

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000210012108

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION					
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *		NCIC *	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
	<input type="checkbox"/> PRIVATE PROPERTY		Clermont County Sheriff		01300	2	2	99

COUNTY* 13	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Batavia	CRASH DATE / TIME* 04/09/2021 13:20	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Clough	ROAD TYPE PI	LATITUDE DECIMAL DEGREES 39.067735
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REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Fox	ROAD TYPE WA	LONGITUDE DECIMAL DEGREES -84.201159
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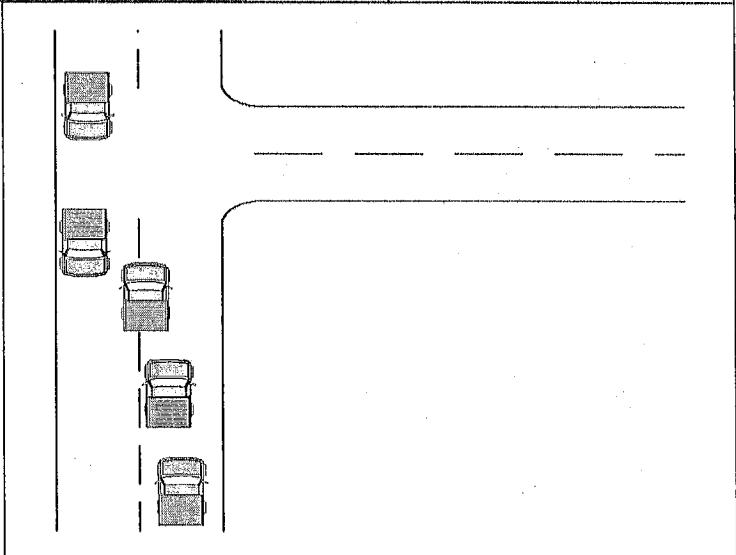
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
DISTANCE FROM REFERENCE 0.00	DISTANCE UNIT OF MEASURE 2 - FEET					NUMBER OF APPROACHES
						<b>ROADWAY</b>
						<input checked="" type="checkbox"/> ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
1		8	1	9

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 2	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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NARRATIVE  
 Unit 1 was traveling south on Clough Pk. He advised unit 2 drifted into his lane causing their mirrors to strike. Unit 2 stated he had not crossed the line and the roadway is too small.



CRASH REPORTED DATE / TIME 04/09/2021 13:20	DISPATCH DATE / TIME 04/09/2021 13:30	ARRIVAL DATE / TIME 04/09/2021 13:35	SCENE CLEARED DATE / TIME 04/09/2021 14:05	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME	TOTAL MINUTES 35	OFFICER'S NAME* Deputy Dyer	CHECKED BY OFFICER'S NAME* Rudd, Jeffrey
		OFFICER'S BADGE NUMBER* 3039	CHECKED BY OFFICER'S BADGE NUMBER* R3052	<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPB)

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE ( [ ] SAME AS DRIVER )  
 MATTES, CARL

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( [ ] SAME AS DRIVER )  
 4036 WOODSMILL RD, BATAVIA, OH, 45103

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

OWNER PHONE: INCLUDE AREA CODE ( [ ] SAME AS DRIVER )

**VEHICLE**

LP STATE OH LICENSE PLATE # 175ZEH VEHICLE IDENTIFICATION # 1FTMF1EB9JKD15353 VEHICLE YEAR 2018 VEHICLE MAKE FORD

INSURANCE VERIFIED [X] INSURANCE COMPANY STATE FARM INSURANCE POLICY # 7449691B2635D COLOR BLK VEHICLE MODEL F-150

TYPE OF USE: [ ] 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.

