

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000230011501

|  |  |   |   |   |  |  |  |  |  |  |  |   |  |
|--|--|---|---|---|--|--|--|--|--|--|--|---|--|
| <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><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED  |  | <b>NUMBER OF UNITS</b><br>1  |  | <b>UNIT IN ERROR</b><br><input type="checkbox"/> 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN   |  |
| <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>04/15/2023 10:10  |  | <b>CRASH SEVERITY</b><br><input type="checkbox"/> 1 - FATAL<br><input checked="" type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY  |  |  |  |   |  |
| <b>ROUTE TYPE</b><br>LOCATION  |  | <b>ROUTE NUMBER</b>   |   | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>LOCATION ROAD NAME</b><br>2230 Bauer  |  | <b>ROAD TYPE</b><br>RD   |  | <b>LATITUDE</b> DECIMAL DEGREES<br>39.081651   |  | <b>LONGITUDE</b> DECIMAL DEGREES<br>-84.153891  |  |
| <b>ROUTE TYPE</b><br>REFERENCE   |  | <b>ROUTE NUMBER</b>   |   | <b>PREFIX</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>Bauer  |  | <b>ROAD TYPE</b><br>RD   |  | <b>LONGITUDE</b> DECIMAL DEGREES<br>-84.153891   |  | <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>REFERENCE POINT</b><br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #   |  | <b>DIRECTION FROM REFERENCE</b><br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 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<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | <b>ROAD TYPE</b><br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED   |  |   |  |
| <b>LOCATION OF FIRST HARMFUL EVENT</b><br><input checked="" type="checkbox"/> 10 - ON SHOULDER   |  | <b>MANNER OF CRASH COLLISION/IMPACT</b><br><input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON   |   | <b>DIRECTION OF TRAVEL</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | <b>MEDIAN TYPE</b><br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 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><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |   | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER /UNKNOWN   |  | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 2 - DRY<br><input type="checkbox"/> 3 - SNOW<br><input type="checkbox"/> 4 - ICE<br><input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 6 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 7 - SLUSH<br><input type="checkbox"/> 9 - OTHER / UNKNOWN                          |  | <b>SURFACE</b><br><input checked="" type="checkbox"/> 2 - CONCRETE<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  |  |   |  |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 1 - DAYLIGHT<br><input type="checkbox"/> 2 - DAWN/DUSK<br><input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED<br><input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  | <b>WEATHER</b><br><input checked="" type="checkbox"/> 4 - CLEAR<br><input type="checkbox"/> 2 - CLOUDY<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE<br><input type="checkbox"/> 4 - RAIN<br><input type="checkbox"/> 5 - SLEET, HAIL  |   | <input type="checkbox"/> 6 - SNOW<br><input type="checkbox"/> 7 - SEVERE CROSSWINDS<br><input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE<br><input type="checkbox"/> 99 - OTHER / UNKNOWN   |  | <b>CONTOUR</b><br><input type="checkbox"/> 1 - STRAIGHT LEVEL<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER /UNKNOWN  |  | <b>CONDITIONS</b><br><input type="checkbox"/> 1 - DRY<br><input type="checkbox"/> 2 - WET<br><input type="checkbox"/> 3 - SNOW<br><input type="checkbox"/> 4 - ICE<br><input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 6 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 7 - SLUSH<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  | <b>SURFACE</b><br><input type="checkbox"/> 1 - CONCRETE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  |   |  |
| <b>NARRATIVE</b><br>On 04/15/23 at 1010 hours, Unit 1 was attempting to turn around in O'Rileys parking lot, when he made a left turn striking a light pole with his trailer. There was slight damage to the Trailer, and the light pole was broken off laying on the ground.  |  |   |   |   |  |  |  |  |  |  |  |   |  |
|  |  |   |   |   |  |  |  |  |  |  |  |   |  |
| <b>CRASH REPORTED DATE / TIME</b><br>04/15/2023 10:10  |  |   | <b>DISPATCH DATE / TIME</b><br>04/15/2023 10:10 |   |  | <b>ARRIVAL DATE / TIME</b><br>04/15/2023 10:24   |  |  | <b>SCENE CLEARED DATE / TIME</b><br>04/15/2023 10:57 |  |  | <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>47  |  | <b>OFFICER'S NAME*</b><br>Deputy Eyre  |  |  | <b>CHECKED BY OFFICER'S NAME*</b><br>Rudd, J         |  |  | <input checked="" type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>  |  |
|  |  |   |   | <b>OFFICER'S BADGE NUMBER*</b><br>R11399  |  |  | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>R3052 |  |  |  |  |   |  |

