



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000220017561

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

|               |                |   |  |                     |
|---------------|----------------|---|--|---------------------|
| COUNTY*<br>13 | LOCALITY*<br>3 | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Batavia | CRASH DATE / TIME*<br>06/03/2022 07:44 | CRASH SEVERITY<br>5 |
|---------------|----------------|---|--|---------------------|

|                  |                     |  |                    |           |                                       |
|------------------|---------------------|--|--------------------|-----------|---------------------------------------|
| ROUTE TYPE<br>SR | ROUTE NUMBER<br>132 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES<br>39.019125 |
|------------------|---------------------|--|--------------------|-----------|---------------------------------------|

|            |              |  |   |           |   |
|------------|--------------|--|---|-----------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>3404 | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-84.199711 |
|------------|--------------|--|---|-----------|---|

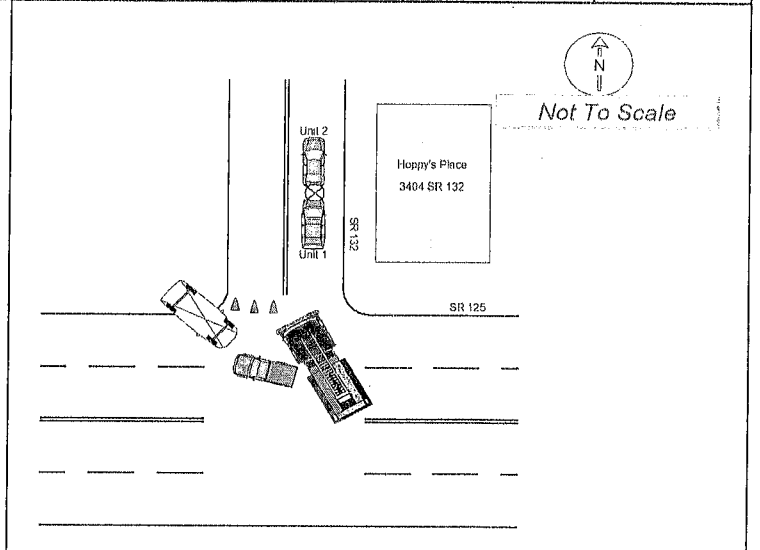
|                                   |                               |   |  |   |
|-----------------------------------|-------------------------------|---|--|---|
| REFERENCE POINT<br>3              | DIRECTION FROM REFERENCE<br>1 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - 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<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>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<br>NUMBER OF APPROACHES |
| DISTANCE FROM REFERENCE<br>100.00 | DISTANCE UNIT OF MEASURE<br>2 |   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |

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

|   |   |   |  |   |   |              |                 |              |
|---|---|---|--|---|---|--------------|-----------------|--------------|
| WORK ZONE RELATED<br><input type="checkbox"/> | WORKERS PRESENT<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> | ACTIVE SCHOOL ZONE<br><input type="checkbox"/> | 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>1 | CONDITIONS<br>1 | SURFACE<br>2 |
|---|---|---|--|---|---|--------------|-----------------|--------------|

|                      |              |                          |                  |
|----------------------|--------------|--------------------------|------------------|
| LIGHT CONDITION<br>1 | WEATHER<br>1 | DIRECTION OF TRAVEL<br>3 | MEDIAN TYPE<br>2 |
|----------------------|--------------|--------------------------|------------------|

NARRATIVE  
On 6/3/2022 at 0744 hours, I was on scene of a roll over crash on SR 125 in the intersection of SR 132 I observed two males exchanging information for another crash that occurred on SR 132 in front of Hoppy's Place (3404 SR 132). I made contact with the driver of Unit 1, Nathaniel Goins, who advised he struck Unit 2 driven by Demarco Dawkins. Mr. Goins advised Mr. Dawkins made an abrupt stop to turn into UDF. Mr. Goins was issued a citation for ACDA.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>06/03/2022 07:44 | DISPATCH DATE / TIME<br>06/03/2022 07:44 | ARRIVAL DATE / TIME<br>06/03/2022 07:44 | SCENE CLEARED DATE / TIME<br>06/03/2022 08:24 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST     |
| TOTAL TIME ROADWAY CLOSED                      | OTHER INVESTIGATION TIME                 | TOTAL MINUTES<br>40                     | OFFICER'S NAME*<br>Deputy R Wallace           | CHECKED BY OFFICER'S NAME*<br>Rudd, Jeffrey   |
|  |  |   | OFFICER'S BADGE NUMBER*<br>12423              | CHECKED BY OFFICER'S BADGE NUMBER*<br>R3052   |
|  |  |   |   | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 2507 CANVAS BACK CIR, BATAVIA, OH, 45103  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** HYD7524 **VEHICLE IDENTIFICATION #** JM3LW28A250542610 **VEHICLE YEAR** 2005 **VEHICLE MAKE** MAZDA  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** GEICO **INSURANCE POLICY #** 4571137522 **COLOR** SIL **VEHICLE MODEL** MPV