HAZARDOUS MATERIAL: [ ] MATERIAL RELEASED [ ] PLACARD CLASS # [ ] PLACARD ID # [ ]

UNIT TYPE: 4 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN

# OF TRAILING UNITS: 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 1 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 2 - PARTIAL AUTOMATION 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 99 - SCHOOL TRANSPORT

CARGO BODY TYPE: 99 - NO CARGO BODY TYPE / NOT APPLICABLE

VEHICLE DEFECTS: 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS

**EVENTS**

NON-MOTORIST LOCATION: 9 - INTERSECTION - UNMARKED CROSSWALK

ACTION: 9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1 - FAILURE TO YIELD

SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER

EVENTS: 20 - OVERTURN/ROLLOVER

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST

38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH

45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL

52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN

LOCAL REPORT NUMBER: 000210012108

**DAMAGE**

DAMAGE SCALE: 2 - MINOR DAMAGE

DAMAGED AREA(S): 10 - FRONT LEFT

INITIAL POINT OF CONTACT: 11 - REFER TO UNIT DIAGRAM

**TRAFFIC**

TRAFFICWAY FLOW: 2 - TWO-WAY

TRAFFIC CONTROL: 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 - NOT INVOLVED

UNIT / NON-MOTORIST DIRECTION: FROM 2 TO 1

UNIT SPEED: 45

POSTED SPEED: 45

DETECTED SPEED: 1 - STATED / ESTIMATED SPEED

**OWNER**

UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**KIRBY, KENNETH**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**10219 KINGSPOUR RD, CINCINNATI, OH, 45201**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
**HACKER JONES, UNK, CINCINNATI, OH, 45201**

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **KWG1023** VEHICLE IDENTIFICATION # **PIW6505EZ19** VEHICLE YEAR **2014** VEHICLE MAKE **CHEVROLET**

INSURANCE VERIFIED INSURANCE COMPANY **MOTORISTS INS** INSURANCE POLICY # **1GCNCPEH5** COLOR **RED** VEHICLE MODEL **SILVERADO**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS

US DOT # **1** TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL CLASS # **1** PLACARD ID #

UNIT TYPE **4**

# OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

SPECIAL FUNCTION **99**

CARGO BODY TYPE **99**

VEHICLE DEFECTS

**NON-MOTORIST LOCATION**

**3**

**ACTION**

**99**

**CONTRIBUTING CIRCUMSTANCES**

**7**

**EVENTS**

**20**

**2**

**3**

**4**

**5**

**6**

**1**

**1**

**1**

LOCAL REPORT NUMBER  
**000210012108**

**DAMAGE**

DAMAGE SCALE

**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - 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

**10**

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

**TRAFFIC**

TRAFFICWAY FLOW

**2**

TRAFFIC CONTROL

**6**

# OF THROUGH LANES ON ROAD

**2**

RAIL GRADE CROSSING

**1**

UNIT / NON-MOTORIST DIRECTION

FROM **1** TO **2**

UNIT SPEED

**45**

POSTED SPEED

**45**

DETECTED SPEED

**1**

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000210012108

UNIT # 1	NAME: LAST, FIRST, MIDDLE MATTES, CARL				DATE OF BIRTH 04/07/1972	AGE 49	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 4036 WOODSMILL RD, BATAVIA, OH, 45103					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 3	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .			DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 1 1	

