

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000210030272

| | | | | | | | | | |
|--|--|--------------------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | | NUMBER OF UNITS 2 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME * Clermont County Sheriff | | NCIC * 01300 | | | | |
| <input checked="" type="checkbox"/> PRIVATE PROPERTY | | | | | CRASH DATE / TIME* 08/28/2021 21:07 | | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | |

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|---------------|---|---|--|--|--|--|
| COUNTY* 13 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* Stonelick (Township of) | CRASH DATE / TIME* 08/28/2021 21:07 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | |
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|------------------|---------------------|---|--------------------|-----------|---------------------------------------|
| ROUTE TYPE SR | ROUTE NUMBER 132 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES 39.172438 |
|------------------|---------------------|---|--------------------|-----------|---------------------------------------|

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| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 2032 | ROAD TYPE | LONGITUDE DECIMAL DEGREES -84.159949 |
|------------|--------------|---|---|-----------|---|

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| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 | 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 |
|-------------------------|--|---|

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|---|--|---|--|
| 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 99 | 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 9 | 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 |
|---|---|---|--------------|-----------------|--------------|

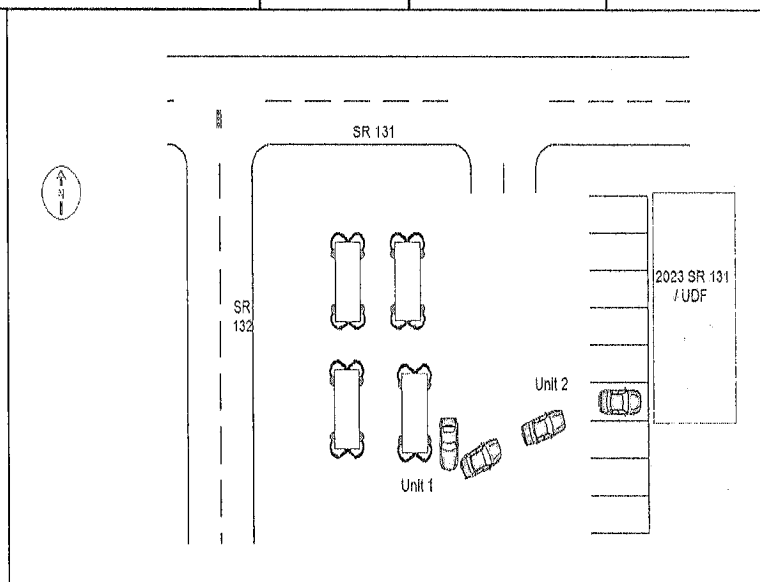
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| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3 | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1 |
|---|--|

NARRATIVE

On August 28, 2021 at 2136 hours, I was dispatched to 2023 SR 131 (United Dairy Farmer) in Stonelick Township for a 2 vehicle MVA on private, with no injuries. The CAD notes advised: "BLU BMW VS WHI MAZDA SEDAN - NO INHS - MAZDA is GOA UNK DOT - HAPPENED ON THE LOT".

Upon my arrival, I observed the Dark Blue BMW (JJP8305) parked at pump #1. I made contact with the female occupant, Lillyan (17YOA). Lillyan advised she was sitting in her vehicle when a White Mazda SUV (HYF1425) was backing out of the parking space located in front of the bulkiness. Lillyan advised she was honking her horn to get the female driver's attention as it was approaching her vehicle. Lillyan advised the female continued to back up, striking the front left bumper of her vehicle and causing minor damages. Lillyan advise the female never got out of her vehicle and proceeded to drive away. Lillyan was able to take a picture of the license plate.

