

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000210012514

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

| | | | | | | | | |
|---------|-----------|------------------------------------|--|--|--------------------|--|----------------|--|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | | | CRASH DATE / TIME* | | CRASH SEVERITY | |
| 13 | 3 | Batavia | | | 04/12/2021 17:46 | | 5 | |

| | | | | | | | |
|------------|--------------|--------|--|--------------------|-----------|--------------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | |
| | | | | Elmwood | RD | 39.085082 | |

| | | | | | | | |
|------------|--------------|--------|--|---|-----------|---------------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | |
| | | | | 4401 | | -84.148617 | |

| | | | | | | | | | | |
|-----------------|--------------------------|---|--|--|---|---|--|--|--|--|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | | | | | |
| 3 | 3 | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | | | |

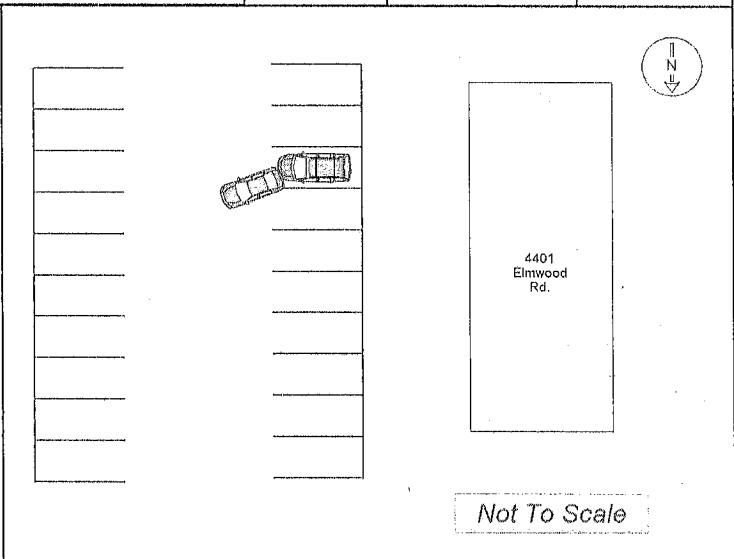
| | | | | | | | | | |
|-------------------------|--------------------------|------------------------------------|--|--|--|--|--|--|--|
| DISTANCE FROM REFERENCE | DIRECTION FROM REFERENCE | DISTANCE UNIT OF MEASURE | ROADWAY | | | | | | |
| 42.00 | 2 | 1 - MILES 2 - FEET 3 - YARDS | <input type="checkbox"/> ROADWAY DIVIDED | | | | | | |

| | | | | |
|---------------------------------|----------------------------------|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE | |
| 1 | 5 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN | |

| | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---------|---|---------|
| WORK ZONE RELATED | WORKERS PRESENT | LAW ENFORCEMENT PRESENT | ACTIVE SCHOOL ZONE | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 1 | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN | 2 |

| | |
|-----------------|---------|
| LIGHT CONDITION | WEATHER |
| 1 | 1 |

NARRATIVE
 Unit 1 stated she was backing out of her parking spot while Unit 2 was attempting to back into hers. Unit 1 stated she did not see Unit 2 while backing up, causing her to back into Unit 2, causing minor damage.



| | | | | |
|----------------------------|--------------------------|---------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 04/12/2021 17:46 | 04/12/2021 17:46 | 04/12/2021 18:20 | 04/12/2021 18:37 | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | CHECKED BY OFFICER'S NAME* |
| | | 51 | Swallen, Jason | Rudd, Jeffrey |
| | | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* |
| | | | R11152 | R3052 |

SUPPLEMENT
 (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPIS)

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 GULLETT, ARICA, MORGAN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 5895 CAHALL SCHOOLHOUSE RD., GEORGETOWN, OH, 45121

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

OWNER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HUB2930 VEHICLE IDENTIFICATION # 3A8FY68816T330326 VEHICLE YEAR 2006 VEHICLE MAKE CHRYSLER

