	- E	MAINTENANCE QUIPMENT		FROM 1 TO	5 4 - WEST 8 - SOUTHWEST				
COLLISION WITH FIXED OBJECT  25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 38 - OVERHEAD SIGN PO			52 - BUILDING		9 - OTHER / UNKNOWN				
4 / CRASH CUSHION 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES 26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER SUPPORT	46 - F	ENCE	53 - TUNNEL 54 - OTHER FIXED	UNIT SPEED	DETECTED SPEED				
STRUCTURE 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 5 27 - BRIDGE PIER OR BARRIER 41 - OTHER POST, POLE	48 - T	REE	OBJECT 99 - OTHER / UNKNOWN		1 · STATED / ESTIMATED SPEED				
ABUTMENT 35 - MEDIAN CONCRETE OR SUPPORT	50 - V	VORK ZONE MAINTENANCE		5	. Street tallialite auten				
6 28 - BRIDGE PARAPET BARRIER 42 - CULVERT 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 43 - CURB	E	QUIPMENT		POSTED SPEED	2 - CALCULATED / EDR				
30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST 44 - DITCH	51 - V	VALL			3 - UNDETERMINED				
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT									
			···	***************************************					

OHIO DICTO	MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER							
UNIT #	<del></del>		14 1	•••				ļ			10006	582		r
ONII #								DATE OF BIRTH AGE				GENDE		
A DODECC.	EMERSON, DYLAN, H S: STREET, CITY, STATE, ZIP					<u> </u>	03	/22/1996			24	M		
		D RD, AMELIA, OH, 45102						CONT	ACT PHON	E - INCLUDE /	AREA CODE			
INJURIES	<del>,</del>	IS AGENCY (NAME)		INITIDEO T	FAKEN TO: MEDICAL FACILITY (NA	AND CITY	SAFETY EQUIPMENT	Muhaid	i irila (III)	700	T		T = 1 = 2 = 1	
	TAKEN	13 Agenci (IAVIALE)		I WOKED !	TARLIY TO: WIEDICAL PACIETTY (IV)	AME, CITY)	USED		T-COMPLIANT	SEATING POSITION	AIR BA	AG USAGE	EJECTIO	TRAPPI
5	BY 1			ļ			4	I	HELMEI	1		1	1	1
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4 .			BY .	RACTED		ARUUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO
UNIT #	NAME. LACT I	Ther Middle			OTHER DRUG	والمرافقة والمالية المساور		1			1.	1		وبروانية
	NAME: LAST, I								DA	TE OF BIRTH			AGE	GENDI
2	LYNCH, TY			······					10	/22/1995			25	М
	STREET, CITY, ST							CONT	ACT PHON	E - INCLUDE A	AREA CODE	Ē		
		O RD, AMELIA, OH, 45102		·				Legensen	addin station is a	<i>y</i>				
INJURIES	INJURED EN	1S AGENCY (NAME).		INJURED 1	FAKEN TO: MEDICAL FACILITY (N	AME, CITY)	SAFETY EQUIPMENT	DO	T-Compliant	SEATING POSITION	AIR BA	AG USAGE	EJECTIO	N TRAPP
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4			ВУ.	1	OTHER DRUG		1	1	1		1	1	ļ	
UNIT #	NAME: LAST,	FIRST, MIDDLE						Language Control	DA	TE OF BIRTH		MODEL STREET	AGE	GEND
ADDRESS:	STREET, CITY, ST	ATE, ZIP						CONT	ACT PHON	E - INCLUDE .	AREA CODE	L :		1
										u macobe i	MILLY CODE	•		
INJURIES	INJURED EN	1S AGENCY (NAME)	*********	INJURED 1	TAKEN TO: MEDICAL FACILITY (N.	AME, CITY)	SAFETY EQUIPMENT			SEATING	AIR B	AG USAGE	EJECTIO	N TRAPP
