

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000220033578

|  |   |   |                          |  |   |   |                                       |   |                        |   |  |   |  |
|--|---|---|--------------------------|--|---|---|---------------------------------------|---|------------------------|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> PRIVATE PROPERTY                                       |   | <input checked="" type="checkbox"/> OH -2 <input type="checkbox"/> OH -3<br><input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER   |                          | LOCAL INFORMATION<br><b>REPORTING AGENCY NAME *</b><br>Clermont County Sheriff   |   | <b>NCIC *</b><br>01300  |                                       | <b>HIT/SKIP</b><br>1 - SOLVED    2 - UNSOLVED<br>2    2   |                        | <b>NUMBER OF UNITS</b><br>2   |  | <b>UNIT IN ERROR</b><br>98 - ANIMAL<br>99 - UNKNOWN<br>1  |  |
| <b>COUNTY*</b><br>13   |   | <b>LOCALITY*</b><br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3  |                          | <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b><br>Batavia   |   | <b>CRASH DATE / TIME*</b><br>10/24/2022 10:06   |                                       | <b>CRASH SEVERITY</b><br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5  |                        |   |  |   |  |
| LOCATION   | <b>ROUTE TYPE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |   | <b>ROUTE NUMBER</b><br>3 |  | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |   | <b>LOCATION ROAD NAME</b><br>HOSPITAL |   | <b>ROAD TYPE</b><br>DR |   | <b>LATITUDE DECIMAL DEGREES</b><br>39.080592 |   |  |
|  | REFERENCE   | <b>ROUTE TYPE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                          | <b>ROUTE NUMBER</b><br>3000  |   | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>3000  |                                       | <b>ROAD TYPE</b>  |                        | <b>LONGITUDE DECIMAL DEGREES</b><br>-84.144819  |  |   |  |
| <b>REFERENCE POINT</b><br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |   | <b>DIRECTION FROM REFERENCE</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                          | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |   | <b>ROAD TYPE</b><br>AL - ALLEY    AV - AVENUE    BL - BOULEVARD    CR - CIRCLE    CT - COURT    DR - DRIVE    HE - HEIGHTS<br>HW - HIGHWAY    LA - LANE    MP - MILEPOST    OV - OVAL    PK - PARKWAY    PI - PIKE    PL - PLACE<br>RD - ROAD    SQ - SQUARE    ST - STREET    TE - TERRACE    TL - TRAIL    WA - WAY |                                       | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><b>NUMBER OF APPROACHES</b>   |                        |   |  |   |  |
| <b>DISTANCE FROM REFERENCE</b>   |   | <b>DISTANCE UNIT OF MEASURE</b><br>1 - MILES<br>2 - FEET<br>3 - YARDS   |                          | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED   |   | <b>LOCATION OF FIRST HARMFUL EVENT</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>99  |                                       | <b>MANNER OF CRASH COLLISION/IMPACT</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br>9 |                        | <b>DIRECTION OF TRAVEL</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | <b>MEDIAN TYPE</b><br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |
| <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  |   | <b>WORK ZONE TYPE</b><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  |                          | <b>LOCATION OF CRASH IN WORK ZONE</b><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 |   | <b>CONTOUR</b><br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN  |                                       | <b>CONDITIONS</b><br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN   |                        | <b>SURFACE</b><br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |   |  |
| <b>LIGHT CONDITION</b><br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN |   | <b>WEATHER</b><br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |                          | <b>NARRATIVE</b><br>Unit 1 driven by an unknown male struck Unit 2 while attempting to park in a parking spot at 3000 Hospital Drive.  |   |   |                                       |   |                        |   |  |   |  |
| <b>CRASH REPORTED DATE / TIME</b><br>10/24/2022 12:41  |   | <b>DISPATCH DATE / TIME</b><br>10/24/2022 10:42   |                          | <b>ARRIVAL DATE / TIME</b><br>10/24/2022 12:59   |   | <b>SCENE CLEARED DATE / TIME</b><br>10/24/2022 13:41  |                                       | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST  |                        |   |  |   |  |
| <b>TOTAL TIME ROADWAY CLOSED</b>   |   | <b>OTHER INVESTIGATION TIME</b>   |                          | <b>TOTAL MINUTES</b><br>179  |   | <b>OFFICER'S NAME*</b><br>Hawkins, A  |                                       | <b>CHECKED BY OFFICER'S NAME*</b><br>Rudd, J  |                        |   |  |   |  |
|  |   |   |                          | <b>OFFICER'S BADGE NUMBER*</b><br>R12705   |   | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>R3052  |                                       | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |                        |   |  |   |  |