INSURANCE VERIFIED INSURANCE COMPANY ERIE INSURANCE POLICY # Q077508849 COLOR WHI VEHICLE MODEL PT CRUISER

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

TYPE OF USE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS

VEHICLE WEIGHT GVWR/GCWR

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

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 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 3

| | | | | |
|---------------------------------------|----------------------------------|----------------------------|--|----------------------|
| 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 2

| | | | | |
|----------------------------|---------------------------|--|---|--|
| 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 12

| | | | | |
|----------------------|--------------------------------|--|---------------------------------------|--------------------------------|
| 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

EVENTS

| | | | | |
|-------------------------------------|--|--------------------------|--------------------------------------|---|
| 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

000210012514

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE

1 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

0 - NO DAMAGE 14 - UNDERCARRIAGE

6 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY 2 - TWO-WAY

2

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN

6 2 - SIGNAL 3 - FLASHER 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

1 - NOT INVOLVED

1 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 3

POSTED SPEED

DETECTED SPEED

1 - STATED / ESTIMATED SPEED

1 2 - CALCULATED / EDR

3 - UNDETERMINED

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
GOINS, JESSICA, ELAINE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
14744 PAULEY LN., WILLIAMSBURG, OH, 45176

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # GCX4341 VEHICLE IDENTIFICATION # 2C4RC1FG9LR134878 VEHICLE YEAR 2020 VEHICLE MAKE CHRYSLER

INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 8337671A023SD COLOR SIL VEHICLE MODEL PACIFICA

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS

US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

UNIT TYPE 2

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

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

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

4

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 18 - APPROACHING OR LEAVING VEHICLE
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 19 - STANDING
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST
 9 - OTHER / UNKNOWN 7 - MAKING LEFT TURN 8 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE

PRE-CRASH ACTIONS

2

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 22 - NOT DISCERNIBLE
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION

EVENTS

1

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 17 - ANIMAL - FARM 18 - ANIMAL - DEER

SEQUENCE OF EVENTS

1

1 - FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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 55 - OTHER / UNKNOWN
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

LOCAL REPORT NUMBER
000210012514

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

11

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

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 6

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

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

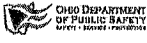
1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 3

DETECTED SPEED 1

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

POSTED SPEED _____



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000210012514

| | | | | | | | | | | | | |
|---|---------------------------|----------------------------|---|--|-----------------------------------|--|------------------|-----------------|--------------|---------|------|------------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| 1 | SMITH, LILY, JO | | | | 09/04/2002 | | 18 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| 175 ROUNDHOUSE CIR, GEORGETOWN, OH, 45121 | | | | | [REDACTED] | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| 5 | 1 | | | | 4 | | 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| OH | [REDACTED] | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| 4 | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |
| | | | | | | | 1 | 1 | | 1 | 1 | |

