

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000210018649

<input checked="" 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 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
		<input type="checkbox"/> PRIVATE PROPERTY		Clermont County Sheriff	01300			

COUNTY* 13	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Monroe (Township of)	CRASH DATE / TIME* 06/01/2021 09:00	CRASH SEVERITY 5
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<b>LOCATION</b>	ROUTE TYPE SR	ROUTE NUMBER 232	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 38.928480	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
<b>REFERENCE</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ginn	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.148401	

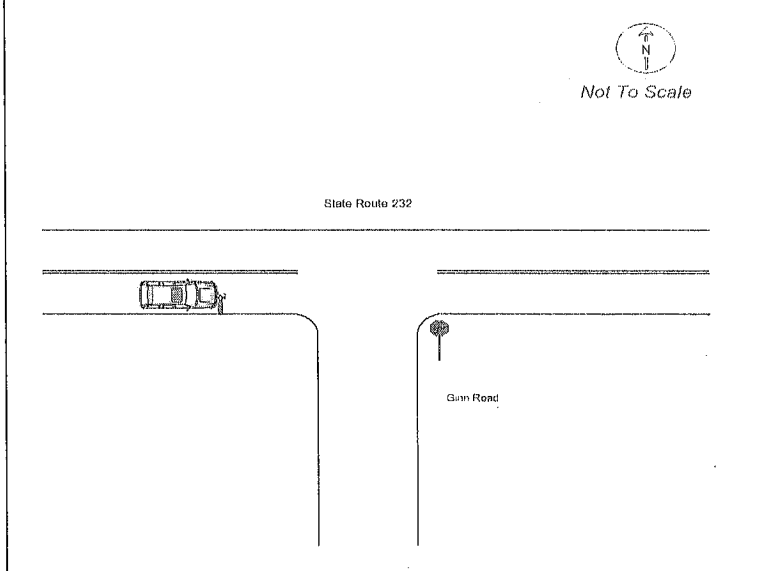
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD 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	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROADWAY <input 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	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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
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<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 1	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 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 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 East on SR 232 when unit #1 struck a deer that was running north across State Route 232.



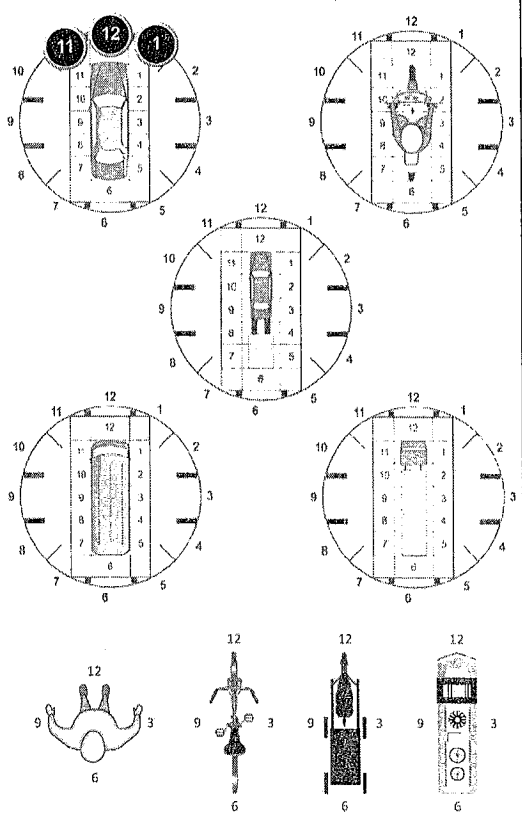
CRASH REPORTED DATE / TIME 06/01/2021 09:00	DISPATCH DATE / TIME 06/01/2021 09:11	ARRIVAL DATE / TIME 06/01/2021 09:24	SCENE CLEARED DATE / TIME 06/01/2021 09:50	REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input checked="" type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 39	OFFICER'S NAME* Rudd, Jeffrey	CHECKED BY OFFICER'S NAME* Scott, D
		OFFICER'S BADGE NUMBER* R3052	CHECKED BY OFFICER'S BADGE NUMBER* R2367	
<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)				

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
 WICKLINE-JOWERS, MAGGIE, R.  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
 2316 STATE ROUTE 232, NEW RICHMOND, OH, 45157  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

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

**LP STATE** OH **LICENSE PLATE #** HPB1008 **VEHICLE IDENTIFICATION #** 1C4NJPFA4GD698711 **VEHICLE YEAR** 2016 **VEHICLE MAKE** JEEP  
**INSURANCE VERIFIED**  **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 57864157 **COLOR** BLK **VEHICLE MODEL** PATRIOT  
**TYPE OF USE**  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE **US DOT #**  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT **# OCCUPANTS**  
**HAZARDOUS MATERIAL**  
 MATERIAL CLASS #  RELEASED  PLACARD PLACARD ID #