I spoke to the store clerk, Mr. Elijah Linz who advised that the female of the Mazda is a frequent customer. Mr. Linz advised the female's name is Chelsea (Unknown Last Name). Upon reviewing the camera footage, I observed the Mazda backing out of their parking spot towards Lillyan's vehicle. I observed the Mazda striking the left front bumper of the vehicle then stop. After a few seconds, I observe



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| CRASH REPORTED DATE / TIME 08/28/2021 21:07 | DISPATCH DATE / TIME 08/28/2021 21:36 | ARRIVAL DATE / TIME 08/28/2021 21:43 | SCENE CLEARED DATE / TIME 08/28/2021 22:51 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME 75 | OFFICER'S NAME* Deputy Pham | CHECKED BY OFFICER'S NAME* Rudd, Jeffrey | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT 10 ODPD) |
| | | OFFICER'S BADGE NUMBER* R12228 | CHECKED BY OFFICER'S BADGE NUMBER* R3052 | |

OWNER UNIT # 1, OWNER NAME: WATSON, CHELSEA, C, OWNER ADDRESS: 6028 ROUDEBUSH RD, GOSHEN, OH, 45122, COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

LP STATE OH, LICENSE PLATE # HYF1425, VEHICLE IDENTIFICATION # JM3KE4DE4D0156661, VEHICLE YEAR 2013, VEHICLE MAKE MAZDA, INSURANCE COMPANY GEICO, INSURANCE POLICY # 6069487806, COLOR WHI, VEHICLE MODEL CX-3

TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE, INTERLOCK DEVICE EQUIPPED, HIT/SKIP UNIT, # OCCUPANTS, US DOT #, TOWED BY: COMPANY NAME, HAZARDOUS MATERIAL CLASS #, PLACARD ID #

UNIT TYPE: 3 - SPORT UTILITY VEHICLE, # OF TRAILING UNITS, WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 - DRIVER ASSISTANCE, SPECIAL FUNCTION: 1 - NONE, CARGO BODY TYPE: 1 - NO CARGO BODY TYPE, VEHICLE DEFECTS: 1 - TURN SIGNALS

NON-MOTORIST LOCATION: 1 - INTERSECTION - MARKED CROSSWALK, ACTION: 3 - STRIKING, CONTRIBUTING CIRCUMSTANCES: 12 - FAILURE TO YIELD, SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER

NON-MOTORIST LOCATION: 2 - INTERSECTION - UNMARKED CROSSWALK, ACTION: 2 - NON-COLLISION, CONTRIBUTING CIRCUMSTANCES: 3 - RAN RED LIGHT, SEQUENCE OF EVENTS: 2 - FIRE/EXPLOSION

NON-MOTORIST LOCATION: 3 - INTERSECTION - OTHER, ACTION: 4 - STRUCK, CONTRIBUTING CIRCUMSTANCES: 4 - RAN STOP SIGN, SEQUENCE OF EVENTS: 3 - JACKKNIFE

NON-MOTORIST LOCATION: 4 - MIDBLOCK - MARKED CROSSWALK, ACTION: 5 - BOTH STRIKING & STRUCK, CONTRIBUTING CIRCUMSTANCES: 5 - UNSAFE SPEED, SEQUENCE OF EVENTS: 4 - EQUIPMENT FAILURE

NON-MOTORIST LOCATION: 5 - TRAVEL LANE - OTHER LOCATION, ACTION: 6 - ENTERING TRAFFIC LANE, CONTRIBUTING CIRCUMSTANCES: 6 - IMPROPER TURN, SEQUENCE OF EVENTS: 5 - CARGO / EQUIPMENT LOSS OR SHIFT

NON-MOTORIST LOCATION: 6 - BICYCLE LANE, ACTION: 7 - MAKING U-TURN, CONTRIBUTING CIRCUMSTANCES: 7 - LEFT OF CENTER, SEQUENCE OF EVENTS: 6 - EQUIPMENT FAILURE

NON-MOTORIST LOCATION: 7 - SHOULDER/ROADSIDE, ACTION: 8 - ENTERING TRAFFIC LANE, CONTRIBUTING CIRCUMSTANCES: 8 - FOLLOWING TOO CLOSE, SEQUENCE OF EVENTS: 7 - SEPARATION OF UNITS

