

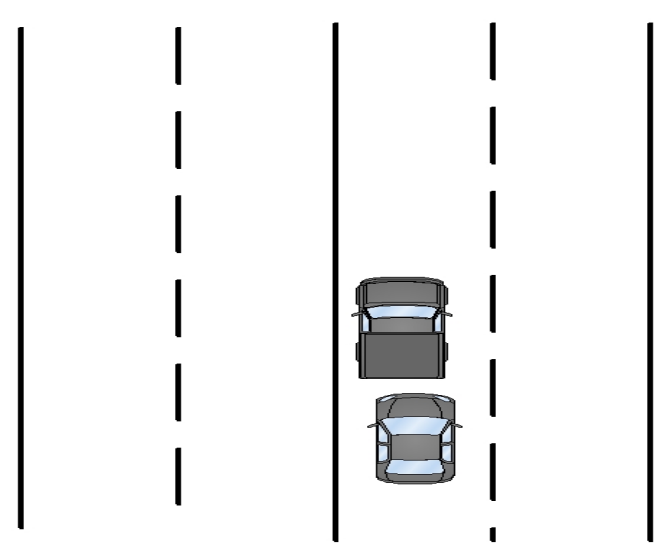
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000230010461

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 0002310461 REPORTING AGENCY NAME * Clermont County Sheriff		NCIC * 01300		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input checked="" type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input checked="" type="checkbox"/> 99 - UNKNOWN	
COUNTY* 13 LOCALITY* 3 <small>1 - CITY 2 - VILLAGE 3 - TOWNSHIP</small>		LOCATION: CITY, VILLAGE, TOWNSHIP* Batavia		CRASH DATE / TIME* 04/06/2023 16:25		CRASH SEVERITY <input checked="" 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							
ROUTE TYPE SR ROUTE NUMBER 125 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Chapel		ROAD TYPE RD		LATITUDE DECIMAL DEGREES 39.030326		LONGITUDE DECIMAL DEGREES -84.221019					
REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input checked="" type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE 10.00		DISTANCE UNIT OF MEASURE <input checked="" type="checkbox"/> 1 - MILES <input type="checkbox"/> 2 - FEET <input type="checkbox"/> 3 - YARDS		ROADWAY DIVIDED <input type="checkbox"/>		MANNER OF CRASH COLLISION/IMPACT <input checked="" 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		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST					
LOCATION OF FIRST HARMFUL EVENT <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		9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <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		LOCATION OF CRASH IN WORK ZONE <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					
LIGHT CONDITION <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		WEATHER <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		CONTOUR <input checked="" 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		CONDITIONS <input checked="" 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		SURFACE <input checked="" 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					
NARRATIVE Unit 1 rear ended Unit 2 stopped at the traffic light.													
CRASH REPORTED DATE / TIME 04/06/2023 16:26				DISPATCH DATE / TIME 04/06/2023 16:27		ARRIVAL DATE / TIME 04/06/2023 16:28		SCENE CLEARED DATE / TIME 04/06/2023 16:40		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 13		OFFICER'S NAME* Deputy Deimling-Pettit		CHECKED BY OFFICER'S NAME* Rudd, J		<input checked="" type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>			
OFFICER'S BADGE NUMBER* 12109				CHECKED BY OFFICER'S BADGE NUMBER* R3052									



UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ALLEN, ROBIN, L	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2730 SR 222 LOT 103, BETHEL, OH, 45106		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # JTH2502	VEHICLE IDENTIFICATION # 4T1BB46K38U032332	VEHICLE YEAR 2008	VEHICLE MAKE TOYOTA																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY VIKING	INSURANCE POLICY # 11408041156	COLOR BLK	VEHICLE MODEL CAMRY																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD																															
VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.		CLASS # PLACARD ID #																																
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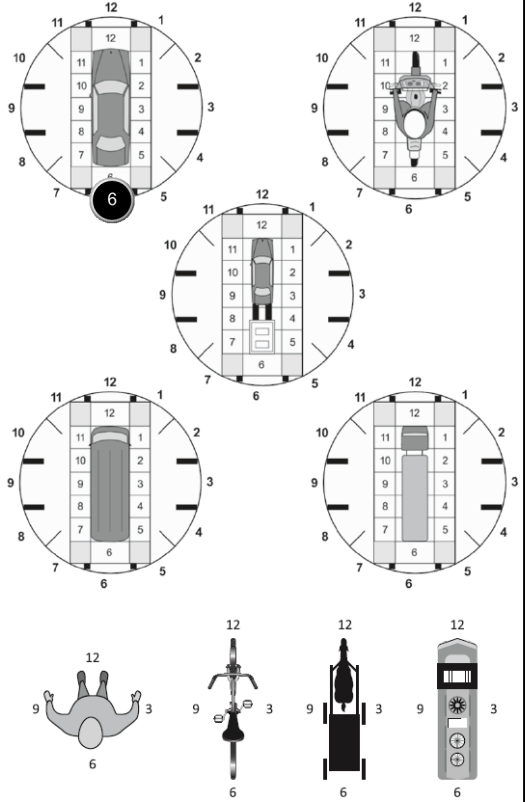
DAMAGE

