

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000230003662

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input checked="" type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION <b>REPORTING AGENCY NAME *</b> Clermont County Sheriff		<b>NCIC *</b> 01300		<b>HIT/SKIP</b> <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		<b>NUMBER OF UNITS</b> 2		<b>UNIT IN ERROR</b> <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN	
<b>COUNTY*</b> 13		<b>LOCALITY*</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> Batavia		<b>CRASH DATE / TIME*</b> 02/03/2023 12:20		<b>CRASH SEVERITY</b> <input type="checkbox"/> 1 - FATAL <input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED <input type="checkbox"/> 3 - MINOR INJURY SUSPECTED <input type="checkbox"/> 4 - INJURY POSSIBLE <input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY 5					
<b>ROUTE TYPE</b> LOCATION		<b>ROUTE NUMBER</b>		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>LOCATION ROAD NAME</b> Greenbriar		<b>ROAD TYPE</b> RD		<b>LATITUDE</b> DECIMAL DEGREES 39.058203		<b>LONGITUDE</b> DECIMAL DEGREES -84.127628	
<b>ROUTE TYPE</b> REFERENCE		<b>ROUTE NUMBER</b>		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> Summit		<b>ROAD TYPE</b> RD					
<b>REFERENCE POINT</b> <input type="checkbox"/> 1 - INTERSECTION <input checked="" type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b>			
<b>DISTANCE FROM REFERENCE</b>		<b>DISTANCE UNIT OF MEASURE</b> <input type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED		<b>LOCATION OF FIRST HARMFUL EVENT</b> <input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY <input type="checkbox"/> 7 - ON RAMP <input type="checkbox"/> 8 - OFF RAMP		<b>MANNER OF CRASH COLLISION/IMPACT</b> <input type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - OTHER / UNKNOWN		<b>DIRECTION OF TRAVEL</b> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		<b>MEDIAN TYPE</b> <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER / UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		<b>CONTOUR</b> <input type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - OTHER /UNKNOWN		<b>CONDITIONS</b> <input type="checkbox"/> 1 - DRY <input type="checkbox"/> 2 - WET <input type="checkbox"/> 3 - SNOW <input type="checkbox"/> 4 - ICE <input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 6 - WATER (STANDING, MOVING) <input type="checkbox"/> 7 - SLUSH <input type="checkbox"/> 9 - OTHER / UNKNOWN		<b>SURFACE</b> <input type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 9 - OTHER / UNKNOWN			
<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN/DUSK <input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 9 - OTHER / UNKNOWN		<b>WEATHER</b> <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="checkbox"/> 99 - OTHER / UNKNOWN		<b>CRASH NARRATIVE</b> Unit #1 was traveling North on Greenbriar Road and when he struck the drivers mirror of unit #2 which was traveling South on Greenbriar Road. All subjects advised that they were not injured and both vehicles were able to driven away.									
<b>CRASH REPORTED DATE / TIME</b> 02/03/2023 12:20		<b>DISPATCH DATE / TIME</b> 02/03/2023 12:28		<b>ARRIVAL DATE / TIME</b> 02/03/2023 12:36		<b>SCENE CLEARED DATE / TIME</b> 02/03/2023 13:29		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
<b>TOTAL TIME ROADWAY CLOSED</b>		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> 61		<b>OFFICER'S NAME*</b> Rudd, J		<b>CHECKED BY OFFICER'S NAME*</b> Scott, D					
				<b>OFFICER'S BADGE NUMBER*</b> R3052		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> R2367		<input checked="" type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>					