NON-MOTORIST LOCATION: 8 - SIDEWALK, ACTION: 9 - LEAVING TRAFFIC LANE, CONTRIBUTING CIRCUMSTANCES: 9 - IMPROPER LANE CHANGE, SEQUENCE OF EVENTS: 8 - RAN OFF ROAD RIGHT

NON-MOTORIST LOCATION: 9 - MEDIAN/CROSSING ISLAND, ACTION: 10 - IMPROPER PASSING, CONTRIBUTING CIRCUMSTANCES: 10 - IMPROPER TURN, SEQUENCE OF EVENTS: 9 - RAN OFF ROAD LEFT

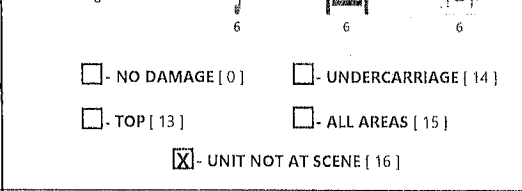
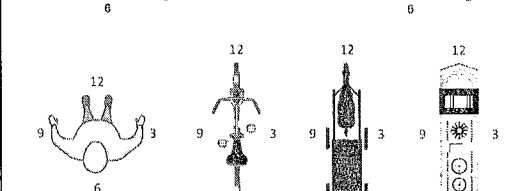
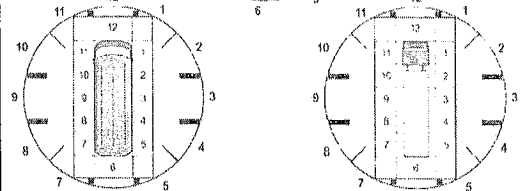
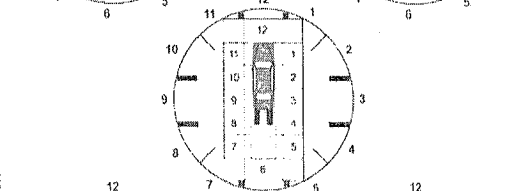
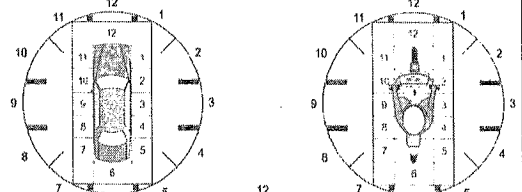
NON-MOTORIST LOCATION: 10 - DRIVEWAY ACCESS, ACTION: 11 - ENTERING OR CROSSING SPECIFIED LOCATION, CONTRIBUTING CIRCUMSTANCES: 11 - IMPROPER TURN, SEQUENCE OF EVENTS: 10 - CROSS MEDIAN

NON-MOTORIST LOCATION: 11 - SHARED USE PATHS OR TRAILS, ACTION: 12 - ENTERING OR CROSSING SPECIFIED LOCATION, CONTRIBUTING CIRCUMSTANCES: 12 - IMPROPER BACKING, SEQUENCE OF EVENTS: 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

NON-MOTORIST LOCATION: 12 - FIRST RESPONDER AT INCIDENT SCENE, ACTION: 13 - IMPROPER START FROM A PARKED POSITION, CONTRIBUTING CIRCUMSTANCES: 13 - IMPROPER BACKING, SEQUENCE OF EVENTS: 12 - DOWNHILL RUNAWAY

DAMAGE DAMAGE SCALE: 9 - 2 - MINOR DAMAGE, 1 - NONE, 3 - FUNCTIONAL DAMAGE, 4 - DISABLING DAMAGE, 9 - UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT: 15 - 12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 99 - UNKNOWN

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY, TRAFFIC CONTROL: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL

OF THROUGH LANES ON ROAD: 1, 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: 5, POSTED SPEED: 10, DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