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|--|--|---|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>UNKNOWN, UNKNOWN | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>, OH |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b>  | <b>VEHICLE IDENTIFICATION #</b>  | <b>VEHICLE YEAR</b>   | <b>VEHICLE MAKE</b>   |   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b>  | <b>INSURANCE POLICY #</b>  | <b>COLOR</b><br>RED   | <b>VEHICLE MODEL</b>  |   |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>                   |   | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME   |   |   |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input checked="" type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b># OCCUPANTS</b>   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |   |   |
| <b>UNIT TYPE</b><br>4   | 1 - PASSENGER CAR<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<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># of TRAILING UNITS</b>  |   |  |   |   |   |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>9 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |   |  |   |   |   |
| <b>AUTONOMOUS MODE LEVEL</b><br>9 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN |   |  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>99   | 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   |
| <b>CARGO BODY TYPE</b><br>99  | 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  |
| <b>VEHICLE DEFECTS</b><br>99  | 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  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>NON-MOTORIST LOCATION</b><br>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   |
| <b>ACTION</b><br>3                      | 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 SPECIFIED LOCATION | 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 |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>99 | 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   |

|                           |  |
|---------------------------|--|
| <b>SEQUENCE OF EVENTS</b> | <b>EVENTS</b>  |
| 1 13                      | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE  |
| 2                         | 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  |
| 3                         | 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                                      |
| 4                         | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 5                         | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |
| 6                         | 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                       |
| 1                         | 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 |
| 1                         | 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                                   |
| 1                         | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL   |
| 1                         | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN  |
| 1                         | <b>FIRST HARMFUL EVENT</b>   |
| 1                         | <b>MOST HARMFUL EVENT</b>  |

LOCAL REPORT NUMBER

000220033578

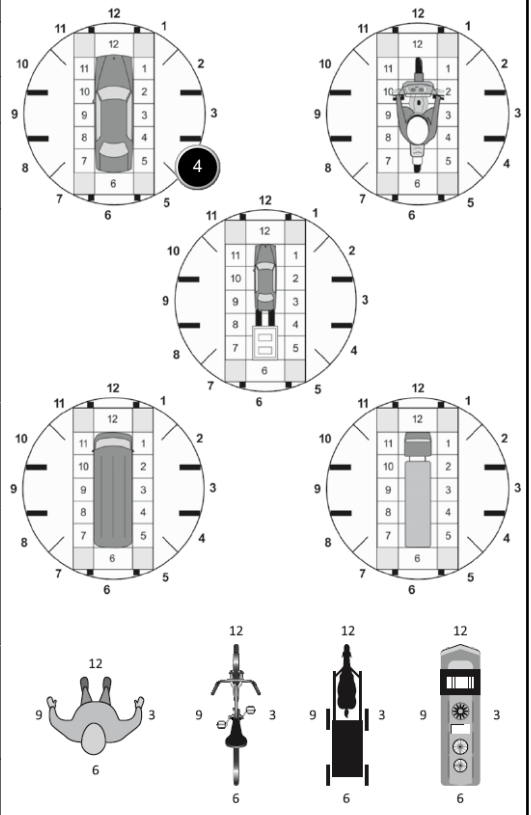
**DAMAGE**

**DAMAGE SCALE**

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

**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**

5 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

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

|  |   |
|--|---|
| <b># OF THROUGH LANES ON ROAD</b><br>2 | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---|