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR**  
 1 - ≤ 10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - > 26K LBS.  
 **MATERIAL RELEASED**  **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

**UNIT TYPE** 1 **# OF TRAILING UNITS** 0  
 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 199 - UNKNOWN OR HIT/SKIP

**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

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

**NON-MOTORIST LOCATION**  
 1 - 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** 3 **PRE-CRASH ACTIONS** 1  
 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 19 - STANDING 20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION

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

**SEQUENCE OF EVENTS**  
 1 **EVENTS** 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 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 23 - OTHER MOVABLE OBJECT  
 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

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

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

**LOCAL REPORT NUMBER**  
 000220017561

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

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

**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**  
 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL**  
 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 - 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** 10 **DETECTED SPEED**  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED** 45

000220017561

**UNIT #** 2 **OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 DAWKINS, DEMARCO, DONTÉ **OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER )  
 1950 GOODMAN AVE, CINCINNATI, OH, 45239

**LP STATE** OH **LICENSE PLATE #** GFT2526 **VEHICLE IDENTIFICATION #** WBAEK73425B324504 **VEHICLE YEAR** 2005 **VEHICLE MAKE** BMW  
**INSURANCE VERIFIED**  **INSURANCE COMPANY** **INSURANCE POLICY #** **COLOR** WHI **VEHICLE MODEL** 645CI

**TYPE OF USE**  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT **# OCCUPANTS** **HAZARDOUS MATERIAL**  
 MATERIAL  RELEASED  PLACARD **CLASS #** **PLACARD ID #**

**UNIT TYPE** 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
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**CARGO BODY TYPE** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN  
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 10 - FLAT BED 14 - GARBAGE/REFUSE

**VEHICLE DEFECTS** 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  
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**NON-MOTORIST LOCATION** 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
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**ACTION** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
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**CONTRIBUTING CIRCUMSTANCES** 1 - NONE 8 - FOLLOWING TOO CLOSE / JACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
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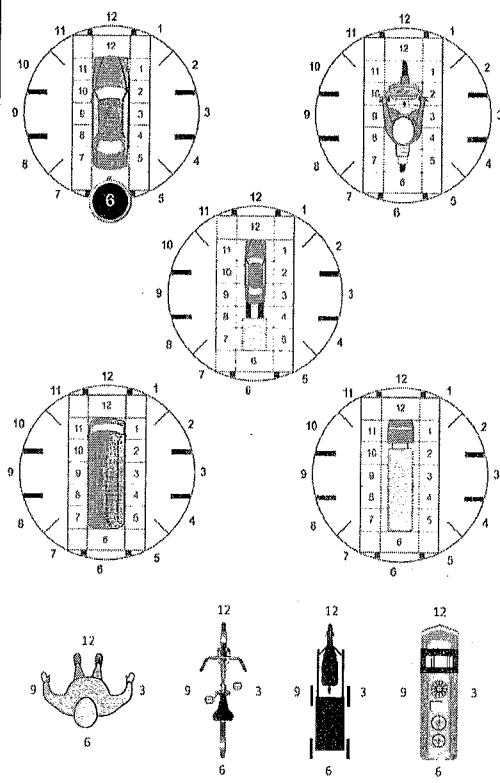
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**COLLISION WITH FIXED OBJECT - STRUCK**  
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 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

