

TRAFFIC CRASH REPORT

* DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000210028423

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION REPORTING AGENCY NAME * Clermont County Sheriff		NCIC * 01300		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN	
COUNTY* 13		LOCALITY* 3		LOCATION: CITY, VILLAGE, TOWNSHIP* Tate (Township of)		CRASH DATE / TIME* 08/14/2021 12:10		CRASH SEVERITY <input type="checkbox"/> 1 - FATAL <input checked="" type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED <input type="checkbox"/> 3 - MINOR INJURY SUSPECTED <input type="checkbox"/> 4 - INJURY POSSIBLE <input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE SR		ROUTE NUMBER 125		PREFIX <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 38.995768		LONGITUDE DECIMAL DEGREES -84.146068	
ROUTE TYPE SR		ROUTE NUMBER 125		PREFIX <input checked="" type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Bantam		ROAD TYPE RD		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES _____	
REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 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		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - OTHER / UNKNOWN				DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER / UNKNOWN			
<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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		CONTOUR <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 - OTHER / UNKNOWN		CONDITIONS <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 - OTHER / UNKNOWN		SURFACE <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9 - OTHER / UNKNOWN			
LIGHT CONDITION <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER / UNKNOWN			WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER / UNKNOWN			CONTOUR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9 - OTHER / UNKNOWN		CONDITIONS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 - OTHER / UNKNOWN		SURFACE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9 - OTHER / UNKNOWN			
NARRATIVE Unit #01 was traveling westbound on SR 125 behind Unit #02. Unit #02 advised the vehicle in front of her slammed on her breaks. Unit #02 advised she had to slam on her breaks, at which time Unit #01 rear ended her.													

CRASH REPORTED DATE / TIME 08/14/2021 12:10		DISPATCH DATE / TIME 08/14/2021 12:10		ARRIVAL DATE / TIME 08/14/2021 12:10		SCENE CLEARED DATE / TIME 08/14/2021 12:44		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED _____		OTHER INVESTIGATION TIME _____		TOTAL MINUTES 34		OFFICER'S NAME* Deputy Gebhardt		CHECKED BY OFFICER'S NAME* Rudd, Jeffrey		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	
				OFFICER'S BADGE NUMBER* 12078		CHECKED BY OFFICER'S BADGE NUMBER* R3052					

OWNER

VEHICLE

EVENTS

SEQUENCE OF EVENTS

UNIT # 1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
LAWHORN, ZEBULON, E

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
329 W SOUTH ST, BETHEL, OH, 45106

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

LP STATE OH **LICENSE PLATE #** JAD5115 **VEHICLE IDENTIFICATION #** 1C3CDZCB4CN207182 **VEHICLE YEAR** 2012 **VEHICLE MAKE** DODGE

INSURANCE VERIFIED **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** _____ **COLOR** BLU **VEHICLE MODEL** AVENGER

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

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** _____ **HAZARDOUS MATERIAL**
 MATERIAL CLASS # _____ **PLACARD ID #** _____
 RELEASED _____
 PLACARD _____

UNIT TYPE
 1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICK UP
 5 - CARGO VAN
 6 - VAN (9-15 SEATS)
 7 - MOTORCYCLE 2-WHEELED
 8 - MOTORCYCLE 3-WHEELED
 9 - AUTOCYCLE
 10 - MOPED OR MOTORIZED BICYCLE
 11 - ALL TERRAIN VEHICLE (ATV/UTV)
 12 - GOLF CART
 13 - SNOWMOBILE
 14 - SINGLE UNIT TRUCK
 15 - SEMI-TRACTOR
 16 - FARM EQUIPMENT
 17 - MOTORHOME
 18 - LIMO (LIVERY VEHICLE)
 19 - BUS (16+ PASSENGERS)
 20 - OTHER VEHICLE
 21 - HEAVY EQUIPMENT
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
 23 - PEDESTRIAN/SKATER
 24 - WHEELCHAIR (ANY TYPE)
 25 - OTHER NON-MOTORIST
 26 - BICYCLE
 27 - TRAIN
 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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