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) BALCOM, ZACHARY , K	<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 ) 38 ROSE LANE APT. 3, AMELIA, OH, 45102		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> HVR8429	<b>VEHICLE IDENTIFICATION #</b> 1FTFW1ET5BFC8815	<b>VEHICLE YEAR</b> 2011	<b>VEHICLE MAKE</b> FORD																														
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> TREXIS	<b>INSURANCE POLICY #</b> 1134015585192	<b>COLOR</b> BLK	<b>VEHICLE MODEL</b> F-150																														
<b>TYPE OF USE</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<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>VEHICLE WEIGHT GVWR/GCWR</b> 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID #																															
<b>UNIT TYPE</b> 4	<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>6 - VAN (9-15 SEATS)</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>9 - AUTOCYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td></td> <td>11 - ALL TERRAIN VEHICLE (ATV/UTV)</td> <td>17 - MOTORHOME</td> <td>99 - UNKNOWN OR HIT/SKIP</td> <td></td> </tr> </table>				1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN		11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	
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<b># of TRAILING UNITS</b>	<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN																																	
<b>SPECIAL FUNCTION</b> 1	<table border="0"> <tr> <td>1 - NONE</td> <td>6 - BUS - CHARTER/TOUR</td> <td>11 - FIRE</td> <td>16 - FARM</td> <td>21 - MAIL CARRIER</td> </tr> <tr> <td>2 - TAXI</td> <td>7 - BUS - INTERCITY</td> <td>12 - MILITARY</td> <td>17 - MOWING</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td>3 - ELECTRONIC RIDE SHARING</td> <td>8 - BUS - SHUTTLE</td> <td>13 - POLICE</td> <td>18 - SNOW REMOVAL</td> <td></td> </tr> <tr> <td>4 - SCHOOL TRANSPORT</td> <td>9 - BUS - OTHER</td> <td>14 - PUBLIC UTILITY</td> <td>19 - TOWING</td> <td></td> </tr> <tr> <td>5 - BUS - TRANSIT/COMMUTER</td> <td>10 - AMBULANCE</td> <td>15 - CONSTRUCTION EQUIP.</td> <td>20 - SAFETY SERVICE PATROL</td> <td></td> </tr> </table>				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						
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**LOCAL REPORT NUMBER**  
000230003662

**DAMAGE**

**DAMAGE SCALE**

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

2

**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  
 99 - UNKNOWN

9

13 - TOP

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY 2	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
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**# OF THROUGH LANES ON ROAD**  
2

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

**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**  
40

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

**POSTED SPEED**  
40

<b>OWNER</b>	<b>UNIT #</b> 2	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) SERVICES, TRE, LLC	<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 ) 640 EAST MAIN , HAMERSVILLE, OH, 45130		
	<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> OH	<b>LICENSE PLATE #</b> PMK5111	<b>VEHICLE IDENTIFICATION #</b> 1FTRX12W48FA03566	<b>VEHICLE YEAR</b> 2008	<b>VEHICLE MAKE</b> FORD
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> NATIONWIDE	<b>INSURANCE POLICY #</b> 9234J405648	<b>COLOR</b> GRY	<b>VEHICLE MODEL</b> F-150
<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> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
<b>TYPE OF USE</b>		<b>VEHICLE WEIGHT GVWR/GCWR</b>		
<input type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>		1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		
<b>UNIT TYPE</b> 4		1 - PASSENGER CAR    6 - VAN (9-15 SEATS)    12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)    23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN)    7 - MOTORCYCLE 2-WHEELED    13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)    24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE    8 - MOTORCYCLE 3-WHEELED    14 - SINGLE UNIT TRUCK    20 - OTHER VEHICLE    25 - OTHER NON-MOTORIST 4 - PICK UP    9 - AUTOCYCLE    15 - SEMI-TRACTOR    21 - HEAVY EQUIPMENT    26 - BICYCLE 5 - CARGO VAN    10 - MOPED OR MOTORIZED BICYCLE    16 - FARM EQUIPMENT    22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE    27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV)    17 - MOTORHOME    99 - UNKNOWN OR HIT/SKIP		

<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2	0 - NO AUTOMATION    3 - CONDITIONAL AUTOMATION    9 - UNKNOWN
1 - YES    2 - NO    9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE    4 - HIGH AUTOMATION
<b>SPECIAL FUNCTION</b> 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

<b>CARGO BODY TYPE</b> 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    14 - GARBAGE/REFUSE
<b>VEHICLE DEFECTS</b>	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

<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK    4 - MIBLOCK - 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
<b>ACTION</b> 5	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 5 - BOTH STRIKING & STRUCK    5 - MAKING RIGHT TURN    13 - NEGOTIATING A CURVE    20 - OTHER NON-MOTORIST 9 - OTHER / UNKNOWN    6 - MAKING LEFT TURN    8 - ENTERING TRAFFIC LANE    12 - ENTERING OR CROSSING SPECIFIED LOCATION
<b>CONTRIBUTING CIRCUMSTANCES</b> 1	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    22 - NOT DISCERNIBLE 5 - UNSAFE SPEED    12 - IMPROPER BACKING