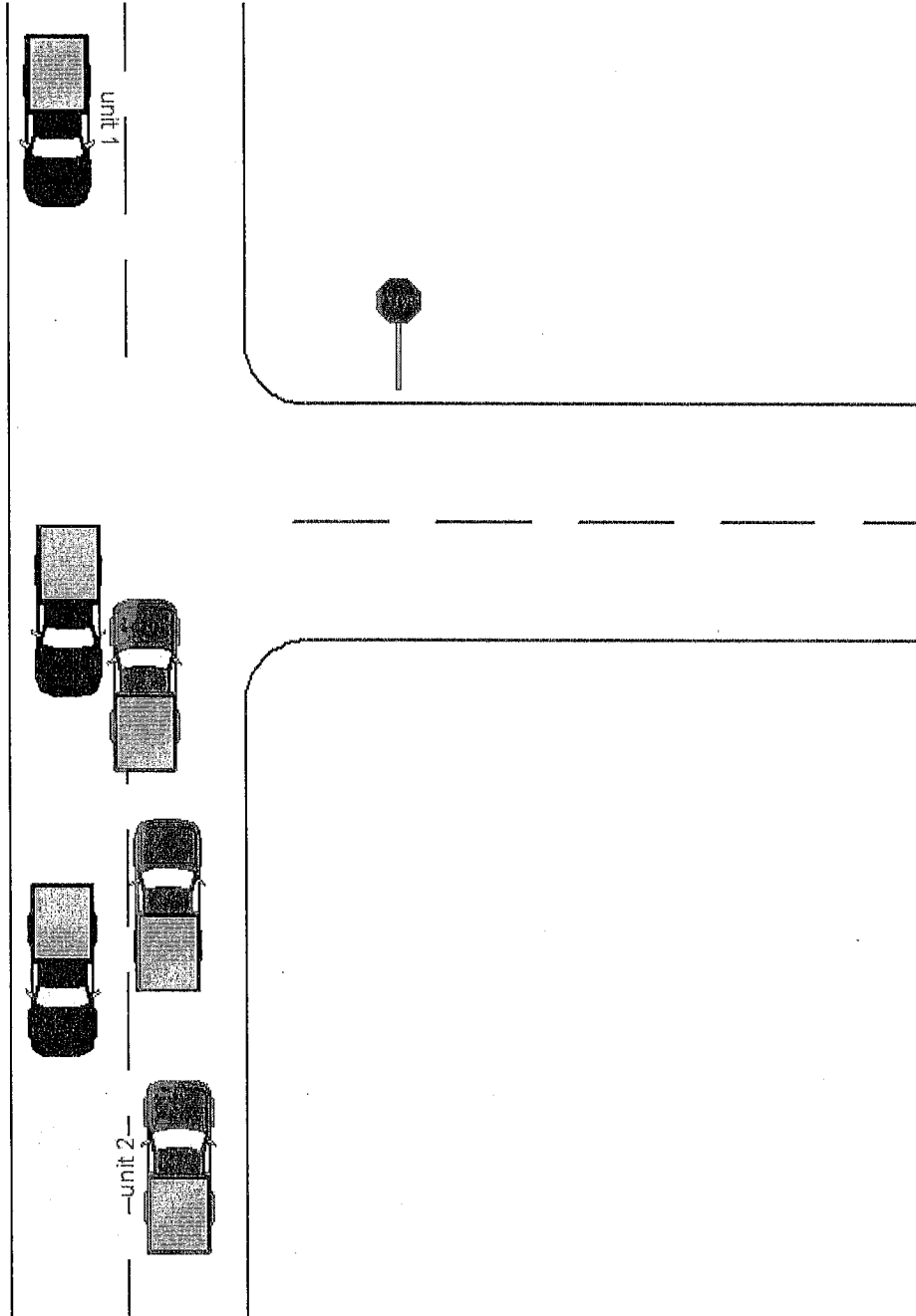
UNIT # 2	NAME: LAST, FIRST, MIDDLE KIRBY, KENNETH				DATE OF BIRTH 08/26/1938	AGE 82	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 10219 KINGSPORT RD, CINCINNATI, OH, 45201					CONTACT PHONE - INCLUDE AREA CODE [REDACTED]					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 3	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1 .			DRUG TEST(S) STATUS TYPE RESULTS SELECT UP TO 4 1 1	

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

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

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>000210012108</b>	REPORTING AGENCY <b>Clermont County Sheriff</b>	Date Of Crash <b>04/09/2021</b>
IN COUNTY OF <b>Clermont County</b>	ACCIDENT LOCATION <b>Clough</b>	



OFFICERS SIGNATURE	BADGE NO. <b>3039</b>
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