

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000230017930

| | | | | | | | | | | | | | |
|---|--|---|--|--|---|---|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" 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 REPORTING AGENCY NAME * Clermont County Sheriff | | NCIC * 01300 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 1 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | |
| | | COUNTY* 13 | | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | | LOCATION: CITY, VILLAGE, TOWNSHIP* Stonelick (Township of) | | CRASH DATE / TIME* 06/09/2023 19:07 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | | | |
| ROUTE TYPE SR | | ROUTE NUMBER 132 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME | | ROAD TYPE | | LATITUDE DECIMAL DEGREES 39.137743 | | LONGITUDE DECIMAL DEGREES -84.152541 | |
| ROUTE TYPE SR | | ROUTE NUMBER 132 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5415 | | ROAD TYPE | | | | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | | 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 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 | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | |
| DISTANCE FROM REFERENCE 0.00 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | | 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 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 | | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 99 | | | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1 | | | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 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 | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 | | CONDITIONS 1 | | SURFACE 2 | | | |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 | | | | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 1 | | | | CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN | | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN | | SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN | |
| NARRATIVE Unit 1 was traveling South on SR 132 when it exited the roadway right, into the ditch. Unit 1 then stuck a mailbox then rolled backwards before coming to a rest in the ditch. | | | | | <p>The diagram illustrates the crash location on SR 132. A mailbox is shown at the 5415 SR 132 marker. A vehicle (Unit 1) is depicted having exited the roadway to the right, hitting the mailbox and rolling into a ditch. Other vehicles are shown on the roadway. A north arrow and 'Not To Scale' label are also present.</p> | | | | | | | | |
| CRASH REPORTED DATE / TIME 06/09/2023 19:07 | | DISPATCH DATE / TIME 06/09/2023 19:09 | | ARRIVAL DATE / TIME 06/09/2023 19:22 | | SCENE CLEARED DATE / TIME 06/09/2023 20:45 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | | | |
| TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME | | TOTAL MINUTES 96 | | OFFICER'S NAME* Mullins, Z | | CHECKED BY OFFICER'S NAME* Rudd, J | | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| | | | | OFFICER'S BADGE NUMBER* R11949 | | CHECKED BY OFFICER'S BADGE NUMBER* R3052 | | | | | | | |

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| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) HOFFMAN, KARA | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1277 IMMACULATE LN , CINCINNATI, OH, 45201 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

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| LP STATE OH | LICENSE PLATE # JIP5682 | VEHICLE IDENTIFICATION # 5N1DR2MM1HC901187 | VEHICLE YEAR 2017 | VEHICLE MAKE NISSAN |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 969541693 | COLOR BLU | VEHICLE MODEL PATHFINDER |
| 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 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID # | |
| VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. | | | | |

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| 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 |
| # of TRAILING UNITS 1 | | | | | |

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| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 |
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| 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 |
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| 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 |
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| 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 |
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| NON-MOTORIST LOCATION | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER | 4 - MIDBLOCK - 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 |
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| ACTION 3 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | PRE-CRASH ACTIONS 1 | 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 |
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| CONTRIBUTING CIRCUMSTANCES 11 | 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 |
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| SEQUENCE OF EVENTS | 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 | EVENTS 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 |
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| 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 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH | 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL | 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | |
| FIRST HARMFUL EVENT 2 | MOST HARMFUL EVENT 2 | | | | |

