

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000220016377

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

COUNTY* 13	LOCALITY* 3	LOCATION: CITY VILLAGE TOWNSHIP* Batavia	CRASH DATE / TIME* 05/23/2022 01:00	CRASH SEVERITY 5
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ROUTE TYPE SR	ROUTE NUMBER 222	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 38.927948
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Marylan	ROAD TYPE DR	LONGITUDE DECIMAL DEGREES -84.142473
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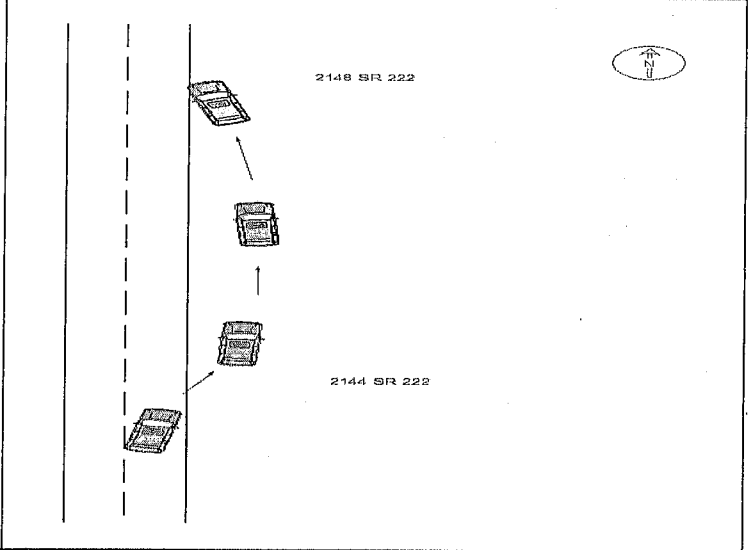
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 500.00	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>=4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 1
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
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NARRATIVE
On May 23, 2022, I responded to the area of 2144 SR 222 for a property damage report. Upon arrival it was apparent a vehicle exited the roadway striking three different mail boxes. The mailboxes for 2144, 2145, and 2148 were all hit and damaged. As I was taking pictures of the damage a female identified as Nichole Trisler stopped and stated her boyfriend Mark O'Brien was driving her 2015 Dodge Durango last night and hit the mailboxes. Ms. Trisler stated Mr. O'Brien and her live on the next street at 2628 Marylan Dr. I responded to this address and spoke with Mr. O'Brien. Mr. O'Brien stated he swerved off the road trying to avoid striking a deer. I issued Mr. O'Brien a citation for fail to maintain reasonable control.



CRASH REPORTED DATE / TIME 05/23/2022 07:35	DISPATCH DATE / TIME 05/23/2022 07:35	ARRIVAL DATE / TIME 05/23/2022 07:48	SCENE CLEARED DATE / TIME 05/23/2022 08:30	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME	TOTAL MINUTES 55	OFFICER'S NAME* Curless, Cody	CHECKED BY OFFICER'S NAME* Rudd, Jeffrey
		OFFICER'S BADGE NUMBER* R11623	CHECKED BY OFFICER'S BADGE NUMBER* R3052	
<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)				

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) TRISLER, NICHOLE, M
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 2628 MARYLAN DR, BETHEL, OH, 45106
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # HXB2139 VEHICLE IDENTIFICATION # 1C4RDJAG6FC874325 VEHICLE YEAR 2015 VEHICLE MAKE DODGE
 INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 980441740 COLOR WHI VEHICLE MODEL DURANGO
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.
 TOWED BY: COMPANY NAME HAZARDOUS MATERIAL CLASS # PLACARD ID #
 MATERIAL RELEASED PLACARD

VEHICLE

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

VEHICLE

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

VEHICLE

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

VEHICLE

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 - CARGO VAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 10 - FLAT BED 14 - GARBAGE/REFUSE

VEHICLE

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

VEHICLE

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

VEHICLE

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

VEHICLE

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

EVENTS

SEQUENCE OF EVENTS 1
 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER
 6 - EQUIPMENT FAILURE 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING
 25 - IMPACT ATTENUATOR / CRASH CUSHION 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL
 26 - BRIDGE OVERHEAD STRUCTURE 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT
 27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN
 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT
 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL
 30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST 44 - DITCH

EVENTS

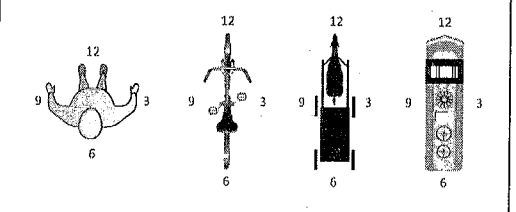
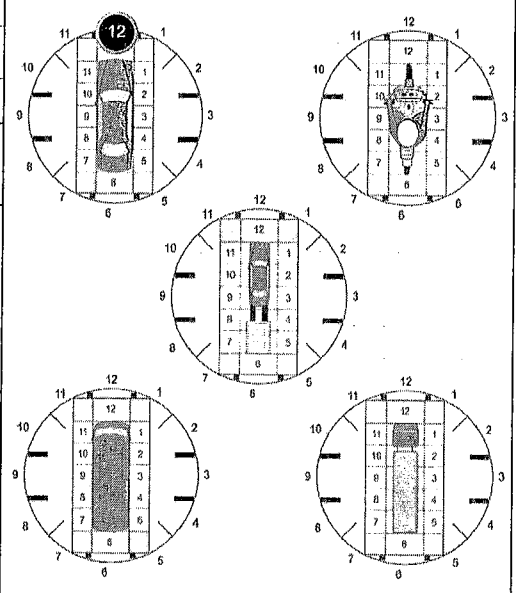
COLLISION WITH FIXED OBJECT - STRUCK 1
 1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER 000220016377