EVENTS

OWNER

VEHICLE

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
BECKER, DAMEION, SCOTT

OWNER ADDRESS: STREET, CITY, STATE, ZIP: (SAME AS DRIVER)
41 SUTTON LN, GOSHEN, OH, 45122

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

DAMAGE

DAMAGE SCALE

1 - NONE
2 2 - MINOR DAMAGE
 3 - FUNCTIONAL DAMAGE
 4 - DISABLING DAMAGE
 9 - UNKNOWN

VEHICLE

LP STATE OH LICENSE PLATE # JJP8305 VEHICLE IDENTIFICATION # WBABW53495PL48667 VEHICLE YEAR 2005 VEHICLE MAKE BMW

INSURANCE VERIFIED INSURANCE COMPANY ESURANCE INSURANCE POLICY # PAOH-8975178 COLOR DBL VEHICLE MODEL 330CI

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR
 1 - ≤ 10K LBS.
 2 - 10.001 - 26K LBS.
 3 - > 26K LBS.

MATERIAL PLACARD HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

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 _____

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

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

1 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

1 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

99 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

INITIAL POINT OF CONTACT

0 - NO DAMAGE 11 11 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

4 ACTION
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN
 PRE-CRASH ACTIONS
 10 10 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 - 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

1 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

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
2

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

EVENTS

SEQUENCE OF EVENTS

1 20 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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

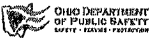
FROM 9 TO 9

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

UNIT SPEED

POSTED SPEED

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000210030272

| | | | | | | | | | | |
|---|---|----------------------------|---|--|---|---|-----------------------------------|--------------------|--|--------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE WATSON, CHELSEA, C | | | | DATE OF BIRTH 09/02/1992 | | AGE 28 | GENDER F | | |
| ADDRESS: STREET, CITY, STATE, ZIP 6028 ROUDEBUSH RD, GOSHEN, OH, 45122 | | | | | 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 | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| OL CLASS 4 | 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 | | 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 | |

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

000210030272

| | | | | | | |
|---|---|--|--|--|------------------|--------------------|
| UNIT # 2 | NAME: LAST, FIRST, MIDDLE DERICKS RHOADES, LILLYAN, GRACE | | | DATE OF BIRTH 11/21/2003 | AGE 17 | GENDER F |
| ADDRESS: STREET, CITY, STATE, ZIP 41 SUTTON LN, GOSHEN, OH, 45122 | | | | CONTACT PHONE - INCLUDE AREA CODE [REDACTED] | | |

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|----------------------|------------------------------|--------------------------|--|-------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT 99 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|------------------------------|--------------------------|--|-------------------------------|--|------------------------------|---------------------------|----------------------|---------------------|

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|--|----------------------------------|--|--|--|------------|---------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | |

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

| | | | | | | |
|--|----------------------------------|--|--|--|------------|---------------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | CONTACT PHONE - INCLUDE AREA CODE | | |

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

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|--|----------------------------------|--|--|--|------------|---------------|
| 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 | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE |
| F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| M - MALE | | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| | | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS |
| | | 99 - OTHER / UNKNOWN | |