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



**UNIT TYPE** [ 3 ]  
 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  
 99 - UNKNOWN OR HIT/SKIP  
**# OF TRAILING UNITS**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** [ 2 ]  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 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 ]  
 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

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

**ACTION** [ 3 ] **PRE-CRASH ACTIONS** [ 1 ]  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - OTHER / UNKNOWN  
 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST  
 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

**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

**CONTRIBUTING CIRCUMSTANCES** [ 1 ]  
 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 21 - LYING IN ROADWAY  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 22 - NOT DISCERNIBLE  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION  
 6 - IMPROPER TURN 7 - LEFT OF CENTER

**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

**SEQUENCE OF EVENTS**  
 1 [ 18 ] 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 [ ] 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 [ ] 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 [ ] 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 [ ] 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 6 [ ] 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

**# OF THROUGH LANES ON ROAD** [ 2 ] **RAIL GRADE CROSSING** [ 1 ]  
 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**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  
 37 - TRAFFIC SIGN POST 44 - DITCH

**FIRST HARMFUL EVENT** [ 1 ] **MOST HARMFUL EVENT** [ 1 ]

**UNIT / NON-MOTORIST DIRECTION**  
 FROM [ 4 ] TO [ 3 ]  
 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

**UNIT SPEED** [ 45 ] **DETECTED SPEED** [ 1 ]  
 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
**POSTED SPEED** [ 55 ]

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000210018649

UNIT # 1	NAME: LAST, FIRST, MIDDLE WICKLINE-JOWERS, MAGGIE, R.				DATE OF BIRTH 09/28/1980	AGE 40	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 2316 STATE ROUTE 232, NEW RICHMOND, OH, 45157					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 checked="" 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 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 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: 1 TYPE: 1 VALUE: .		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULTS SELECT UP TO 4	

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 <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: TYPE: VALUE:		DRUG TEST(S) STATUS: TYPE: RESULTS SELECT UP TO 4	

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 <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS: TYPE: VALUE:		DRUG TEST(S) 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, DIALING)	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	7 - EXCEPT TRACTOR-TRAILER		
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>		8 - INTERMEDIATE LICENSE RESTRICTIONS		
	8 - THIRD - MIDDLE	1 - NOT EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS		
<b>INJURIES TAKEN BY</b>	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	<b>OL ENDORSEMENT</b>	10 - LIMITED TO DAYLIGHT ONLY		<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	H - HAZMAT	11 - LIMITED TO EMPLOYMENT ONLY		1 - NONE
2 - EMS	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	M - MOTORCYCLE	12 - LIMITED - OTHER		2 - BLOOD
3 - POLICE	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	N - PASSENGER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - URINE
9 - OTHER / UNKNOWN	13 - TRAILING UNIT	1 - NOT TRAPPED	P - TANKER	14 - MILITARY VEHICLES ONLY		4 - BREATH
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	Q - MOTOR SCOOTER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - OTHER
<b>SAFETY EQUIPMENT</b>	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	16 - OUTSIDE MIRROR	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
1 - NONE USED	99 - OTHER / UNKNOWN		S - SCHOOL BUS	17 - PROSTHETIC AID	1 - APPARENTLY NORMAL	1 - NONE
2 - SHOULDER BELT ONLY USED			T - DOUBLE & TRIPLE TRAILERS	18 - OTHER	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
4 - SHOULDER & LAP BELT USED					4 - ILLNESS	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>GENDER</b>		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
7 - BOOSTER SEAT			M - MALE		9 - OTHER / UNKNOWN	
8 - HELMET USED			U - OTHER / UNKNOWN			<b>DRUG TEST RESULT(S)</b>
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						1 - AMPHETAMINES
10 - REFLECTIVE CLOTHING						2 - BARBITURATES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						3 - BENZODIAZEPINES
99 - OTHER / UNKNOWN						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

000210018649

OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
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OCCUPANT	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

**INJURIES**

- 1 - FATAL
- 2 - SUSPECTED SERIOUS INJURY
- 3 - SUSPECTED MINOR INJURY
- 4 - POSSIBLE INJURY
- 5 - NO APPARENT INJURY

**INJURED TAKEN BY**

- 1 - NOT TRANSPORTED / TREATED AT SCENE
- 2 - EMS
- 3 - POLICE
- 9 - OTHER / UNKNOWN

**GENDER**

- F - FEMALE
- M - MALE
- U - OTHER / UNKNOWN

**SAFETY EQUIPMENT USED**

- 1 - NONE USED - VEHICLE OCCUPANT
- 2 - SHOULDER BELT ONLY USED
- 3 - LAP BELT ONLY USED
- 4 - SHOULDER & LAP BELT USED
- 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING
- 6 - CHILD RESTRAINT SYSTEM - REAR FACING
- 7 - BOOSTER SEAT
- 8 - HELMET USED
- 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
- 10 - REFLECTIVE CLOTHING
- 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY
- 99 - OTHER / UNKNOWN