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED**

**DETECTED SPEED**

[ ] 1 - STATED / ESTIMATED SPEED  
**POSTED SPEED** [ ] 3 2 - CALCULATED / EDR  
3 - UNDETERMINED

|              |  |   |   |
|--------------|--|---|---|
| <b>OWNER</b> | <b>UNIT #</b><br>2   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>TUCKER, MARK, A | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
|              | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>16835 MALADY ROAD, MOUNT ORAB, OH, 45154 |   |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |   |  |   |   |
|---|---|--|---|---|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>HBJ62   | <b>VEHICLE IDENTIFICATION #</b><br>1HD1MAF18MB857917   | <b>VEHICLE YEAR</b><br>2021   | <b>VEHICLE MAKE</b><br>HARLEY DAVIDSON  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>NATIONWIDE  | <b>INSURANCE POLICY #</b><br>9234MC012806  | <b>COLOR</b><br>BLK   | <b>VEHICLE MODEL</b><br>TLE   |
| <input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b>  | <b>TOWED BY:</b> COMPANY NAME   |   |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>   | <b># OCCUPANTS</b>   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD   |   |
| <b>UNIT TYPE</b><br>8   | <input type="checkbox"/> 1 - PASSENGER CAR<br><input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN)<br><input type="checkbox"/> 3 - SPORT UTILITY VEHICLE<br><input type="checkbox"/> 4 - PICK UP<br><input type="checkbox"/> 5 - CARGO VAN  | <input type="checkbox"/> 6 - VAN (9-15 SEATS)<br><input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED<br><input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED<br><input type="checkbox"/> 9 - AUTOCYCLE<br><input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE<br><input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV) | <input type="checkbox"/> 12 - GOLF CART<br><input type="checkbox"/> 13 - SNOWMOBILE<br><input type="checkbox"/> 14 - SINGLE UNIT TRUCK<br><input type="checkbox"/> 15 - SEMI-TRACTOR<br><input type="checkbox"/> 16 - FARM EQUIPMENT<br><input type="checkbox"/> 17 - MOTORHOME | <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE)<br><input type="checkbox"/> 19 - BUS (16+ PASSENGERS)<br><input type="checkbox"/> 20 - OTHER VEHICLE<br><input type="checkbox"/> 21 - HEAVY EQUIPMENT<br><input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br><input type="checkbox"/> 23 - PEDESTRIAN/SKATER<br><input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE)<br><input type="checkbox"/> 25 - OTHER NON-MOTORIST<br><input type="checkbox"/> 26 - BICYCLE<br><input type="checkbox"/> 27 - TRAIN<br><input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP |
| <b>VEHICLE</b>  | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 - 1 - YES    2 - NO    9 - OTHER / UNKNOWN    0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - UNKNOWN<br>1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION    2 - PARTIAL AUTOMATION    5 - FULL AUTOMATION |  |   |   |
| <b>SPECIAL FUNCTION</b><br>1  | <input type="checkbox"/> 1 - NONE<br><input type="checkbox"/> 2 - TAXI<br><input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING<br><input type="checkbox"/> 4 - SCHOOL TRANSPORT<br><input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER  | <input type="checkbox"/> 6 - BUS - CHARTER/TOUR<br><input type="checkbox"/> 7 - BUS - INTERCITY<br><input type="checkbox"/> 8 - BUS - SHUTTLE<br><input type="checkbox"/> 9 - BUS - OTHER<br><input type="checkbox"/> 10 - AMBULANCE   | <input type="checkbox"/> 11 - FIRE<br><input type="checkbox"/> 12 - MILITARY<br><input type="checkbox"/> 13 - POLICE<br><input type="checkbox"/> 14 - PUBLIC UTILITY<br><input type="checkbox"/> 15 - CONSTRUCTION EQUIP.   | <input type="checkbox"/> 16 - FARM<br><input type="checkbox"/> 17 - MOWING<br><input type="checkbox"/> 18 - SNOW REMOVAL<br><input type="checkbox"/> 19 - TOWING<br><input type="checkbox"/> 20 - SAFETY SERVICE PATROL<br><input type="checkbox"/> 21 - MAIL CARRIER<br><input type="checkbox"/> 99 - OTHER / UNKNOWN  |
