

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000230015055

<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 <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> <input type="text" value="1"/>		<b>UNIT IN ERROR</b> <input type="text" value="1"/> 98 - ANIMAL <input type="text" value=""/> 99 - UNKNOWN	
<b>COUNTY*</b> <input type="text" value="13"/>		<b>LOCALITY*</b> <input type="text" value="3"/>		<b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP* Tate (Township of)		<b>CRASH DATE / TIME*</b> 05/16/2023 16:14		<b>CRASH SEVERITY</b> <input type="text" value="4"/>		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
<b>ROUTE TYPE</b> <input type="text" value="SR"/>		<b>ROUTE NUMBER</b> <input type="text" value="133"/>		<b>PREFIX</b> <input type="text" value=""/>		<b>LOCATION ROAD NAME</b> 		<b>ROAD TYPE</b> 		<b>LATITUDE</b> DECIMAL DEGREES <input type="text" value="38.930637"/>			
<b>ROUTE TYPE</b> <input type="text" value="SR"/>		<b>ROUTE NUMBER</b> <input type="text" value="133"/>		<b>PREFIX</b> <input type="text" value=""/>		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> Lakin Chapel		<b>ROAD TYPE</b> <input type="text" value="RD"/>		<b>LONGITUDE</b> DECIMAL DEGREES <input type="text" value="-84.094519"/>			
<b>REFERENCE POINT</b> <input type="text" value="1"/> 1 - INTERSECTION <input type="text" value=""/> 2 - MILE POST <input type="text" value=""/> 3 - HOUSE #		<b>DIRECTION FROM REFERENCE</b> <input type="text" value="1"/> 1 - NORTH <input type="text" value=""/> 2 - SOUTH <input type="text" value=""/> 3 - EAST <input type="text" value=""/> 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		<b>ROAD TYPE</b> 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> <input type="text" value=""/>	
<b>DISTANCE FROM REFERENCE</b> <input type="text" value="200.00"/>		<b>DISTANCE UNIT OF MEASURE</b> <input type="text" value="2"/> 1 - MILES <input type="text" value=""/> 2 - FEET <input type="text" value=""/> 3 - YARDS								<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED			
<b>LOCATION OF FIRST HARMFUL EVENT</b> <input type="text" value="1"/> 1 - ON ROADWAY <input type="text" value=""/> 2 - ON SHOULDER <input type="text" value=""/> 3 - IN MEDIAN <input type="text" value=""/> 4 - ON ROADSIDE <input type="text" value=""/> 5 - ON GORE <input type="text" value=""/> 6 - OUTSIDE TRAFFIC WAY <input type="text" value=""/> 7 - ON RAMP <input type="text" value=""/> 8 - OFF RAMP				<b>MANNER OF CRASH COLLISION/IMPACT</b> <input type="text" value="1"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="text" value=""/> 2 - REAR-END <input type="text" value=""/> 3 - HEAD-ON <input type="text" value=""/> 4 - REAR-TO-REAR <input type="text" value=""/> 5 - BACKING <input type="text" value=""/> 6 - ANGLE <input type="text" value=""/> 7 - SIDESWIPE, SAME DIRECTION <input type="text" value=""/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="text" value=""/> 9 - OTHER / UNKNOWN				<b>DIRECTION OF TRAVEL</b> <input type="text" value=""/> 1 - NORTH <input type="text" value=""/> 2 - SOUTH <input type="text" value=""/> 3 - EAST <input type="text" value=""/> 4 - WEST		<b>MEDIAN TYPE</b> <input type="text" value=""/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="text" value=""/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) <input type="text" value=""/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="text" value=""/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) <input type="text" value=""/> 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="text" value=""/> 1 - LANE CLOSURE <input type="text" value=""/> 2 - LANE SHIFT/ CROSSOVER <input type="text" value=""/> 3 - WORK ON SHOULDER OR MEDIAN <input type="text" value=""/> 4 - INTERMITTENT OR MOVING WORK <input type="text" value=""/> 5 - OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="text" value=""/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="text" value=""/> 