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DAMAGE

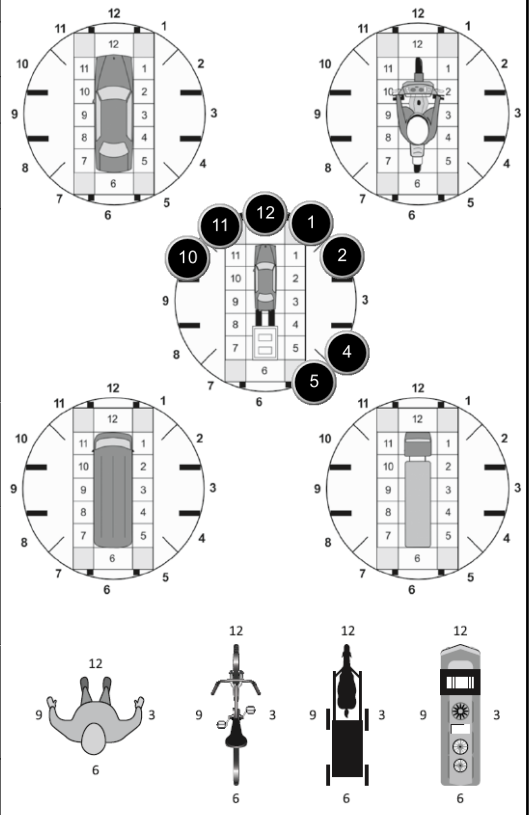
DAMAGE SCALE

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

4

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

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

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

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|-------------------------|---|
| UNIT SPEED 45 | DETECTED SPEED 1 - STATED / ESTIMATED SPEED |
|-------------------------|---|

| | |
|---------------------------|--|
| POSTED SPEED 45 | 1 2 - CALCULATED / EDR 3 - UNDETERMINED |
|---------------------------|--|

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
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| UNIT # 1 | NAME: LAST, FIRST, MIDDLE HOFFMAN, KARA | | | | DATE OF BIRTH 11/13/1990 | | AGE 32 | GENDER F | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 1277 IMMACULATE LN , CINCINNATI, OH, 45255 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 2 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 4 | 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 1 | TYPE 1 | VALUE . | STATUS 1 | TYPE 1 | RESULTS SELECT UP TO 4 |

| | | | | | | | | | | | | | |
|--|----------------------------------|-----------------------------------|--|--|---|---|--|-------------------------|----------------------|------------------------|----------------|-------------|-------------------------------|
| 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 <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| | | | | | | | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULTS SELECT UP TO 4 |

| | | | | | | | | | | | | | |
|--|----------------------------------|-----------------------------------|--|--|---|---|--|-------------------------|----------------------|------------------------|----------------|-------------|-------------------------------|
| 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 <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | |
| | | | | | | | | STATUS | TYPE | VALUE | 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 | 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 | EJECTION | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | ALCOHOL TEST TYPE |
| INJURIES TAKEN BY | 9 - THIRD - RIGHT SIDE | 1 - NOT EJECTED | OL ENDORSEMENT | 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 | CONDITION | 4 - BREATH |
| 9 - OTHER / UNKNOWN | 13 - TRAILING UNIT | TRAPPED | N - TANKER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL | 5 - OTHER |
| SAFETY EQUIPMENT | 14 - RIDING ON VEHICLE EXTERIOR | 1 - NOT TRAPPED | Q - MOTOR SCOOTER | 14 - MILITARY VEHICLES ONLY | 2 - PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 1 - NONE USED | 15 - NON-MOTORIST | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 1 - NONE |
| 2 - SHOULDER BELT ONLY USED | 99 - OTHER / UNKNOWN | 3 - FREED BY NON-MECHANICAL MEANS | S - SCHOOL BUS | 16 - OUTSIDE MIRROR | 4 - ILLNESS | 2 - BLOOD |
| 3 - LAP BELT ONLY USED | | | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 3 - URINE |
| 4 - SHOULDER & LAP BELT USED | | | X - TANKER / HAZMAT | 18 - OTHER | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 4 - OTHER |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | | 9 - OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | GENDER | | | 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
000230017930

| | | | | | | | | | | |
|-----------------|---|--|--------------------------|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE DAVIDSON, MILA | | | | DATE OF BIRTH 05/05/2021 | | AGE 2 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 1277 IMMACULATE LN, CINCINNATI, OH, 45201 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 4 | AIR BAG USAGE 3 | EJECTION 1 | TRAPPED 1 |

| | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| 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 |

| | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| 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 |

| | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|-------------------------|---|-------------------------|----------------------|-----------------|----------------|
| 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 |

| 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 |
| INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 2 - EMS | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| GENDER | 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 |
| F - FEMALE | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| M - MALE | | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| U - OTHER / UNKNOWN | | 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 | |