| <b>CARGO BODY TYPE</b><br>1   | <input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br><input type="checkbox"/> 2 - BUS<br><input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE   | <input type="checkbox"/> 4 - LOGGING<br><input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 6 - CARGOVAN / ENCLOSED BOX  | <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL<br><input type="checkbox"/> 8 - POLE<br><input type="checkbox"/> 9 - CARGO TANK<br><input type="checkbox"/> 10 - FLAT BED   | <input type="checkbox"/> 11 - DUMP<br><input type="checkbox"/> 12 - CONCRETE MIXER<br><input type="checkbox"/> 13 - AUTO TRANSPORTER<br><input type="checkbox"/> 14 - GARBAGE/REFUSE<br><input type="checkbox"/> 99 - OTHER / UNKNOWN   |
| <b>VEHICLE DEFECTS</b><br>99  | <input type="checkbox"/> 1 - TURN SIGNALS<br><input type="checkbox"/> 2 - HEAD LAMPS<br><input type="checkbox"/> 3 - TAIL LAMPS   | <input type="checkbox"/> 4 - BRAKES<br><input type="checkbox"/> 5 - STEERING<br><input type="checkbox"/> 6 - TIRE BLOWOUT  | <input type="checkbox"/> 7 - WORN OR SLICK TIRES<br><input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE  | <input type="checkbox"/> 9 - MOTOR TROUBLE<br><input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT<br><input type="checkbox"/> 99 - OTHER / UNKNOWN   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>NON-MOTORIST LOCATION</b>           | <input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK<br><input type="checkbox"/> 3 - INTERSECTION - OTHER  | <input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 6 - BICYCLE LANE   | <input type="checkbox"/> 7 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 8 - SIDEWALK<br><input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND   | <input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS<br><input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE   | <input type="checkbox"/> 99 - OTHER / UNKNOWN  |
| <b>ACTION</b><br>4                     | <input type="checkbox"/> 1 - NON-CONTACT<br><input type="checkbox"/> 2 - NON-COLLISION<br><input type="checkbox"/> 3 - STRIKING<br><input type="checkbox"/> 4 - STRUCK<br><input type="checkbox"/> 5 - BOTH STRIKING & STRUCK<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  | <input type="checkbox"/> 1 - STRAIGHT AHEAD<br><input type="checkbox"/> 2 - BACKING<br><input type="checkbox"/> 3 - CHANGING LANES<br><input type="checkbox"/> 4 - OVERTAKING/PASSING<br><input type="checkbox"/> 5 - MAKING RIGHT TURN<br><input type="checkbox"/> 6 - MAKING LEFT TURN<br><input type="checkbox"/> 7 - MAKING U-TURN<br><input type="checkbox"/> 8 - ENTERING TRAFFIC LANE | <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE<br><input type="checkbox"/> 10 - PARKED<br><input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC<br><input type="checkbox"/> 12 - DRIVERLESS<br><input type="checkbox"/> 13 - NEGOTIATING A CURVE<br><input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION | <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING<br><input type="checkbox"/> 16 - WORKING<br><input type="checkbox"/> 17 - PUSHING VEHICLE<br><input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE<br><input type="checkbox"/> 19 - STANDING<br><input type="checkbox"/> 20 - OTHER NON-MOTORIST | <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE<br><input type="checkbox"/> 99 - OTHER / UNKNOWN |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 | <input type="checkbox"/> 1 - NONE<br><input type="checkbox"/> 2 - FAILURE TO YIELD<br><input type="checkbox"/> 3 - RAN RED LIGHT<br><input type="checkbox"/> 4 - RAN STOP SIGN<br><input type="checkbox"/> 5 - UNSAFE SPEED<br><input type="checkbox"/> 6 - IMPROPER TURN<br><input type="checkbox"/> 7 - LEFT OF CENTER | <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA<br><input type="checkbox"/> 9 - IMPROPER LANE CHANGE<br><input type="checkbox"/> 10 - IMPROPER PASSING<br><input type="checkbox"/> 11 - DROVE OFF ROAD<br><input type="checkbox"/> 12 - IMPROPER BACKING   | <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION<br><input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY<br><input type="checkbox"/> 15 - SWERVING TO AVOID<br><input type="checkbox"/> 16 - WRONG WAY<br><input type="checkbox"/> 17 - VISION OBSTRUCTION   | <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT<br><input type="checkbox"/> 19 - LOAD SHIFTING / FALLING/SPILLING<br><input type="checkbox"/> 20 - IMPROPER CROSSING<br><input type="checkbox"/> 21 - LYING IN ROADWAY<br><input type="checkbox"/> 22 - NOT DISCERNIBLE                                      | <input type="checkbox"/> 23 - OPENING DOOR INTO ROADWAY<br><input type="checkbox"/> 99 - OTHER IMPROPER ACTION   |

