

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*  
000220016235

|  |  |                                |                         |        |                               |
|--|--|--------------------------------|-------------------------|--------|-------------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN     | <input checked="" 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                      |
| <input checked="" type="checkbox"/> PRIVATE PROPERTY |  |                                | Clermont County Sheriff | 01300  | 1 - SOLVED<br>2 - UNSOLVED    |
|  |  |                                | NUMBER OF UNITS         | 1      | UNIT IN ERROR                 |
|  |  |                                |                         |        | 1 98 - ANIMAL<br>99 - UNKNOWN |

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>13 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Batavia | CRASH DATE / TIME*<br>05/21/2022 15:20 | CRASH SEVERITY<br>5 |
|---------------|----------------|---|--|---------------------|

|           |                  |                     |   |   |           |   |
|-----------|------------------|---------------------|---|---|-----------|---|
| LOCATION  | ROUTE TYPE<br>SR | ROUTE NUMBER<br>125 | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME                                    | ROAD TYPE | LATITUDE DECIMAL DEGREES<br>39.006159   |
| REFERENCE | ROUTE TYPE       | ROUTE NUMBER        | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2277 | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-84.160710 |

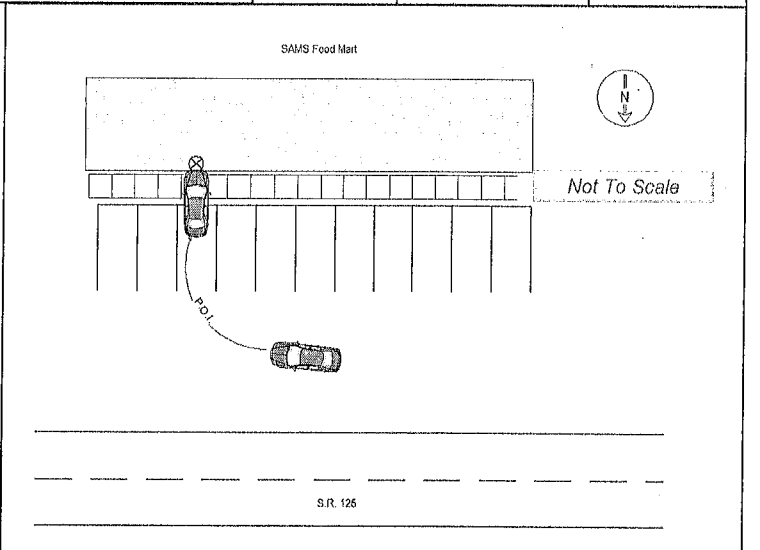
|                                  |                               |   |   |  |   |   |
|----------------------------------|-------------------------------|---|---|--|---|---|
| REFERENCE POINT<br>3             | DIRECTION FROM REFERENCE<br>2 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |
| DISTANCE FROM REFERENCE<br>20.00 | DISTANCE UNIT OF MEASURE<br>2 |   |   |  |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

|                                      |                                       |                          |                  |
|--------------------------------------|---------------------------------------|--------------------------|------------------|
| LOCATION OF FIRST HARMFUL EVENT<br>6 | MANNER OF CRASH COLLISION/IMPACT<br>1 | DIRECTION OF TRAVEL<br>3 | MEDIAN TYPE<br>2 |
|--------------------------------------|---------------------------------------|--------------------------|------------------|

|   |   |   |              |                 |              |
|---|---|---|--------------|-----------------|--------------|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>2 | CONDITIONS<br>2 | SURFACE<br>2 |
|---|---|---|--------------|-----------------|--------------|

|                      |              |
|----------------------|--------------|
| LIGHT CONDITION<br>1 | WEATHER<br>4 |
|----------------------|--------------|

NARRATIVE  
Unit 1 was attempting to park in a parking stall at Sams Food Mart. Subject failed to come to a complete stop, drove over the curb and stuck the business.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>05/21/2022 15:20   | DISPATCH DATE / TIME<br>05/21/2022 15:21 | ARRIVAL DATE / TIME<br>05/21/2022 15:37 | SCENE CLEARED DATE / TIME<br>05/21/2022 16:20 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0   | OTHER INVESTIGATION TIME<br>0            | TOTAL MINUTES<br>59                     | OFFICER'S NAME*<br>Bates, Ryan                | CHECKED BY OFFICER'S NAME*<br>Rudd, Jeffrey   |
|  |  | OFFICER'S BADGE NUMBER*<br>R12330       | CHECKED BY OFFICER'S BADGE NUMBER*<br>R3052   |   |
| <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) |  |   |   |   |

|              |   |   |  |
|--------------|---|---|--|
| <b>OWNER</b> | UNIT #<br>1   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SNIDER, BARBARA, J | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
|              | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>2233 S.R. 125, AMELIA, OH, 45102 |   |  |
|              | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP   |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                |