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

**DAMAGE**  
**DAMAGE SCALE**  
 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** 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL** 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 - 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** 0 **DETECTED SPEED** 1 - STATED / ESTIMATED SPEED  
**POSTED SPEED** 45 **DETECTED SPEED** 1 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000220017561

|  |  |                            |   |  |   |  |                                   |   |  |              |
|--|--|----------------------------|---|--|---|--|-----------------------------------|---|--|--------------|
| UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>GOINS, NATHANIEL, ANTHONY DRAKE |                            |   |  | DATE OF BIRTH<br>12/01/2004                           |  | AGE<br>17                         | GENDER<br>M                             |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2079 RIVER BIRCH DR, AMELIA, OH, 45102  |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]       |  |                                   |   |  |              |
| 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 MC HELMET | SEATING POSITION<br>1             | AIR BAG USAGE<br>1                      | EJECTION<br>1                                      | TRAPPED<br>1 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>[REDACTED]                        |                            | OFFENSE CHARGED<br>4511.21A                     | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION<br>NO PERSON SHALL OPERATE A MOTO |  |                                   | CITATION NUMBER<br>01300R12423060320220 |  |              |
| 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 TYPE VALUE |   | DRUG TEST(S)<br>STATUS TYPE RESULTS SELECT UP TO 4 |              |
| UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>DAWKINS, DEMARCO, DONTE         |                            |   |  | DATE OF BIRTH<br>07/07/1987                           |  | AGE<br>34                         | GENDER<br>M                             |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1950 GOODMAN AVE, CINCINNATI, OH, 45239 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED]       |  |                                   |   |  |              |
| 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 MC HELMET | SEATING POSITION<br>1             | AIR BAG USAGE<br>1                      | EJECTION<br>1                                      | TRAPPED<br>1 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>[REDACTED]                        |                            | 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 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 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<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                    | 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, EMAILING) | 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 & CLASS B BUS   | 6 - PASSENGER   |  |
|                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE  |  |
|                              | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE   |  |
|                              | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    |                              | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN   |  |
|                              | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | <b>OL ENDORSEMENT</b>        | 10 - LIMITED TO DAYLIGHT ONLY  |   | <b>ALCOHOL TEST TYPE</b>                       |
|                              | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | H - HAZMAT                   | 11 - LIMITED TO EMPLOYMENT   |   | 1 - NONE                                       |
|                              | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | M - MOTORCYCLE               | 12 - LIMITED - OTHER   |   | 2 - BLOOD                                      |
|                              | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | P - PASSENGER                | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |   | 3 - URINE                                      |
|                              | 14 - RIDING ON VEHICLE EXTERIOR  | 1 - NOT TRAPPED                    | N - TANKER                   | 14 - MILITARY VEHICLES ONLY  |   | 4 - BREATH                                     |
|                              | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | Q - MOTOR SCOOTER            | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |   | 5 - OTHER                                      |
|                              | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | R - THREE-WHEEL MOTORCYCLE   | 16 - OUTSIDE MIRROR  | <b>CONDITION</b>  | <b>DRUG TEST TYPE</b>                          |
|                              |  |                                    | S - SCHOOL BUS               | 17 - PROSTHETIC AID  | 1 - APPARENTLY NORMAL   | 1 - NONE                                       |
|                              |  |                                    | T - DOUBLE & TRIPLE TRAILERS | 18 - OTHER   | 2 - PHYSICAL IMPAIRMENT   | 2 - BLOOD                                      |
|                              |  |                                    | X - TANKER / HAZMAT          |  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE                                      |
|                              |  |                                    |                              |  | 4 - ILLNESS   | 4 - OTHER                                      |
|                              |  |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.  |  |
|                              |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                              | <b>DRUG TEST RESULT(S)</b>                     |
|                              |  |                                    |                              |  | 9 - OTHER / UNKNOWN   | 1 - AMPHETAMINES                               |
|                              |  |                                    |                              |  |   | 2 - BARBITURATES                               |
|                              |  |                                    |                              |  |   | 3 - BENZODIAZEPINES                            |
|                              |  |                                    |                              |  |   | 4 - CANNABINOIDS                               |
|                              |  |                                    |                              |  |   | 5 - COCAINE                                    |
|                              |  |                                    |                              |  |   | 6 - OPIATES / OPIOIDS                          |
|                              |  |                                    |                              |  |   | 7 - OTHER                                      |
|                              |  |                                    |                              |  |   | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000220017561