DAMAGE SCALE

- 1 - NONE
- 2 - MINOR DAMAGE
- 3 - FUNCTIONAL 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
- 1-12 - REFER TO UNIT DIAGRAM
- 13 - TOP
- 14 - UNDERCARRIAGE
- 15 - VEHICLE NOT AT SCENE
- 99 - UNKNOWN

TRAFFIC

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

0

DETECTED SPEED

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

POSTED SPEED

25

OWNER

UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
BLACKBURN, STEVEN, N

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
21 FLAMINGO CT, AMELIA, OH, 45102

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

VEHICLE

LP STATE OH **LICENSE PLATE #** JSK7604 **VEHICLE IDENTIFICATION #** 1C6SRFHTLN358145 **VEHICLE YEAR** 2020 **VEHICLE MAKE** DODGE

INSURANCE VERIFIED **INSURANCE COMPANY** LIBERTY MUTUAL **INSURANCE POLICY #** AOV28155931640 **COLOR** BGE **VEHICLE MODEL** RAM

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE**

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** _____ **VEHICLE WEIGHT GVWR/GCWR**
 1 - ≤ 10K LBS.
 2 - 10.001 - 26K LBS.
 3 - > 26K LBS.

TOWED BY: COMPANY NAME _____

MATERIAL RELEASED **PLACARD** _____ **HAZARDOUS MATERIAL CLASS #** _____ **PLACARD ID #** _____

UNIT TYPE **1**

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

SPECIAL FUNCTION **1**

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

CARGO BODY TYPE **1**

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

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION

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

ACTION **4**

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

CONTRIBUTING CIRCUMSTANCES **1**

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

SEQUENCE OF EVENTS

1 **20**

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

COLLISION WITH FIXED OBJECT - STRUCK

- 25 - IMPACT ATTENUATOR / CRASH CUSHION
- 26 - BRIDGE OVERHEAD STRUCTURE
- 27 - BRIDGE PIER OR ABUTMENT
- 28 - BRIDGE PARAPET
- 29 - BRIDGE RAIL
- 30 - GUARDRAIL FACE
- 31 - GUARDRAIL END
- 32 - PORTABLE BARRIER
- 33 - MEDIAN CABLE BARRIER
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- 50 - WORK ZONE MAINTENANCE EQUIPMENT
- 51 - WALL
- 52 - BUILDING
- 53 - TUNNEL
- 54 - OTHER FIXED OBJECT
- 99 - OTHER / UNKNOWN

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

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
000230010461

UNIT # 1	NAME: LAST, FIRST, MIDDLE ALLEN, ROBIN, L				DATE OF BIRTH 06/22/1959		AGE 63	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 2730 SR 222 LOT 103, BETHEL, OH, 45106					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)	
						STATUS		TYPE		RESULTS SELECT UP TO 4
						1		1		.
						1		1		

UNIT # 2	NAME: LAST, FIRST, MIDDLE BLACKBURN, STEVEN, N				DATE OF BIRTH 05/19/1988		AGE 34	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 21 FLAMINGO CT, AMELIA, OH, 45102					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)	
						STATUS		TYPE		RESULTS SELECT UP TO 4
						1		1		.
						1		1		

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

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
000230010461

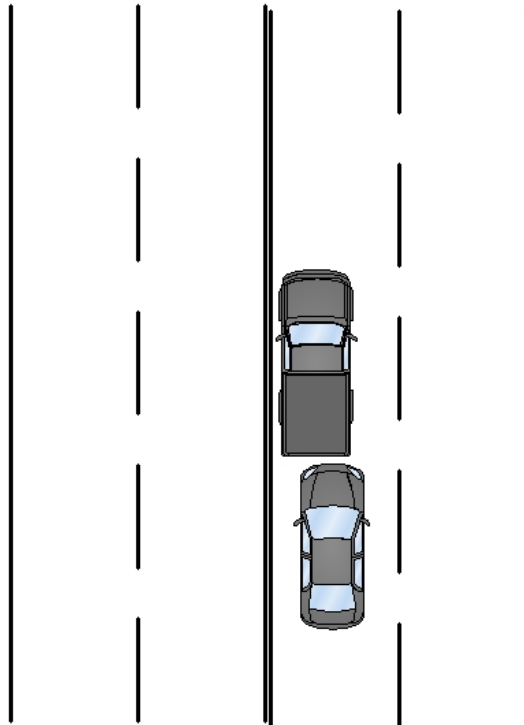
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET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

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 - 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 SUCH AS A 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
INJURED TAKEN BY			EJECTION
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
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE			
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
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 000230010461	REPORTING AGENCY Clermont County Sheriff	Date Of Crash 04/06/2023
IN COUNTY OF Clermont County	ACCIDENT LOCATION 125	



Not To Scale

OFFICERS SIGNATURE	BADGE NO. 12109
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