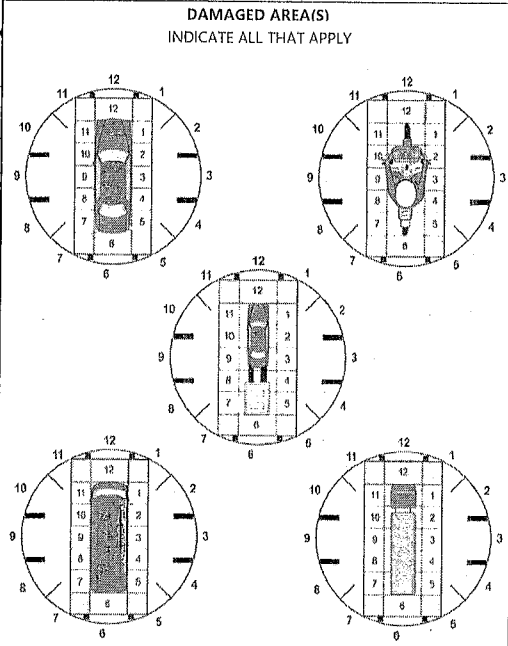
**DAMAGE**

**DAMAGE SCALE**

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

1

|   |  |  |   |                          |
|---|--|--|---|--------------------------|
| LP STATE<br>OH  | LICENSE PLATE #<br>JSK9400             | VEHICLE IDENTIFICATION #<br>2G4WS52J221284967  | VEHICLE YEAR<br>2002  | VEHICLE MAKE<br>BUICK    |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br>ALLSTATE          | INSURANCE POLICY #<br>092082618  | COLOR<br>TAN  | VEHICLE MODEL<br>CENTURY |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |  | US DOT #   | TOWED BY: COMPANY NAME  |                          |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD CLASS # PLACARD ID # |                          |



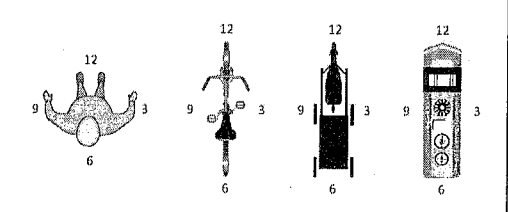
|   |   |  |   |   |   |
|---|---|--|---|---|---|
| UNIT TYPE<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 | 1 - PASSENGER CAR (MINIVAN)<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST BICYCLE<br>26 - BICYCLE<br>27 - TRAIN<br>28 - UNKNOWN OR HIT/SKIP |
| # OF TRAILING UNITS<br><input type="checkbox"/> 0   |   |  |   |   |   |

|  |  |  |             |
|--|--|--|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-OTHER / UNKNOWN | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION | 9 - UNKNOWN |
|--|--|--|-------------|

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

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

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



- NO DAMAGE [ 0 ]     - UNDERCARRIAGE [ 14 ]

- TOP [ 13 ]     - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [ 16 ]

|   |  |   |   |   |                      |
|---|--|---|---|---|----------------------|
| NON-MOTORIST LOCATION AT IMPACT<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3 | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE | 99 - OTHER / UNKNOWN |
|---|--|---|---|---|----------------------|

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| ACTION<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 9 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|--|---|--|---|--|--|

**INITIAL POINT OF CONTACT**

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

12

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

**TRAFFIC**

|   |   |
|---|---|
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br><input type="checkbox"/> 1 | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL<br><input type="checkbox"/> 6 |
|---|---|

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

|  |  |
|--|--|
| # OF THROUGH LANES ON ROAD<br><input type="checkbox"/> 2 | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING<br><input type="checkbox"/> 1 |
|--|--|

**COLLISION WITH FIXED OBJECT - STRUCK**

|  |  |  |  |   |
|--|--|--|--|---|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |
|--|--|--|--|---|

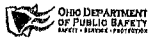
FIRST HARMFUL EVENT  1    MOST HARMFUL EVENT  1

**UNIT / NON-MOTORIST DIRECTION**

FROM  4 TO  2

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

|   |  |
|---|--|
| UNIT SPEED<br><input type="checkbox"/> 10   | DETECTED SPEED<br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED<br><input type="checkbox"/> 1 |
| POSTED SPEED<br><input type="checkbox"/> 10 |  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000220016235

|   |   |                            |  |   |  |  |  |  |                    |                 |  |  |
|---|---|----------------------------|--|---|--|--|--|--|--------------------|-----------------|--|--|
| UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>SNIDER, BARBARA, J |                            |  |   |  | DATE OF BIRTH<br>06/11/1951            |  | AGE<br>70                                    | GENDER<br>F        |                 |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2233 S.R. 125, AMELIA, OH, 45102 |   |                            |  |   | CONTACT PHONE - INCLUDE AREA CODE  |  |  |  |                    |                 |  |  |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                           | EMS AGENCY (NAME)          |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | SEATING POSITION<br>1                        | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1   |  |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                         |                            |  | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION  |  |                    | CITATION NUMBER |  |  |
| OL CLASS<br>4   | ENDORSEMENT                                     | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1   | ALCOHOL TEST<br>STATUS: 1, TYPE: 1, VALUE: . |                    |                 | DRUG TEST(S)<br>STATUS: 1, TYPE: 1, RESULTS SELECT UP TO 4 |  |