2 - ADVANCE WARNING AREA <input type="text" value=""/> 3 - TRANSITION AREA <input type="text" value=""/> 4 - ACTIVITY AREA <input type="text" value=""/> 5 - TERMINATION AREA		<b>CONTOUR</b> <input type="text" value="1"/> 1 - STRAIGHT LEVEL <input type="text" value=""/> 2 - STRAIGHT GRADE <input type="text" value=""/> 3 - CURVE LEVEL <input type="text" value=""/> 4 - CURVE GRADE <input type="text" value=""/> 9 - OTHER /UNKNOWN		<b>CONDITIONS</b> <input type="text" value="2"/> 1 - DRY <input type="text" value=""/> 2 - WET <input type="text" value=""/> 3 - SNOW <input type="text" value=""/> 4 - ICE <input type="text" value=""/> 5 - SAND, MUD, DIRT, OIL, GRAVEL <input type="text" value=""/> 6 - WATER (STANDING, MOVING) <input type="text" value=""/> 7 - SLUSH <input type="text" value=""/> 9 - OTHER / UNKNOWN		<b>SURFACE</b> <input type="text" value="1"/> 1 - CONCRETE <input type="text" value=""/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="text" value=""/> 3 - BRICK/BLOCK <input type="text" value=""/> 4 - SLAG, GRAVEL, STONE <input type="text" value=""/> 5 - DIRT <input type="text" value=""/> 9 - OTHER / UNKNOWN			
<b>LIGHT CONDITION</b> <input type="text" value="1"/> 1 - DAYLIGHT <input type="text" value=""/> 2 - DAWN/DUSK <input type="text" value=""/> 3 - DARK - LIGHTED ROADWAY <input type="text" value=""/> 4 - DARK - ROADWAY NOT LIGHTED <input type="text" value=""/> 5 - DARK - UNKNOWN ROADWAY LIGHTING <input type="text" value=""/> 9 - OTHER / UNKNOWN				<b>WEATHER</b> <input type="text" value="4"/> 1 - CLEAR <input type="text" value=""/> 2 - CLOUDY <input type="text" value=""/> 3 - FOG, SMOG, SMOKE <input type="text" value=""/> 4 - RAIN <input type="text" value=""/> 5 - SLEET, HAIL <input type="text" value=""/> 6 - SNOW <input type="text" value=""/> 7 - SEVERE CROSSWINDS <input type="text" value=""/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="text" value=""/> 9 - FREEZING RAIN OR FREEZING DRIZZLE <input type="text" value=""/> 99 - OTHER / UNKNOWN									
<b>NARRATIVE</b> On May 16, 2023 at 1614 hrs, I responded to 2247 SR 133 for a single vehicle crash into a electric pole with possible injuries. Upon arrival the vehicle was a black Chevrolet Trax LS license plate JGV3692. The vehicle struck a pole on the front drivers side of the vehicle. The driver Tiffany Spires advised she was driving south on SR 133 when her oldest daughter opened the back door of the vehicle. Ms. Spires advised she looked back to tell her daughter SH to close the door. During this time Ms. Spires crossed the center dividing line. After realizing this Ms. Spires over corrected to get back into her lane of travel. Due to the wet roads Ms. Spires slid off the road and struck the pole. Three children were in the back seat. 3 year old SH, 2 year old KH and 1 year old CH. Ms. Spires was transported to Anderson Mercy by Bethel EMS for elbow pain. SH traveled with Ms. Spires due to not feeling good. There were no visible injuries noted from the crash. The other two younger children were picked up by Ms. Spires parents.													
<b>CRASH REPORTED DATE / TIME</b> 05/16/2023 16:14			<b>DISPATCH DATE / TIME</b> 05/16/2023 16:14			<b>ARRIVAL DATE / TIME</b> 05/16/2023 16:34			<b>SCENE CLEARED DATE / TIME</b> 05/16/2023 17:09			<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
<b>TOTAL TIME ROADWAY CLOSED</b> <input type="text" value="55"/>		<b>OTHER INVESTIGATION TIME</b> <input type="text" value=""/>		<b>TOTAL MINUTES</b> <input type="text" value="55"/>		<b>OFFICER'S NAME*</b> Curless, C			<b>CHECKED BY OFFICER'S NAME*</b> Rudd, J			<input checked="" type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)</small>	
<input type="text" value="55"/>		<input type="text" value=""/>		<input type="text" value="55"/>		<b>OFFICER'S BADGE NUMBER*</b> R11623			<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> R3052				