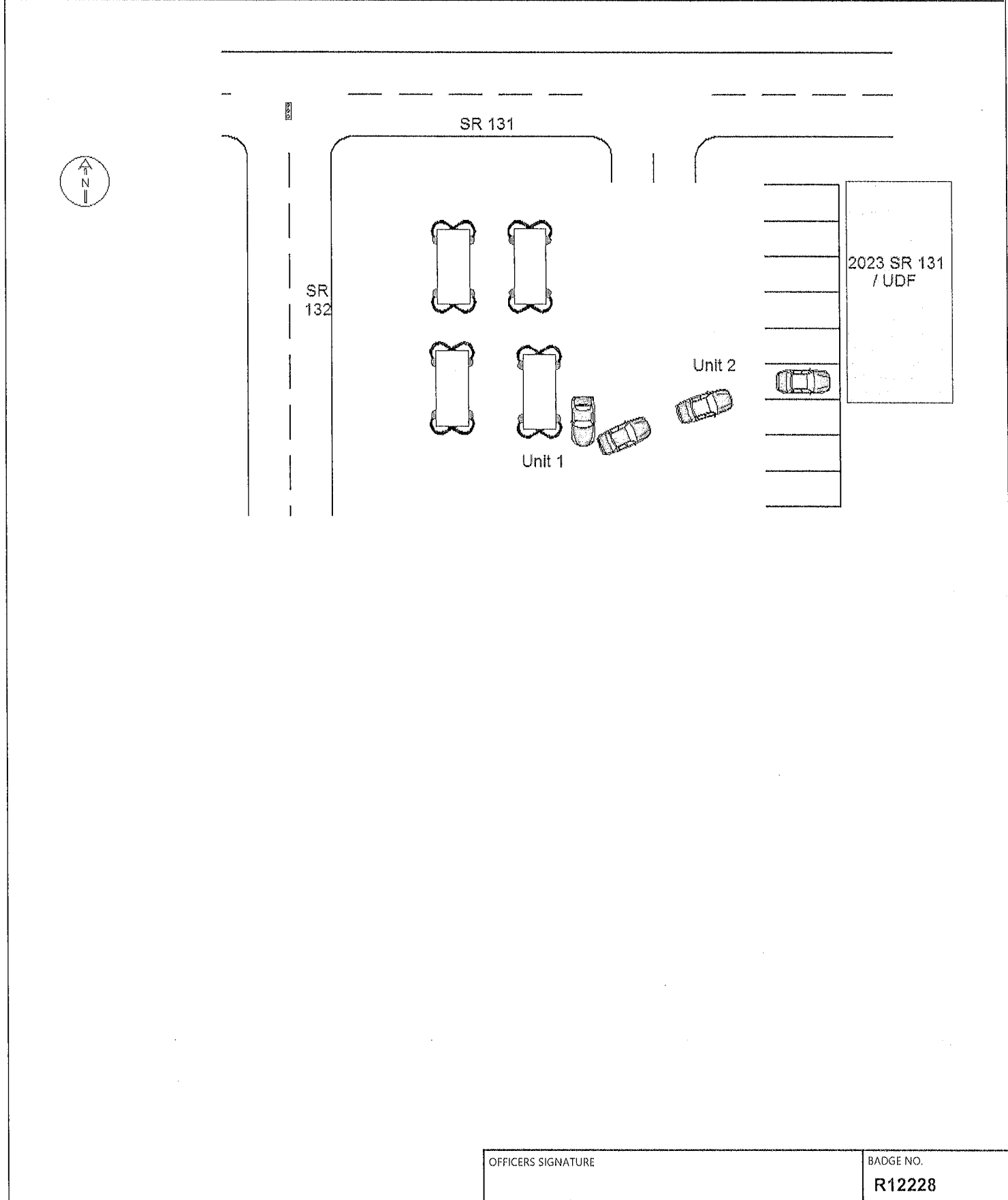
| | | | |
|---|------------------------------------|--|--------------------|
| NAME: LAST, FIRST, MIDDLE LINZ, ELIJAH, AUNCE | DATE OF BIRTH 03/02/2001 | AGE 20 | GENDER M |
| ADDRESS: STREET, CITY, STATE, ZIP 702 COUNTRY LAKE CIR, GOSHEN, OH, 45122 | | CONTACT PHONE - INCLUDE AREA CODE [REDACTED] | |

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|--|----------------------|--|---------------|
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |

| | | | |
|--|----------------------|--|---------------|
| 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 000210030272 | REPORTING AGENCY Clermont County Sheriff | Date Of Crash 08/28/2021 |
| IN COUNTY OF Clermont County | ACCIDENT LOCATION 132 | |



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|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO. R12228 |
|--------------------|----------------------------|