|   |   |   |
|---|---|---|
| <b>UNIT #</b><br>1  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>CARGO, INDY | <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>7060 HARNESS LAKES, INDIANAPOLIS, IN, 46201 |   |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP<br>INDY CARGO LLC, 7060 HARNESS LAKES, INDIANAPOLIS, IN,                       |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |   |                                     |
|--|---|--|---|-------------------------------------|
| <b>LP STATE</b><br>IN  | <b>LICENSE PLATE #</b><br>3076574                     | <b>VEHICLE IDENTIFICATION #</b><br>3AKJGLD55ESFZ5067   | <b>VEHICLE YEAR</b><br>2014   | <b>VEHICLE MAKE</b><br>FREIGHTLINER |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>ACORD/CONTINENTAL INS SOL | <b>INSURANCE POLICY #</b><br>1256607001-1  | <b>COLOR</b><br>LGR   | <b>VEHICLE MODEL</b><br>108SD       |
| <input checked="" type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> |   | <b>US DOT #</b><br>3081835   | <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><br>3  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL CLASS #</b> <input type="checkbox"/> <b>RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> <input type="checkbox"/> <b>PLACARD ID #</b> |                                     |
| <b>TYPE OF USE</b>   |   | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>3<br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. |   |                                     |

|                                 |   |  |   |   |   |
|---------------------------------|---|--|---|---|---|
| <b>UNIT TYPE</b><br>15          | 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><br>1 | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>1    | 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>1 | 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>55 - OTHER / UNKNOWN  |
| 1                         | <b>FIRST HARMFUL EVENT</b>   |
| 1                         | <b>MOST HARMFUL EVENT</b>  |

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**DAMAGE**

**DAMAGE SCALE**

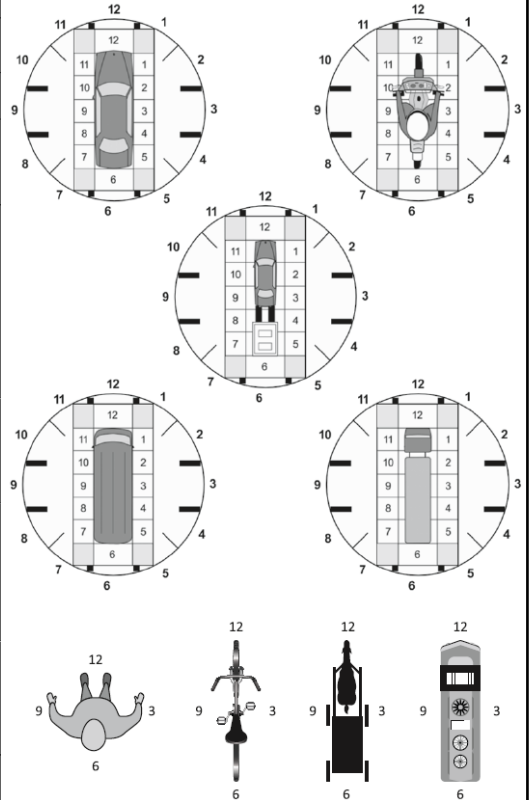
1 - NONE  
2 - MINOR DAMAGE  
9 - UNKNOWN

3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE

1

**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

0

**TRAFFIC**

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

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

|                            |   |
|----------------------------|---|
| <b>UNIT SPEED</b><br>[ ]   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED |
| <b>POSTED SPEED</b><br>[ ] | 3 2 - CALCULATED / EDR<br>3 - UNDETERMINED            |

# MOTORIST / Non-MOTORIST

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|   |  |                                   |  |  |   |   |   |                              |                           |                        |                     |                  |                               |
|---|--|-----------------------------------|--|--|---|---|---|------------------------------|---------------------------|------------------------|---------------------|------------------|-------------------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>KHALID, MOHAMMED |                                   |  |  | <b>DATE OF BIRTH</b><br>01/01/1982  |   | <b>AGE</b><br>41  | <b>GENDER</b><br>M           |                           |                        |                     |                  |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>5412 EGAN DR, SAVAGE, MN, 55378 |  |                                   |  |  | <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            | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                  |                               |
| <b>OL STATE</b><br>MN   | <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>1  | <b>ENDORSEMENT</b><br>T                              | <b>RESTRICTION SELECT UP TO 3</b> |  | <b>DRIVER DISTRACTED BY</b><br>1                       | <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 SELECT UP TO 4</b> |

|  |                                  |                                   |  |  |   |   |  |                         |                      |                        |                |             |                               |
|--|----------------------------------|-----------------------------------|--|--|---|---|--|-------------------------|----------------------|------------------------|----------------|-------------|-------------------------------|
| <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<br><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><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                         |                      | <b>CITATION NUMBER</b> |                |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |  | <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 SELECT UP TO 4</b> |

|  |                                  |                                   |  |  |   |   |  |                         |                      |                        |                |             |                               |
|--|----------------------------------|-----------------------------------|--|--|---|---|--|-------------------------|----------------------|------------------------|----------------|-------------|-------------------------------|
| <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<br><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><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                         |                      | <b>CITATION NUMBER</b> |                |             |                               |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> |  | <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 SELECT UP TO 4</b> |

| 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, PHONING)<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 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |   |   |   |   |  | 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  
000230011501

|  |  |                                  |  |  |   |                         |                      |                 |                |
|--|--|----------------------------------|--|--|---|-------------------------|----------------------|-----------------|----------------|
| <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>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>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>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                    | 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>INJURED TAKEN BY</b>                | <b>EJECTION</b>       |
|--|-----------------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED       |
| 2 - EMS                                | 2 - PARTIALLY EJECTED |
| 3 - POLICE                             | 3 - TOTALLY EJECTED   |
| 9 - OTHER / UNKNOWN                    | 4 - NOT APPLICABLE    |