<b>SEQUENCE OF EVENTS</b>	<b>EVENTS</b>
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<b>COLLISION WITH FIXED OBJECT - STRUCK</b>	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 30 - GUARDRAIL FACE    36 - MEDIAN OTHER BARRIER    43 - CURB    50 - WORK ZONE MAINTENANCE EQUIPMENT
<b>FIRST HARMFUL EVENT</b> 1	<b>MOST HARMFUL EVENT</b> 1

**LOCAL REPORT NUMBER**

000230003662

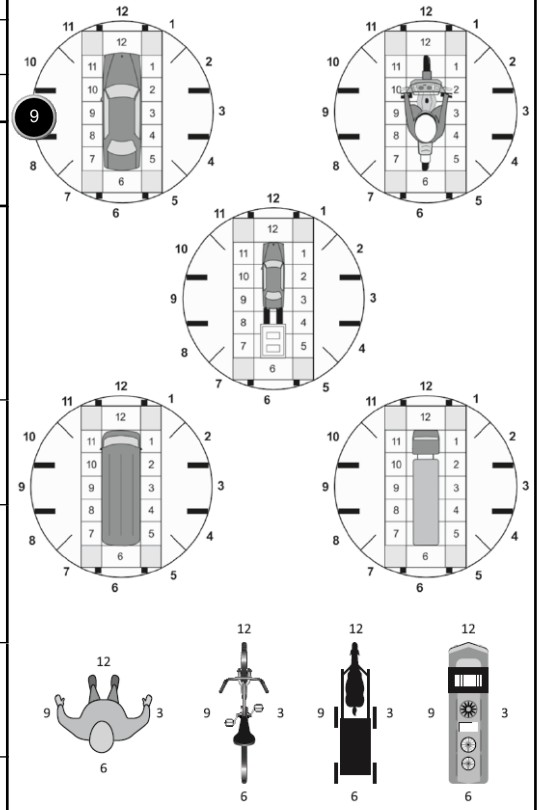
**DAMAGE**

**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  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC**

<b>TRAFFICWAY FLOW</b> 2	1 - ONE-WAY 2 - TWO-WAY	<b>TRAFFIC CONTROL</b> 6	1 - ROUNDABOUT    4 - STOP SIGN 2 - SIGNAL    5 - YIELD SIGN 3 - FLASHER    6 - NO CONTROL
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<b># OF THROUGH LANES ON ROAD</b> 2	<b>RAIL GRADE CROSSING</b> 1
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

**UNIT SPEED**

30

**DETECTED SPEED**

1 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**POSTED SPEED**

40

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000230003662

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> BALCOM, ZACHARY , K				<b>DATE OF BIRTH</b> 03/11/1988		<b>AGE</b> 34	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 38 ROSE LANE APT. 3, AMELIA, OH, 45102					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>		
						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS</b> SELECT UP TO 4

<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> BAKER, DOUGLAS , W				<b>DATE OF BIRTH</b> 10/29/1997		<b>AGE</b> 25	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 10840 HIGHWAY 225 N. APT. D4, CRANDALL, GA, 30711					<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> GA	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
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						<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 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>	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> 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>	<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>		<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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 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 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>	<b>GENDER</b>			<b>DRUG TEST TYPE</b>
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000230003662

<b>OCCUPANT</b>	<b>UNIT #</b> 2	<b>NAME:</b> LAST, FIRST, MIDDLE LYNCH, JOSHUA, E.				<b>DATE OF BIRTH</b> 10/27/2004		<b>AGE</b> 18	<b>GENDER</b> M	
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 130 CHESTNUT STREET, ABERDEEN, OH, 45101					<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
	<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b> 4	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<b>SEATING POSITION</b> 3	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1