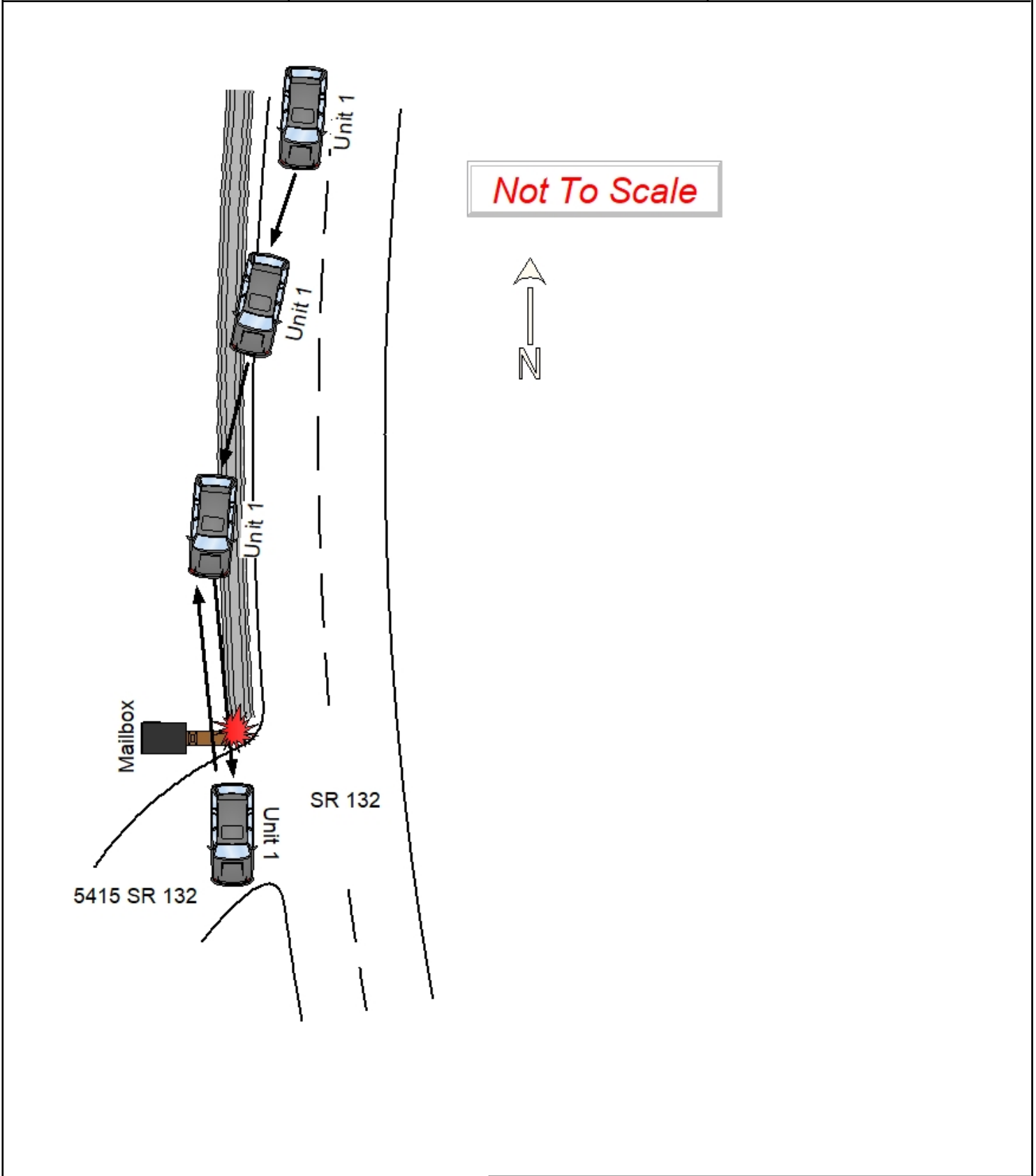
| | | | | | | |
|----------------|--|------------------------------------|--|------------------|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE HENSON, ROCHELLE | DATE OF BIRTH 10/31/1976 | | AGE 46 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 813 DANNY DDR, CINCINNATI, OH, 45245 | | | | CONTACT PHONE - INCLUDE AREA CODE | |

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

| | | | | | | | |
|----------------|--|----------------------|--|------------|---------------|--|--|
| WITNESS | 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 000230017930 | REPORTING AGENCY Clermont County Sheriff | Date Of Crash 06/09/2023 |
| IN COUNTY OF Clermont County | ACCIDENT LOCATION 132 | |



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|--------------------|----------------------------|
| OFFICERS SIGNATURE | BADGE NO. R11949 |
|--------------------|----------------------------|