DAMAGE

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



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

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

TRAFFIC

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

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

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

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

UNIT SPEED 45
 POSTED SPEED 45
 DETECTED SPEED
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

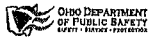
LOCAL REPORT NUMBER
000220016377

UNIT # 1	NAME: LAST, FIRST, MIDDLE O'BRIEN, MARK				DATE OF BIRTH 05/12/1981		AGE 41	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 2628 MARYLAN DR, 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 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE KY	OPERATOR LICENSE NUMBER [REDACTED]		OFFENSE CHARGED 4511.202		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION OPERATING VEHICLE WITHOUT REAS			CITATION NUMBER 110601	
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: 1 TYPE: 1 VALUE: 1		DRUG TEST(S) STATUS: 1 TYPE: 1 RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	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	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 TRACTOR-TRAILER & INTERMEDIATE LICENSE RESTRICTIONS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - LEARNER'S PERMIT RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
	8 - THIRD - MIDDLE	1 - NOT EJECTED	OL ENDORSEMENT	8 - LIMITED TO DAYLIGHT ONLY	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	H - HAZMAT	9 - LIMITED TO EMPLOYMENT	9 - OTHER / UNKNOWN	2 - BLOOD
	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	M - MOTORCYCLE	10 - LIMITED - OTHER		3 - URINE
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	P - PASSENGER	11 - LIMITED - OTHER		4 - BREATH
	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	N - TANKER	12 - LIMITED - OTHER		5 - OTHER
	13 - TRAILING UNIT	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE
	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	1 - NONE
	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
	99 - OTHER / UNKNOWN		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
			X - TANKER / HAZMAT	17 - PROSTHETIC AID	4 - ILLNESS	4 - OTHER
				18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
					9 - OTHER / UNKNOWN	
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES
						2 - BARBITURATES
						3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

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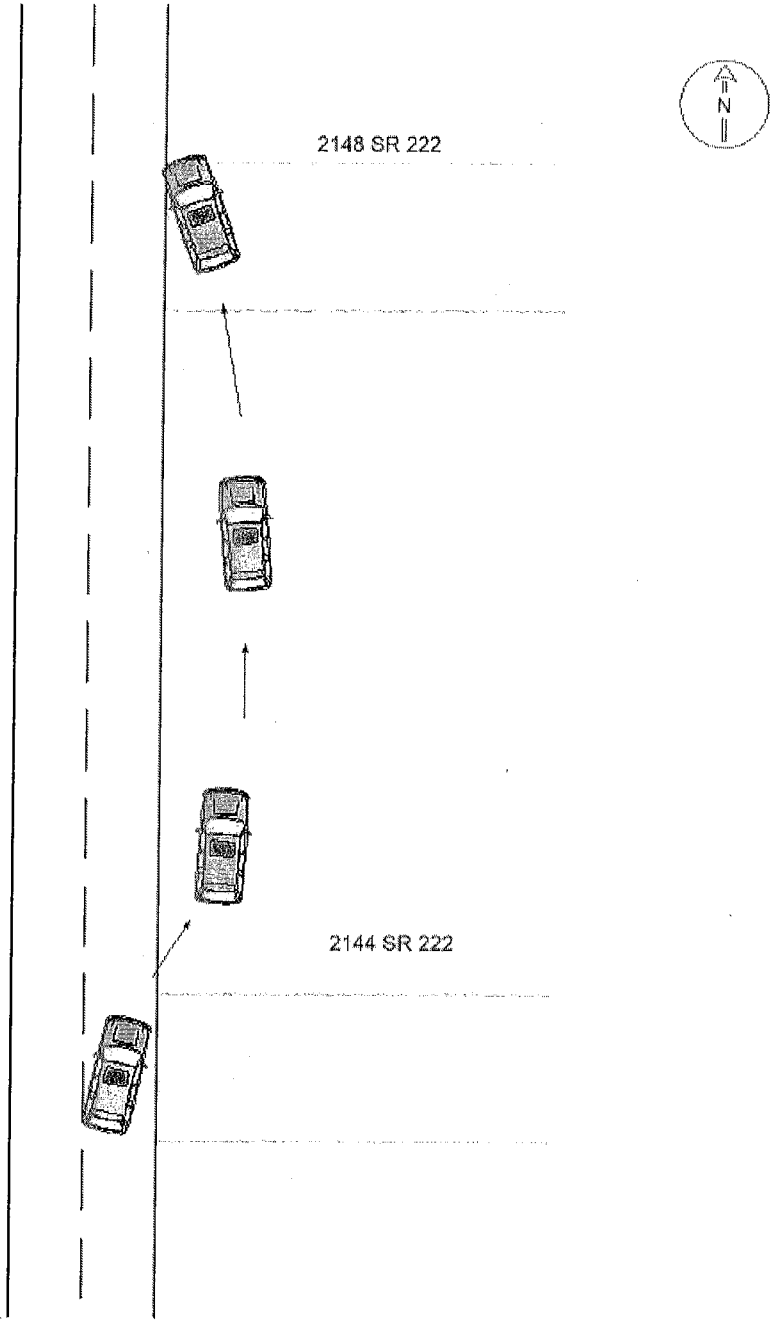
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
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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
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

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

LOCAL REPORT NUMBER 000220016377	REPORTING AGENCY Clermont County Sheriff	Date Of Crash 05/23/2022
IN COUNTY OF Clermont County	ACCIDENT LOCATION 222	



OFFICERS SIGNATURE	BADGE NO. R11623
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