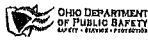
|                                   |                           |                            |  |   |  |  |  |  |               |                 |  |  |
|-----------------------------------|---------------------------|----------------------------|--|---|--|--|--|--|---------------|-----------------|--|--|
| 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<br><input type="checkbox"/> MC HELMET | SEATING POSITION                           | AIR BAG USAGE | EJECTION        | TRAPPED  |  |
| OL STATE                          | OPERATOR LICENSE NUMBER   |                            |  | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION  |  |               | CITATION NUMBER |  |  |
| OL CLASS                          | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION  | ALCOHOL TEST<br>STATUS: , TYPE: , VALUE: . |               |                 | DRUG TEST(S)<br>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<br><input type="checkbox"/> MC HELMET | SEATING POSITION                           | AIR BAG USAGE | EJECTION        | TRAPPED  |  |
| OL STATE                          | OPERATOR LICENSE NUMBER   |                            |  | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION  |  |               | CITATION NUMBER |  |  |
| OL CLASS                          | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 |  | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION  | ALCOHOL TEST<br>STATUS: , TYPE: , VALUE: . |               |                 | DRUG TEST(S)<br>STATUS: , TYPE: , RESULTS SELECT UP TO 4 |  |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

000220016235

|                 |                                   |                           |                   |   |                  |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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 |
| <b>OCCUPANT</b> | 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 |

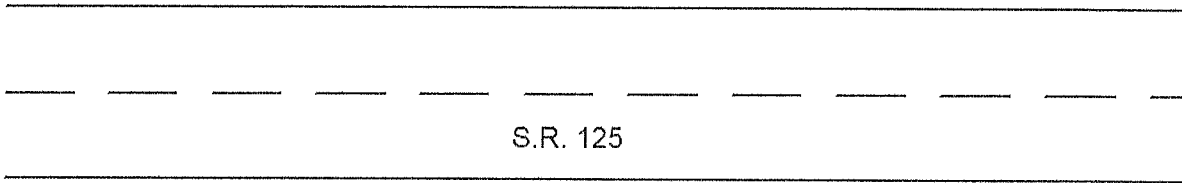
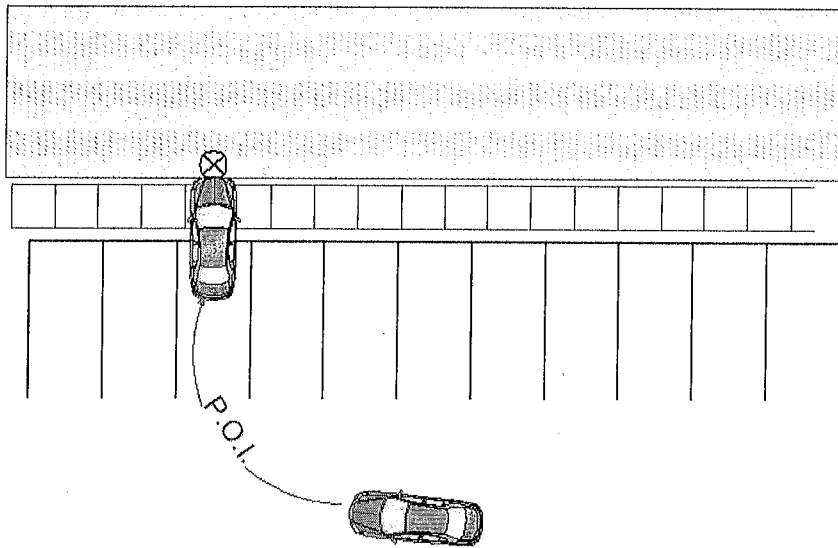
| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                      |
|--|---|---|------------------------------------|
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - 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                 |
|  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| <b>INJURED TAKEN BY</b>                | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | <b>EJECTION</b>                    |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 2 - EMS                                | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 3 - POLICE                             | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| 9 - OTHER / UNKNOWN                    | 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                 |
| <b>GENDER</b>                          | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| F - FEMALE                             |   | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| M - MALE                               |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN                    |   | 15 - NON-MOTORIST   | 3 - FREED BY NON-MECHANICAL MEANS  |
|  |   | 99 - OTHER / UNKNOWN  |                                    |

|                |                                   |               |  |     |                                   |  |
|----------------|-----------------------------------|---------------|--|-----|-----------------------------------|--|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH |  | AGE | GENDER                            |  |
|                | ADDRESS: STREET, CITY, STATE, ZIP |               |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH |  | AGE | GENDER                            |  |
|                | ADDRESS: STREET, CITY, STATE, ZIP |               |  |     | CONTACT PHONE - INCLUDE AREA CODE |  |
| <b>WITNESS</b> | 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<br><b>000220016235</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>05/21/2022</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>125</b>                    |                                    |

SAMS Food Mart



|                    |                            |
|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>R12330</b> |
|--------------------|----------------------------|