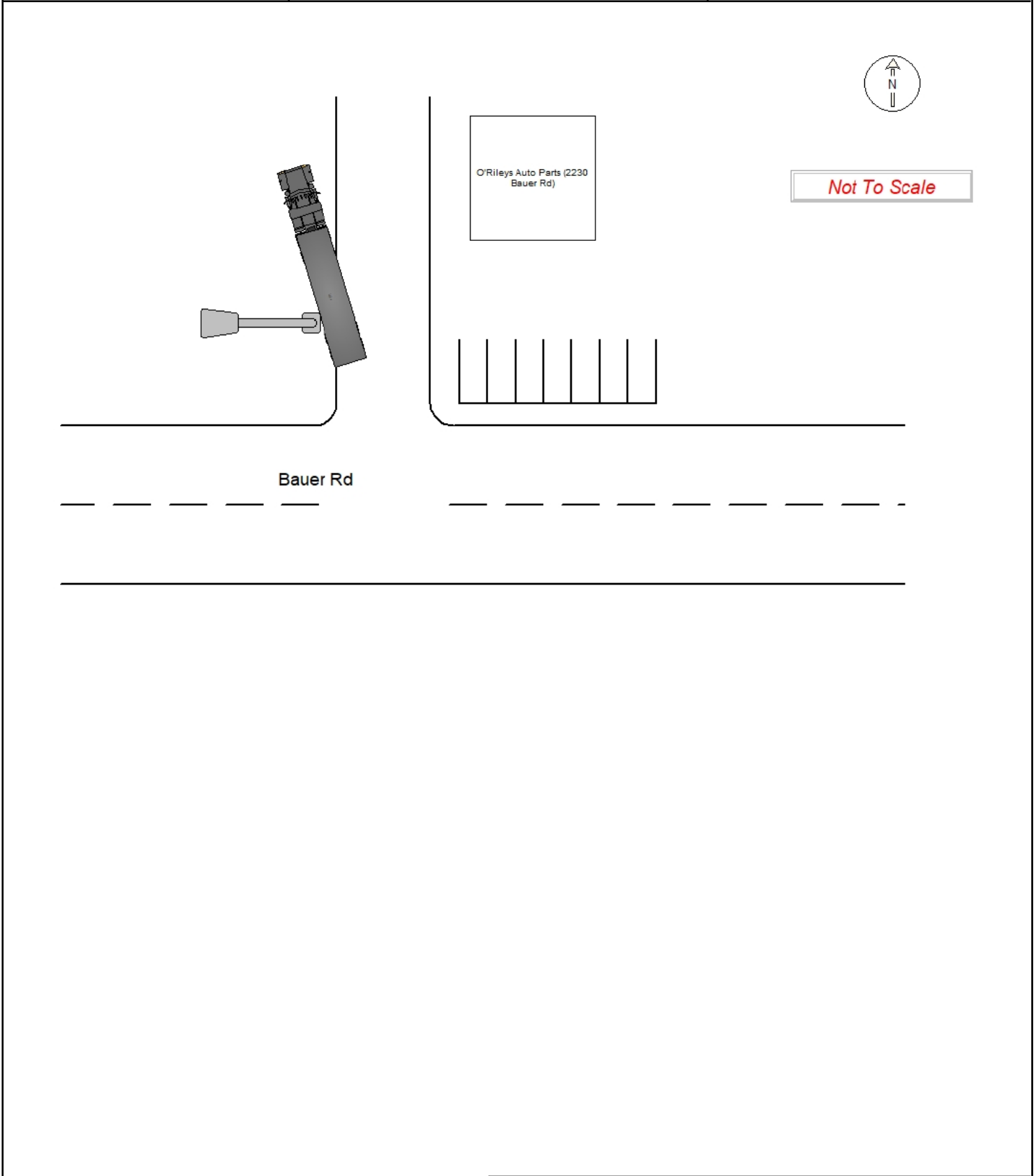
  

| <b>GENDER</b>       | <b>TRAPPED</b>                     |
|---------------------|------------------------------------|
| F - FEMALE          | 1 - NOT TRAPPED                    |
| M - MALE            | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS  |

|                |  |                      |  |  |               |
|----------------|--|----------------------|--|--|---------------|
| <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>000230011501</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>04/15/2023</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>2230 Bauer</b>             |                                    |



|                    |                            |
|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO.<br><b>R11399</b> |
|--------------------|----------------------------|