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

|  |   |                            |   |   |
|--|---|----------------------------|---|---|
| <b>LOCAL REPORT NUMBER</b><br>000220033578   |   |                            |   |   |
| <b>DAMAGE</b>  |   |                            |   |   |
| <b>DAMAGE SCALE</b>  |   |                            |   |   |
| <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 3 - FUNCTIONAL DAMAGE<br><input checked="" type="checkbox"/> 2 - MINOR DAMAGE <input type="checkbox"/> 4 - DISABLING DAMAGE<br><input type="checkbox"/> 9 - UNKNOWN   |   |                            |   |   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY  |   |                            |   |   |
|  |   |                            |   |   |
|  |   |                            |   |   |
| <input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ]  |   |                            |   |   |
| <b>INITIAL POINT OF CONTACT</b>  |   |                            |   |   |
| <input type="checkbox"/> 0 - NO DAMAGE <input type="checkbox"/> 14 - UNDERCARRIAGE<br><input checked="" type="checkbox"/> 7 - 1-12 - REFER TO UNIT DIAGRAM <input type="checkbox"/> 15 - VEHICLE NOT AT SCENE<br><input type="checkbox"/> 99 - UNKNOWN <input type="checkbox"/> 13 - TOP   |   |                            |   |   |
| <b>TRAFFIC</b>   |   |                            |   |   |
| <table border="1"> <tr> <td><b>TRAFFICWAY FLOW</b></td> <td><b>TRAFFIC CONTROL</b></td> </tr> <tr> <td> <input checked="" type="checkbox"/> 2 - 1 - ONE-WAY<br/> <input type="checkbox"/> 1 - TWO-WAY           </td> <td> <input type="checkbox"/> 6 - 1 - ROUNDABOUT    <input type="checkbox"/> 4 - STOP SIGN<br/> <input type="checkbox"/> 2 - SIGNAL    <input type="checkbox"/> 5 - YIELD SIGN<br/> <input type="checkbox"/> 3 - FLASHER    <input type="checkbox"/> 6 - NO CONTROL           </td> </tr> </table> | <b>TRAFFICWAY FLOW</b>  | <b>TRAFFIC CONTROL</b>     | <input checked="" type="checkbox"/> 2 - 1 - ONE-WAY<br><input type="checkbox"/> 1 - TWO-WAY | <input type="checkbox"/> 6 - 1 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN<br><input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN<br><input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL |
| <b>TRAFFICWAY FLOW</b>   | <b>TRAFFIC CONTROL</b>  |                            |   |   |
| <input checked="" type="checkbox"/> 2 - 1 - ONE-WAY<br><input type="checkbox"/> 1 - TWO-WAY  | <input type="checkbox"/> 6 - 1 - ROUNDABOUT <input type="checkbox"/> 4 - STOP SIGN<br><input type="checkbox"/> 2 - SIGNAL <input type="checkbox"/> 5 - YIELD SIGN<br><input type="checkbox"/> 3 - FLASHER <input type="checkbox"/> 6 - NO CONTROL |                            |   |   |
| <table border="1"> <tr> <td><b># OF THROUGH LANES ON ROAD</b></td> <td><b>RAIL GRADE CROSSING</b></td> </tr> <tr> <td> <input checked="" type="checkbox"/> 2           </td> <td> <input type="checkbox"/> 1 - NOT INVOLVED<br/> <input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING<br/> <input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING           </td> </tr> </table>  | <b># OF THROUGH LANES ON ROAD</b>   | <b>RAIL GRADE CROSSING</b> | <input checked="" type="checkbox"/> 2   | <input type="checkbox"/> 1 - NOT INVOLVED<br><input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING<br><input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING  |