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

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

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

ACTION
 1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - BOTH STRIKING & STRUCK
 9 - OTHER / UNKNOWN
 1 - STRAIGHT AHEAD
 2 - BACKING
 3 - CHANGING LANES
 4 - OVERTAKING/PASSING
 5 - MAKING RIGHT TURN
 6 - MAKING LEFT TURN
 7 - MAKING U-TURN
 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE
 10 - PARKED
 11 - STOPPED 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

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

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

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
 99 - OTHER / UNKNOWN

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

DAMAGE

DAMAGE SCALE
 1 - NONE
 2 - MINOR DAMAGE
 3 - FUNCTIONAL 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
 12
 0 - NO DAMAGE
 1 - 12 - REFER TO UNIT DIAGRAM
 13 - TOP
 14 - UNDERCARRIAGE
 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN

TRAFFIC

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

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

OF THROUGH LANES ON ROAD
 4

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

UNIT / NON-MOTORIST DIRECTION
 FROM 3 TO 4

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

UNIT SPEED
 45

POSTED SPEED
 55

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

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

7321 OLD US 68, GEORGETOWN, OH, 45121

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE

2 2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

VEHICLE

LP STATE: OH LICENSE PLATE #: GZE7189 VEHICLE IDENTIFICATION #: 1G1ZG5ST6MF013998 VEHICLE YEAR: 2021 VEHICLE MAKE: CHEVROLET

INSURANCE VERIFIED INSURANCE COMPANY: ALLSTATE INSURANCE POLICY #: 826354216 COLOR: WHI VEHICLE MODEL: MALIBU

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

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: 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? 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

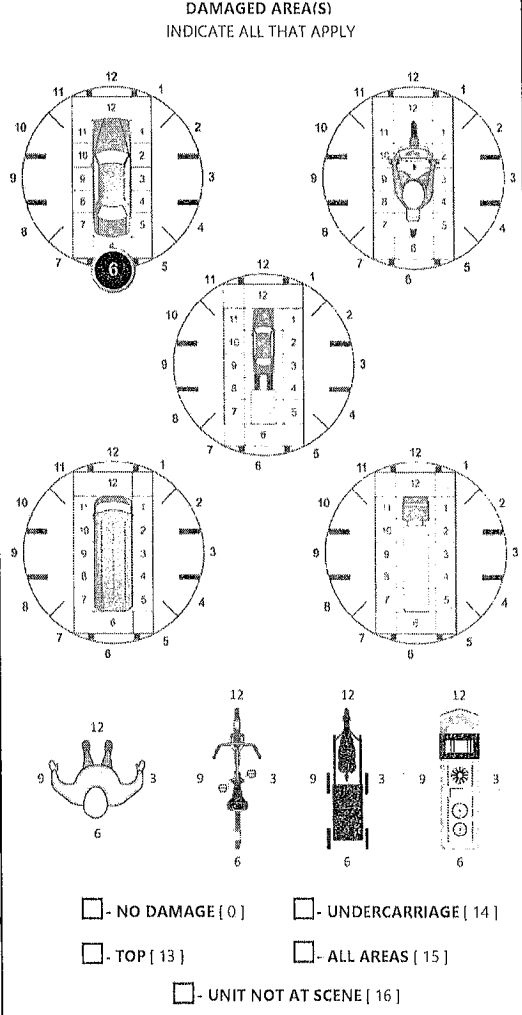
10 - FLAT BED 14 - GARBAGE/REFUSE

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



EVENTS

NON-MOTORIST LOCATION: 4

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 1 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE

4 - STRUCK PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 19 - STANDING 20 - OTHER NON-MOTORIST

5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 19 - STANDING 20 - OTHER NON-MOTORIST

9 - OTHER / UNKNOWN 7 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST

8 - ENTERING TRAFFIC LANE

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 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE

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

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE

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

99 - UNKNOWN

13 - TOP

EVENTS

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 1 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT

3 1 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE

4 1 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE

6 1 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

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 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 48 - TREE 54 - OTHER FIXED OBJECT

28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 43 - CURB 44 - DITCH 50 - WORK ZONE MAINTENANCE EQUIPMENT 99 - OTHER / UNKNOWN

29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

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: 4

RAIL GRADE CROSSING: 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

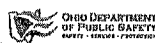
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED: 45