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FATAL	URIES		- NOT DE	AIR BAC		LASS	OL RESTRIC			ER DISTRA	(dilo)()			ATUS
SUSPECTED	SERIOUS	(MOTORCYCLE DRIVER) 2		ED FRON	T 1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER DEVICE		2 - MAI	T DISTRACTED NUALLY OPERA	ATING AN		VE GIVEN Frefused	)
INJURY SUSPECTED	MINOD		- DEPLOY	ED BOTH			2 - CDL INTRASTAT 3 - CORRECTIVE LEI			TRONIC AMUNICATION	I DEVICE		l'GIVEN, ITAMINAT	ED SAMPL
INJURY	MINOR	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5	FRONT/	SIDE PLICABLE		CLASS	4 - FARM WAIVER 5 - EXCEPT CLASS A	RUS		TING, TYPING,		/UN	IUSABLE	
POSSIBLE IN		5 - SECOND - MIDDLE 9		MENT UN			6 - EXCEPT CLASS A		3 - TAL	KING ON HAN			T GIVEN, JLTS KNO	WN
NO APPARE	INT INJURY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE		ICCTIO	5 - M/C MOP	ED ONLY	& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILE	R 4 - TAL	MMUNICATION KING ON HAN	D-HELD		T GIVEN, JLTS UNK	NOWN
NJURIES	TAKEN BY	(MOTORCYCLE SIDE CAR)	- NOT EJE	JECTIO	6 - NO VALID	OL	8 - INTERMEDIATE   RESTRICTIONS	LICENSE	CON 5 - OTH	MMUNICATION IER ACTIVITY V	I DEVICE WITH AN			
NOT TRAN	NSPORTED	9 - THIRD - RIGHT SIDE 2	- PARTIAI	LLY EJECTE		RSEMENT	9 - LEARNER'S PERM	ΛIT	ELEC	TRONIC DEVI SENGER		1 - NO		EST TY
/TREATED	AT SCENE			Y EJECTED PLICABLE			RESTRICTIONS 10 - LIMITED TO DA	YLIGHT	7 - OTH	IER DISTRACTI		2 - BLO		
POLICE		11 - PASSENGER IN		RAPPE	M - MOTORC	YCLE	ONLY 11 - LIMITED TO EM	IPLOYMEI	NT 8 - OTH	DE THE VEHICI IER DISTRACTI	ON	3 - URII 4 - BRE		
	JNKNOWN	OTHER ENCLOSED CARGO  AREA (NON-TRAILING UNIT, 1	- NOT TR		P - PASSENGI	ER	12 - LIMITED - OTH 13 - MECHANICAL	ER	OUT	SIDE THE VEH HER / UNKNOV		5 - OTH	IER -	
			- EXTRICA	ATED BY NICAL ME	N - TANKER	COOTED	(SPECIAL BRAK	ES, HAND	And the second second	CONDITIO		DR 1 - NOI	UGTES	T TYPE
	QUIPMENT	UNENCLOSED CARGO AREA 3	- FREED I	BY	R . THREE MI		CONTROLS, OF ADAPTIVE DEV			ARENTLY NOR		2 - BLO	ÓD	
NONE USE SHOULDER	D BELT ONLY	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	NON-M	IECHANIC <i>i</i>	AL MEANS MOTORC		14 - MILITARY VEHI 15 - MOTOR VEHIC			SICAL IMPAIRI DTIONAL (E.G.,	MENT	3 - URII 4 - OTH		
USED LAP BELT O		EXTERIOR (NON-TRAILING UNIT)			S - SCHOOL E		WITHOUT AIR	BRAKES	DEPR	ESSED, ANGRY, URBED)			TEST	RESUL
SHOULDER		15 - NON-MOTORIST			T - DOUBLE 8 TRAILERS	x TRIPLE	17 - PROSTHETIC A		4 - ILLN	IESS		1 - AMP	HETAMIN	ES
USED CHILD REST	TRAINT SYSTEM	99 - OTHER / UNKNOWN			X - TANKER /	HAZMAT	18 - OTHER			ASLEEP, FAIN GUED, ETC.	TED,	2 - BAR	BITURATES ZODIAZEP	5
- FORWARD	FACING								6 - UNI	DER THE INFLU		4 - CAN	NABINOI	
- REAR FACI	fraint system Ing			10.4774	GEN GENANG	IDER				DICATIONS / DI OHOL	KUGS /	5 - COC 6 - OPIA	AINE ATES / OPI	OIDS
BOOSTER S	EAT				F - FEMALE M - MALE					IER / UNKNOV	۷N	7 - OTH	ER	
	E PADS USED				U - OTHER / L	JNKNOWN						8 - NEG	ATIVE RES	UL I'S
	(NEES, ETC) /E CLOTHING											f.		