| <b># OF THROUGH LANES ON ROAD</b>  | <b>RAIL GRADE CROSSING</b>  |                            |   |   |
| <input checked="" type="checkbox"/> 2  | <input type="checkbox"/> 1 - NOT INVOLVED<br><input type="checkbox"/> 2 - INVOLVED-ACTIVE CROSSING<br><input type="checkbox"/> 3 - INVOLVED-PASSIVE CROSSING  |                            |   |   |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |                            |   |   |
| <b>FROM</b> <input type="checkbox"/> <b>TO</b> <input type="checkbox"/><br><input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 5 - NORTHEAST<br><input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 6 - NORTHWEST<br><input type="checkbox"/> 3 - EAST <input type="checkbox"/> 7 - SOUTHEAST<br><input type="checkbox"/> 4 - WEST <input type="checkbox"/> 8 - SOUTHWEST<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  |   |                            |   |   |
| <b>UNIT SPEED</b>  | <b>DETECTED SPEED</b>   |                            |   |   |
| <input type="checkbox"/>   | <input type="checkbox"/> 1 - STATED / ESTIMATED SPEED<br><input checked="" type="checkbox"/> 3 - 2 - CALCULATED / EDR<br><input type="checkbox"/> 3 - UNDETERMINED  |                            |   |   |
| <b>POSTED SPEED</b>  | <input type="checkbox"/>  |                            |   |   |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000220033578

|  |  |                                   |  |   |  |                              |                           |                        |                     |                  |                               |
|--|--|-----------------------------------|--|---|--|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1                               | <b>NAME: LAST, FIRST, MIDDLE</b><br>UNKNOWN, UNKNOWN |                                   |  |   | <b>DATE OF BIRTH</b>   |                              | <b>AGE</b>                | <b>GENDER</b><br>M     |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>, OH |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                              |                           |                        |                     |                  |                               |
| <b>INJURIES</b><br>5                             | <b>INJURED TAKEN BY</b><br>1                         | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br><input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>4   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH                            | <b>OPERATOR LICENSE NUMBER</b><br>OH123456           |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>                                    | <b>OFFENSE DESCRIPTION</b>   |                           | <b>CITATION NUMBER</b> |                     |                  |                               |
| <b>OL CLASS</b>                                  | <b>ENDORSEMENT</b>                                   | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>9        | <b>ALCOHOL TEST</b>       |                        | <b>DRUG TEST(S)</b> |                  |                               |
|  |  |                                   |  |   |  | <b>STATUS</b><br>1           | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS</b> SELECT UP TO 4 |