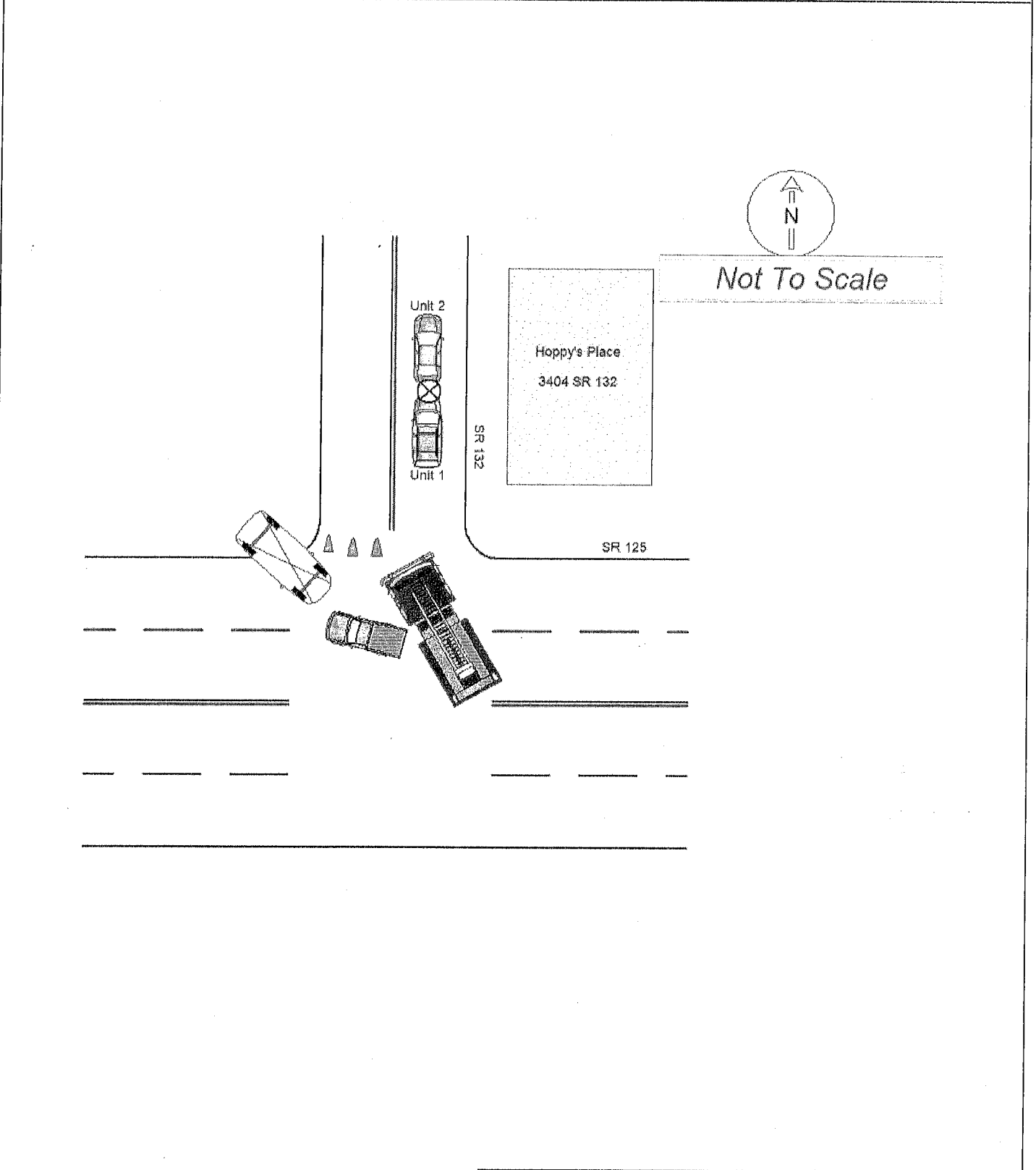
|                 |                                   |                           |                   |   |                                   |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| <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 |
| <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 |
| <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 |
| <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 |

| 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                 |
| <b>INJURED TAKEN BY</b>                |   | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| M - MALE                               | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                    | 99 - 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  |                                    |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <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>000220017561</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>06/03/2022</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>132</b>                    |                                    |



|                    |                           |
|--------------------|---------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>12423</b> |
|--------------------|---------------------------|