POSTED SPEED: 55

DETECTED SPEED: 1

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000210028423

UNIT # 1	NAME: LAST, FIRST, MIDDLE LAWHORN, ZEBULON, E				DATE OF BIRTH 06/02/1998		AGE 23	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 329 W SOUTH ST, BETHEL, OH, 45106					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 99	<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	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 BROSE, AMANDA, N				DATE OF BIRTH 11/11/1995		AGE 25	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 7321 OLD US 68, GEORGETOWN, OH, 45121					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 99	<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	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 #	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 & 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		
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER		
	8 - THIRD - MIDDLE	EJECTION		8 - INTERMEDIATE LICENSE RESTRICTIONS		ALCOHOL TEST TYPE
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS		1 - NONE
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	OL ENDORSEMENT	10 - LIMITED TO DAYLIGHT ONLY		2 - BLOOD
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	H - HAZMAT	11 - LIMITED TO EMPLOYMENT		3 - URINE
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	M - MOTORCYCLE	12 - LIMITED - OTHER		4 - BREATH
	13 - TRAILING UNIT	TRAPPED	P - PASSENGER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5 - OTHER
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	N - TANKER	14 - MILITARY VEHICLES ONLY		DRUG TEST TYPE
	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	Q - MOTOR SCOOTER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		1 - NONE
	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	16 - OUTSIDE MIRROR		2 - BLOOD
SAFETY EQUIPMENT			S - SCHOOL BUS	17 - PROSTHETIC AID		3 - URINE
1 - NONE USED			T - DOUBLE & TRIPLE TRAILERS	18 - OTHER		4 - OTHER
2 - SHOULDER BELT ONLY USED			X - TANKER / HAZMAT		CONDITION	DRUG TEST RESULT(S)
3 - LAP BELT ONLY USED					1 - APPARENTLY NORMAL	1 - AMPHETAMINES
4 - SHOULDER & LAP BELT USED					2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING					3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - BENZODIAZEPINES
6 - CHILD RESTRAINT SYSTEM - REAR FACING					4 - ILLNESS	4 - CANNABINOIDS
7 - BOOSTER SEAT					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - COCAINE
8 - HELMET USED					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)					9 - OTHER / UNKNOWN	7 - OTHER
10 - REFLECTIVE CLOTHING						8 - NEGATIVE RESULTS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99 - OTHER / UNKNOWN						
			GENDER			
			F - FEMALE			
			M - MALE			
			U - OTHER / UNKNOWN			



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

000210028423

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					
	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					
	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					
	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**SAFETY EQUIPMENT USED****SEATING POSITION****AIR BAG USAGE**

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

- 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

- 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

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

INJURED TAKEN BY

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

GENDER

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

EJECTION

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

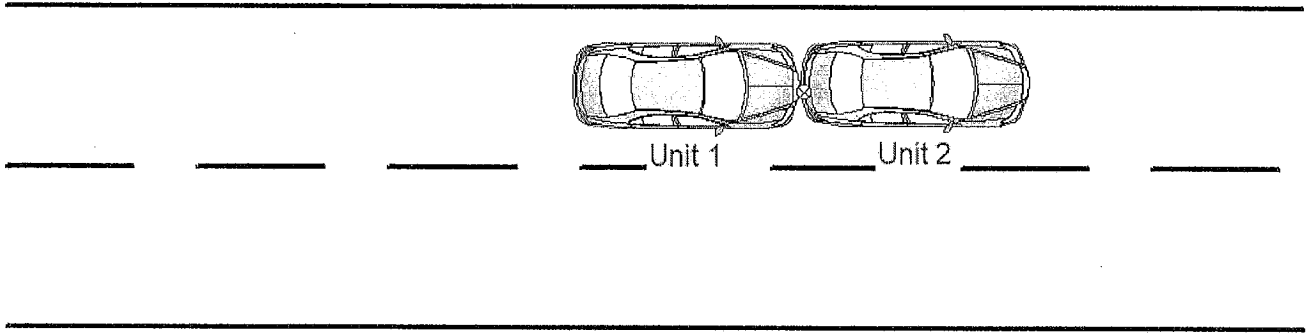
TRAPPED

- 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
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 000210028423	REPORTING AGENCY Clermont County Sheriff	Date Of Crash 08/14/2021
IN COUNTY OF Clermont County	ACCIDENT LOCATION 125	



OFFICERS SIGNATURE	BADGE NO. 12078
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