|  |   |                                   |  |   |   |                               |                           |                        |                     |                  |                               |
|--|---|-----------------------------------|--|---|---|-------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>TUCKER, MARK, A |                                   |  |   | <b>DATE OF BIRTH</b><br>10/19/1956            |                               | <b>AGE</b><br>66          | <b>GENDER</b><br>M     |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>16835 MALADY ROAD, MOUNT ORAB, OH, 45154 |   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |                               |                           |                        |                     |                  |                               |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                        | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>99            | <b>SEATING POSITION</b><br>99 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>4   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                      |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>    |                           | <b>CITATION NUMBER</b> |                     |                  |                               |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>M                             | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b>       |                        | <b>DRUG TEST(S)</b> |                  |                               |
|  |   |                                   |  |   |   | <b>STATUS</b><br>1            | <b>TYPE</b><br>1          | <b>VALUE</b><br>.      | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULTS</b> SELECT UP TO 4 |

|  |                                  |                                   |  |   |  |                            |                      |                        |                     |             |                               |
|--|----------------------------------|-----------------------------------|--|---|--|----------------------------|----------------------|------------------------|---------------------|-------------|-------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |   | <b>DATE OF BIRTH</b>   |                            | <b>AGE</b>           | <b>GENDER</b>          |                     |             |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>   |                            |                      |                        |                     |             |                               |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br><input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b>    | <b>AIR BAG USAGE</b> | <b>EJECTION</b>        | <b>TRAPPED</b>      |             |                               |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>                                    | <b>OFFENSE DESCRIPTION</b> |                      | <b>CITATION NUMBER</b> |                     |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>           | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |             |                               |
|  |                                  |                                   |  |   |  | <b>STATUS</b>              | <b>TYPE</b>          | <b>VALUE</b>           | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULTS</b> 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 = D)<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<br>6 - EXCEPT CLASS A & CLASS B BUS<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, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <b>INJURIES TAKEN BY</b>   |   | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>CONDITION</b>   | <b>ALCOHOL TEST TYPE</b>   |
| 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | 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 |   | 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  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b>  |   | <b>TRAPPED</b>  | <b>GENDER</b>   |   |  | <b>DRUG TEST TYPE</b>  |
| 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 |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   |   |  | 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  
000220033578

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

|                 |  |                                  |  |                         |   |                         |                      |                 |                |
|-----------------|--|----------------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |                         | <b>DATE OF BIRTH</b>                                    |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |                         | <b>CONTACT PHONE</b> - INCLUDE AREA CODE                |                         |                      |                 |                |
| <b>INJURIES</b> | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b> | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

| <b>INJURIES</b>  | <b>SAFETY EQUIPMENT USED</b>  | <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>  |
|--|---|--|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 | 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 SUCH AS A 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 |
| <b>INJURED TAKEN BY</b>  |   |  | <b>EJECTION</b>   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| <b>GENDER</b>  |   |  | <b>TRAPPED</b>  |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

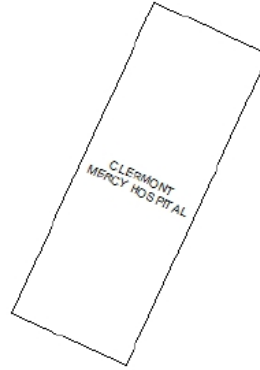
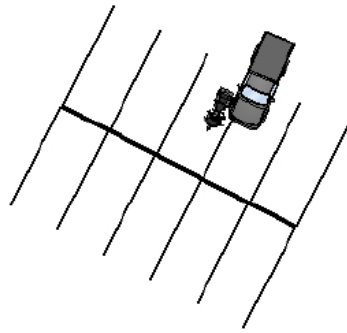
|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS:</b> STREET, CITY, STATE,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

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

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

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>000220033578</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>10/24/2022</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>HOSPITAL</b>               |                                    |



3000 HOSPITAL DRIVE



*Not To Scale*

OFFICERS SIGNATURE

BADGE NO.

**R12705**