	- PEDESTRIAN													
/ BICYCLE	ONLY													

SOFT OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER					
	AST, FIRST, MIDDLE	000210006582								
			VIE OF BINTIFF		AGE	GENDER				
ADDRESS: STREET, C	ITY, STATE, ZIP			CONTACT PHON	E - INCLUDE AR	EA CODE		***************************************		
INJURIES INJURED	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
UNIT # NAME:	AST, FIRST, MIDDLE			D.	ATE OF BIRTH		AGE	GENDER		
*****										
ADDRESS: STREET, C	ITY, STATE, ZIP			CONTACT PHON	E - INCLUDE AR	EA CODE		***************************************		
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
UNIT # NAME:	LAST, FIRST, MIDDLE		THE REAL PROPERTY CONTRACTOR AND ADDRESS OF SECTION	D/	ATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, C	ITY, STATE, ZIP			CONTACT PHON	E - INCLUDE AR	EA CODE		Northerlanderlands (1 conserve		
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
UNIT # NAME;	T # NAME: LAST, FIRST, MIDDLE				ATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, C	ITY, STATE, ZIP			CONTACT PHON	E - INCLUDE AR	EA CODE		With the state of		
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	SE EJECTION	TRAPPE		
ı	 NJURIES	SAFETY EQUIPMENT USED	SEATING POS	SITION		AIR BAG	ica ci			
4 - POSSIBLE IN 5 - NO APPARI  INJUR 1 - NOT TRANS TREATED A 2 - EMS 3 - POLICE 9 - OTHER / UI	## A DEPTH   10 PEC   10 PEC	- LAP BELT ONLY USED - SHOULDER & LAP BELT USED - CHILD RESTRAINT SYSTEM - FORWARD FACING - CHILD RESTRAINT SYSTEM - REAR FACING - BOOSTER SEAT - HELMET USED - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) - REFLECTIVE CLOTHING - LIGHTING - PEDESTRIAN / BICYCLE ONLY - OTHER / UNKNOWN  4 - SE (MACHICAL OF SEAT - SE (MACHICAL OF SE (MACHIC	RONT - RIGHT SIDE COND - LEFT SIDE MOTORCYCLE PASSE COND - MIDDLE COND - RIGHT SIDE MIDTORCYCLE SIDE MOTORCYCLE SIDE MOTORCYCLE SIDE MIDDLE MI	E  CAR)  OF TRUCK CAB  HER ENCLOSED  TRAILING UNIT  HER WITH CAP)  ENCLOSED  E EXTERIOR	4 - DEPL FROM 5 - NOT 9 - DEPL 1 - NOT 2 - PART 3 - TOTA 4 - NOT 1 - NOT 2 - EXTR MECI 3 - FREE	And the second	E NKNOW ON TED D E PED			
NAME: LAST, FIRST,	MIDDLE	99 - (	OTHER / UNKNOWI		ATE OF BIRTH	I-MECHANIC	AGE	GENDE		
ADDRESS: STREET, O	CITY, STATE, ZIP			CONTACT PHON	VE - INCLUDE A	REA CODE	<del></del>	<u></u>		
NAME: LAST, FIRST,	MIDDLE .		·	D	ATE OF BIRTH		AGE	GENDE		
ADDRESS: STREET, O	CITY, STATE, ZIP			CONTACT PHON	NE - INCLUDE A	REA CODE	HANNER PARTIES AND SERVICE SER	<u></u>		
NAME: LAST, FIRST,	MIDDLE			DATE OF BIRTH AGE				GENDE		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

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OCAL REPORT NUMBER	REPORTING AGENCY	Date Of Crash
000210006582	Clermont County Sheriff	02/24/2021
I COUNTY OF	ACCIDENT LOCATION	
Clermont County	3619 Heartwood	
		Thornberry Dr
3619 N Heartwood Ro		