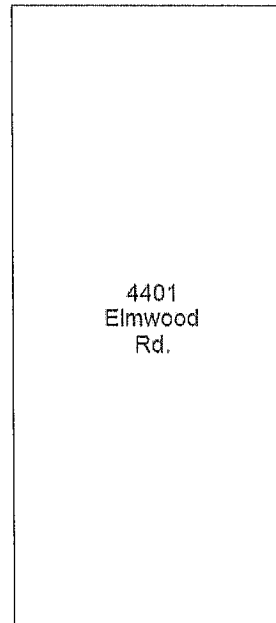
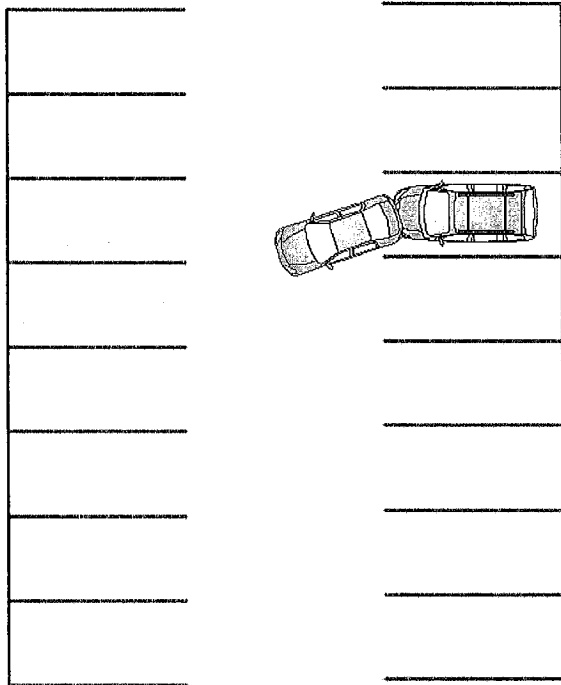
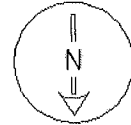
| | | | | | | | | | | | | |
|---|---------------------------|----------------------------|---|--|-----------------------------------|--|------------------|-----------------|--------------|---------|------|------------------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| 2 | GOINS, JESSICA, ELAINE | | | | 04/17/1989 | | 31 | F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| 14744 PAULEY LN., WILLIAMSBURG, OH, 45176 | | | | | [REDACTED] | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| 5 | 1 | | | | 4 | | 1 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | | |
| OH | [REDACTED] | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| 4 | | 3 | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | 1 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |
| | | | | | | | 1 | 1 | | 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 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) | | | |
| | | | | | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |
| | | | | | | | | | | | | |

| 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, (TIA) (ING)) | 2 - TEST REFUSED |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 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 (MOTORCYCLE PASSENGER) | 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 CLASS A | 6 - PASSENGER | |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | |
| | 8 - THIRD - MIDDLE | EJECTION | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | |
| | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED | | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | ALCOHOL TEST TYPE |
| | 10 - SLEEPER SECTION OF TRUCK CAB | 2 - PARTIALLY EJECTED | OL ENDORSEMENT | 10 - LIMITED TO DAYLIGHT ONLY | | 1 - NONE |
| | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED | H - HAZMAT | 11 - LIMITED TO EMPLOYMENT | | 2 - BLOOD |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 4 - NOT APPLICABLE | M - MOTORCYCLE | 12 - LIMITED - OTHER | | 3 - URINE |
| | 13 - TRAILING UNIT | TRAPPED | 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 | P - PASSENGER | 14 - MILITARY VEHICLES ONLY | | 5 - OTHER |
| | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS | Q - MOTOR SCOOTER | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | CONDITION | DRUG TEST TYPE |
| | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 16 - OUTSIDE MIRROR | 1 - APPARENTLY NORMAL | 1 - NONE |
| | | | S - SCHOOL BUS | 17 - PROSTHETIC AID | 2 - PHYSICAL IMPAIRMENT | 2 - BLOOD |
| | | | T - DOUBLE & TRIPLE TRAILERS | 18 - OTHER | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 3 - URINE |
| | | | X - TANKER / HAZMAT | | 4 - ILLNESS | 4 - OTHER |
| | | | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | DRUG TEST RESULT(S) |
| | | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 1 - AMPHETAMINES |
| | | | | | 9 - OTHER / UNKNOWN | 2 - BARBITURATES |
| | | | | | | 3 - BENZODIAZEPINES |
| | | | | | | 4 - CANNABINOIDS |
| | | | | | | 5 - COCAINE |
| | | | | | | 6 - OPIATES / OPIOIDS |
| | | | | | | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

| | | |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER 000210012514 | REPORTING AGENCY Clermont County Sheriff | Date Of Crash 04/12/2021 |
| IN COUNTY OF Clermont County | ACCIDENT LOCATION Elmwood | |



Not To Scale

| | |
|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO. R11152 |
|--------------------|----------------------------|