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) TEKULVE, AGNUS	<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 ) 12085 MAXIM WAY, CINCINNATI, OH, 45249		
<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> JGV3692	<b>VEHICLE IDENTIFICATION #</b> KL7CJKSXBLB090817	<b>VEHICLE YEAR</b> 2020	<b>VEHICLE MAKE</b> CHEVROLET
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> HARTFORD	<b>INSURANCE POLICY #</b> 55PHG314099	<b>COLOR</b> BLK	<b>VEHICLE MODEL</b> TRAX
<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 KINGS	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 3	<b>HAZARDOUS MATERIAL CLASS #</b> <b>PLACARD ID #</b>	

**UNIT TYPE**   **# of TRAILING UNITS**

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	

**VEHICLE**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?   **AUTONOMOUS MODE LEVEL**

2   0   1   2   3   4   5

**SPECIAL FUNCTION**

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

**CARGO BODY TYPE**

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

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION**

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

**ACTION**   **PRE-CRASH ACTIONS**

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	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
6 - STRUCK	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
7 - STRUCK	7 - MAKING U-TURN			
8 - STRUCK	8 - ENTERING TRAFFIC LANE			
9 - OTHER / UNKNOWN				

**CONTRIBUTING CIRCUMSTANCES**

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	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

**SEQUENCE OF EVENTS**

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

**COLLISION WITH FIXED OBJECT - STRUCK**

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

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

1   1

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**DAMAGE**

**DAMAGE SCALE**

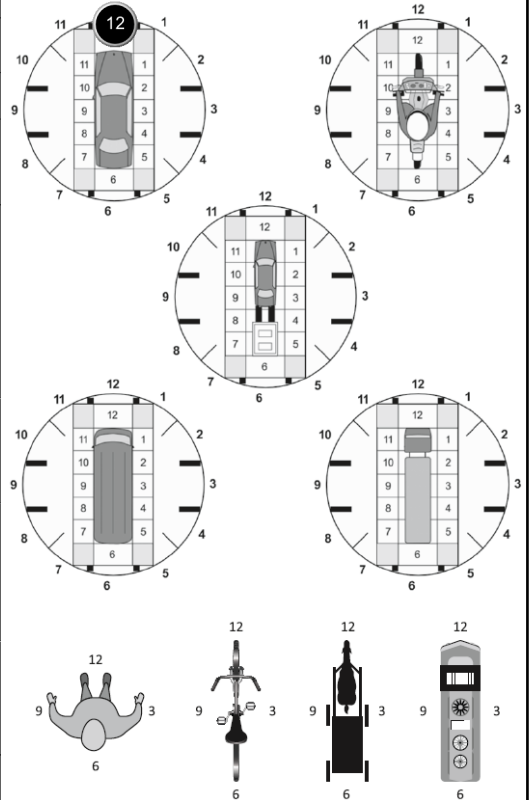
1 - NONE   3 - FUNCTIONAL DAMAGE

4   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

12   1-12 - REFER TO UNIT DIAGRAM   15 - VEHICLE NOT AT SCENE

13 - TOP   99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**

1 - ONE-WAY   2 - TWO-WAY

2   6

**TRAFFIC CONTROL**

1 - ROUNDABOUT   4 - STOP SIGN

2 - SIGNAL   5 - YIELD SIGN

3 - FLASHER   6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**

2   1

**RAIL GRADE CROSSING**

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**

45

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

**POSTED SPEED**

45

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000230015055

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> SPIRES, TIFFANY, A				<b>DATE OF BIRTH</b> 03/28/1999		<b>AGE</b> 24	<b>GENDER</b> F		
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 235 MULBERRY ST, FELICITY, OH, 45120					<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> BETHEL EMS	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> ANDERSON MERCY, ANDERSON		<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>	
						STATUS		TYPE		RESULTS SELECT UP TO 4
						1		1		