**SEATING POSITION**

- 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- 2 - FRONT - MIDDLE
- 3 - FRONT - RIGHT SIDE
- 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
- 5 - SECOND - MIDDLE
- 6 - SECOND - RIGHT SIDE
- 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
- 8 - THIRD - MIDDLE
- 9 - THIRD - RIGHT SIDE
- 10 - SLEEPER SECTION OF TRUCK CAB
- 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)
- 12 - PASSENGER IN UNENCLOSED CARGO AREA
- 13 - TRAILING UNIT
- 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
- 15 - NON-MOTORIST
- 99 - OTHER / UNKNOWN

**AIR BAG USAGE**

- 1 - NOT DEPLOYED
- 2 - DEPLOYED FRONT
- 3 - DEPLOYED SIDE
- 4 - DEPLOYED BOTH FRONT/SIDE
- 5 - NOT APPLICABLE
- 9 - DEPLOYMENT UNKNOWN

**EJECTION**

- 1 - NOT EJECTED
- 2 - PARTIALLY EJECTED
- 3 - TOTALLY EJECTED
- 4 - NOT APPLICABLE

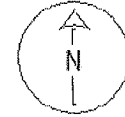
**TRAPPED**

- 1 - NOT TRAPPED
- 2 - EXTRICATED BY MECHANICAL MEANS
- 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
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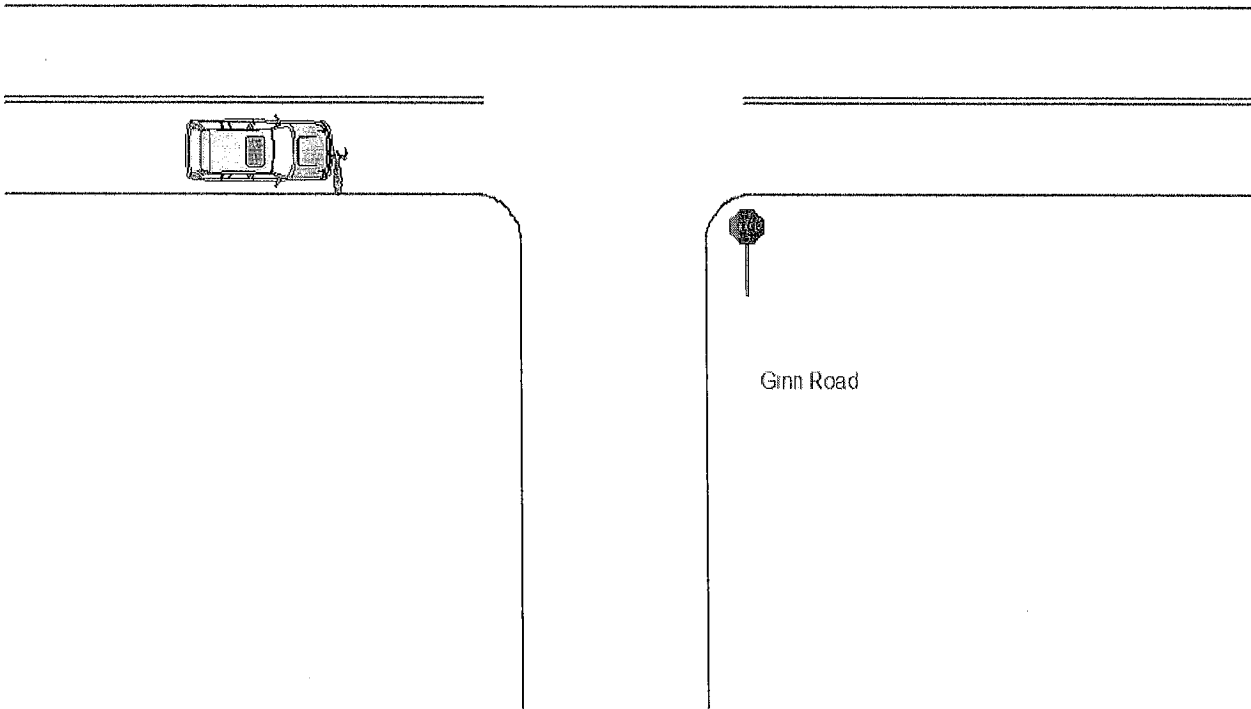
OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>000210018649</b>	REPORTING AGENCY <b>Clermont County Sheriff</b>	Date Of Crash <b>06/01/2021</b>
IN COUNTY OF <b>Clermont County</b>	ACCIDENT LOCATION <b>232</b>	



*Not To Scale*

State Route 232



OFFICERS SIGNATURE	BADGE NO. <b>R3052</b>
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