<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>

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	

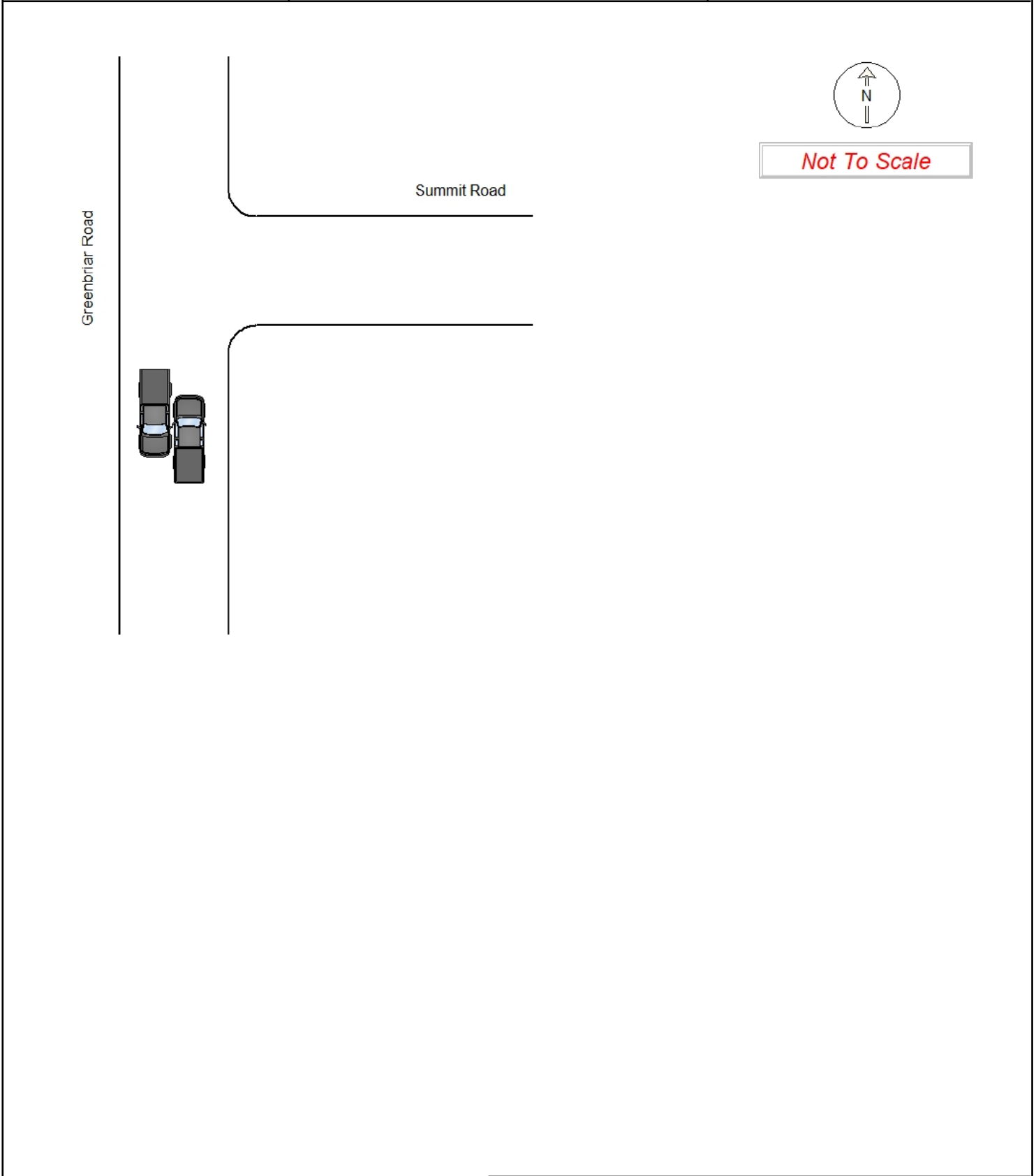
<b>WITNESS</b>	<b>NAME:</b> LAST, FIRST, MIDDLE				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP					<b>CONTACT PHONE</b> - INCLUDE AREA CODE				
	<b>NAME:</b> LAST, FIRST, MIDDLE				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		

<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>NAME:</b> LAST, FIRST, MIDDLE				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		

<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>NAME:</b> LAST, FIRST, MIDDLE				<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>		

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>000230003662</b>	REPORTING AGENCY <b>Clermont County Sheriff</b>	Date Of Crash <b>02/03/2023</b>
IN COUNTY OF <b>Clermont County</b>	ACCIDENT LOCATION <b>Greenbriar</b>	



OFFICERS SIGNATURE	BADGE NO. <b>R3052</b>
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