<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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	
						STATUS		TYPE		RESULTS 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> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>	
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	
						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, VOICING)	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	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE	<b>EJECTION</b>		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	<b>ALCOHOL TEST TYPE</b>
<b>INJURIES TAKEN BY</b>	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	<b>OL ENDORSEMENT</b>	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	1 - NONE
1 - NOT TRANSPORTED / TREATED AT SCENE	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY		2 - BLOOD
2 - EMS	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT		3 - URINE
3 - POLICE	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	P - PASSENGER	12 - LIMITED - OTHER		4 - BREATH
9 - OTHER / UNKNOWN	13 - TRAILING UNIT	<b>TRAPPED</b>	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		5 - OTHER
<b>SAFETY EQUIPMENT</b>	14 - RIDING ON VEHICLE EXTERIOR	1 - NOT TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
1 - NONE USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - APPARENTLY NORMAL	1 - NONE
2 - SHOULDER BELT ONLY USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
3 - LAP BELT ONLY USED			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
4 - SHOULDER & LAP BELT USED			X - TANKER / HAZMAT	18 - OTHER	4 - ILLNESS	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	<b>DRUG TEST RESULT(S)</b>
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES
7 - BOOSTER SEAT			F - FEMALE		9 - OTHER / UNKNOWN	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

<b>LOCAL REPORT NUMBER</b> 000230015055
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<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME:</b> LAST, FIRST, MIDDLE HENSON, SCARLETT	<b>DATE OF BIRTH</b> 08/05/2019		<b>AGE</b> 3	<b>GENDER</b> F				
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 235 MULBERRY ST, FELICITY, OH, 45120				<b>CONTACT PHONE</b> - INCLUDE AREA CODE					
	<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> [ 2 ]	<b>EMS AGENCY (NAME)</b> BETHEL EMS	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> ANDERSON MERCY	<b>SAFETY EQUIPMENT</b> 5	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<table border="1"> <tr> <td><b>SEATING POSITION</b> 4</td> <td><b>AIR BAG USAGE</b> 1</td> <td><b>EJECTION</b> 1</td> <td><b>TRAPPED</b> 1</td> </tr> </table>	<b>SEATING POSITION</b> 4	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>SEATING POSITION</b> 4	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1							

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME:</b> LAST, FIRST, MIDDLE HENSON, KINSLEY	<b>DATE OF BIRTH</b> 11/29/2021		<b>AGE</b> 1	<b>GENDER</b> F				
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 235 MULBERRY ST, FELICITY, OH, 45120				<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> 5	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<table border="1"> <tr> <td><b>SEATING POSITION</b> 5</td> <td><b>AIR BAG USAGE</b> 1</td> <td><b>EJECTION</b> 1</td> <td><b>TRAPPED</b> 1</td> </tr> </table>	<b>SEATING POSITION</b> 5	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>SEATING POSITION</b> 5	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1							

<b>OCCUPANT</b>	<b>UNIT #</b> 1	<b>NAME:</b> LAST, FIRST, MIDDLE HENSON, CHRISTOPHER	<b>DATE OF BIRTH</b> 08/01/2022		<b>AGE</b> 0	<b>GENDER</b> M				
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP 235 MULBERRY ST, FELICITY, OH, 45120				<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> 6	<input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b>	<table border="1"> <tr> <td><b>SEATING POSITION</b> 6</td> <td><b>AIR BAG USAGE</b> 1</td> <td><b>EJECTION</b> 1</td> <td><b>TRAPPED</b> 1</td> </tr> </table>	<b>SEATING POSITION</b> 6	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>SEATING POSITION</b> 6	<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>	<table border="1"> <tr> <td><b>SEATING POSITION</b></td> <td><b>AIR BAG USAGE</b></td> <td><b>EJECTION</b></td> <td><b>TRAPPED</b></td> </tr> </table>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</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)	EJECTION
	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

<b>WITNESS</b>	<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>
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	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE		