OHIO DEPARTMENT OF PUBLIC SAFETY BAJETT - BERYDEZ - PROTECTION	TRAFFIC C		LOCAL REPORT NUMBER *											
X PHOTOS TAKEN									000230021147  HIT/SKIP NUMBER OF UNITS UNIT IN ERROR					
SECONDARY CRASH	H OH-1P Delivate Proi	OTTIEK	ont County Sheriff		1	<b>NCIC</b> * 01300	1 - SOLVED 1 98 - ANIMAL							
COUNTY* LOCALITY		ATION: CITY, VILLA				01300	2 - UNSOLVED  CRASH DATE	/TIME*	ORASH SEVERITY					
1	- CITY - VILLAGE Bata				1 - FATAL									
ROUTE TYPE ROUTE	- TOWNSHIP		ROAD TYPE	07/08/2023		2 - SERIOUS INJURY SUSPECTED								
LOCATION SALES	2	- SOUTH	TION ROAD NAME				38.9900		3 - MINOR INJURY					
	4	- WEST	lale Nicholsville			RD			SUSPECTED  4 - INJURY POSSIBLE					
		- SOUTH	ENCE ROAD NAME (ROAD	), MILEPOST, HOU	JSE #)	ROAD TYPE	LONGITUDE DE		5 - PROPERTY DAMAGE					
REFEREN	4	- WEST	lale Mount Holly			RD	-84.206	618	ONLY					
REFERENCE POINT  1 - INTERSECTION	DIRECTION FROM REFERENCI		ROUTE TYPE	N. ALLEY	<b>ROAD TYPE</b> HW - HIGHWAY	DD DOAD	_	INTERSECTION						
1 1 12 - MILE POST	1 - NOR	TH	A A		LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR O	N APPROACH					
3 - HOUSE #	3 - EAST 4 - WES				MP - MILEPOST		WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASUR	_			OV - OVAL PK - PARKWAY	TE - TERRACE TL - TRAIL		ROAD	WAY					
	1 - MILI	ES	DEDED TOWNSHIP		PI - PIKE PL - PLACE	WA - WAY	ROADWAY D	IVIDED						
	3 - YAR			IL - HEIGHTS	FL-FLACE									
LOCATI 1 - ON ROAD	TION OF FIRST HARM WAY 9 - CR	FUL EVENT COSSOVER		ANNER OF CRASH OT COLLISION 4		IPACT	DIRECTION OF TRAV		MEDIAN TYPE					
4 2 - ON SHOU	JLDER 10 - D	RIVEWAY/ALLEY	ACCESS 1 BE	TWEEN 5	BACKING		1 - NORTH 2 - SOUTH		DIVIDED FLUSH MEDIAN ( <4 FEET )					
3 - IN MEDIAN 4 - ON ROADS		AILWAY GRADE ( HARED USE PATH		HICLES IN	ANGLE		3 - EAST 4 - WEST		DIVIDED FLUSH MEDIAN ( ≥4 FEET )					
5 - ON GORE		RAILS		KANSPORT	<ul> <li>SIDESWIPE, SAN</li> <li>SIDESWIPE, OPP</li> </ul>			3 -	DIVIDED, DEPRESSED MEDIAN					
7 - ON RAMP	TRAFFIC WAY 13 - B	oll Booth			OTHER / UNKN	OWN			DIVIDED, RAISED MEDIAN (ANY TYPE)					
8 - OFF RAMP	P 99 - C	THER / UNKNOW	/N					9 -	OTHER / UNKNOWN					
WORK ZONE RELAT	ΓED	wo	PRK ZONE TYPE	LOCATIO	N OF CRASH IN	WORK ZONE	CONTOUR	CONDIT	IONS SURFACE					
WORKERS PRESENT	т		CLOSURE		BEFORE THE 1ST WARNING SIGN	WORK ZONE	_ 3_	_ 2						
LAW ENFORCEMEN	IT PRESENT		SHIFT/ CROSSOVER K ON SHOULDER		ADVANCE WAR	NING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE					
		OR M	EDIAN	1	TRANSITION AF ACTIVITY AREA	REA	2 - STRAIGHT 3 - SNOW BITUMINOI							
ACTIVE SCHOOL ZO	ONE	4 - INTEF 5 - OTHE	RMITTENT OR MOVING WOF	KK	TERMINATION A	AREA	GRADE	4 - ICE 5 - SAND, MU	ASPHALT 3 - BRICK/BLOCK					
	T CONDITION	3-0111	.r.	) AVE A TILED			3 - CURVE LEVEL 4 - CURVE GRADE	EL 4 - SLAG , GRAVEL,						
1 - DAYLIGHT			1 - CLEAR	<b>WEATHER</b> 6 - SNOW			9 - OTHER /UNKNOWN	6 - WATER (ST MOVING)	randing, Stone 5 - Dirt					
1 2 - DAWN/DU	JSK GHTED ROADWAY	1 1	2 - CLOUDY	7 - SEVERE CR			JOINKINOWIN	7 - SLUSH	9 - OTHER					
	OADWAY NOT LIGHT	ED	3 - FOG, SMOG, SMC 4 - RAIN		sand, soil, dir Rain or Freezii			9 - OTHER / U	NKNOWN / UNKNOWN					
1	NKNOWN ROADWAY	LIGHTING	5 - SLEET, HAIL	99 - OTHER /	UNKNOWN									
9 - OTHER / U	JNKNOWN													
NARRATIVE	a coethound on I	indala Nichala	villa Dand Hait #1 faile	ad ta			\							
			wille Road. Unit #1 faile ide of the roadway, str		3.7	p <sub>e</sub> \	, \		_					
and overturned.			•		N	a Mount Holly Road								
					-	Wount P								
					V	N appu								
						<u> </u>			A SI					
						400		1200						
							\ /_		<b>D</b>					
								A A A						
								holsvii	Trop Stump					
							Tree Stump							
							1 11 /	1						
CRASH REPORTED	CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME							DATE / TIME	REPORT TAKEN BY					
07/08/202			08/2023 14:25		08/2023 14:4		07/08/202		POLICE AGENCY					
TOTAL TIME	OTHER	TOTAL	OFFICER'S NAME*			HECKED BY OFFICE			MOTORIST					
ROADWAY CLOSED INV		MINUTES	Sparks, S			Rudd, J			SUPPLEMENT					
			OFFICER'S B	ADGE NUMBER*		CHECKED B	Y OFFICER'S BADGE I	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO					
		50	R1	12914			R3052 ODPS)							

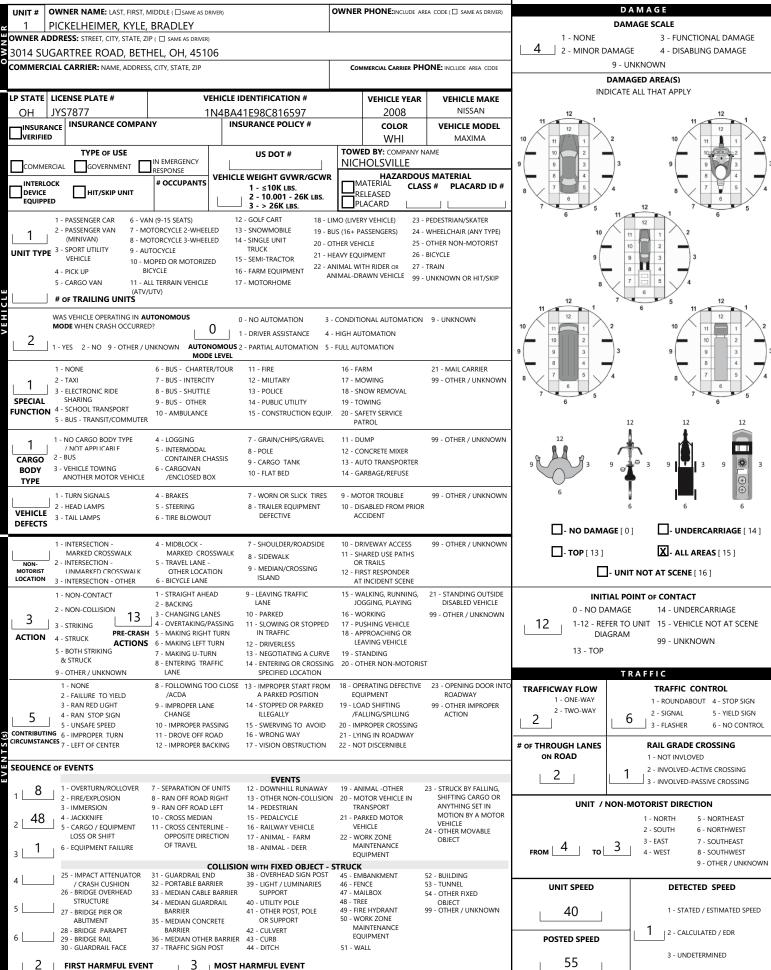


## LOCAL REPORT NUMBER

## 000230021147

,	U	_	U	U	_	ı	1	4	

UNIT SPEED	DETECTED SPEED
40	1 - STATED / ESTIMATED SPEED
POSTED SPEED	1 2 - CALCULATED / EDR
. 55	3 - UNDETERMINED

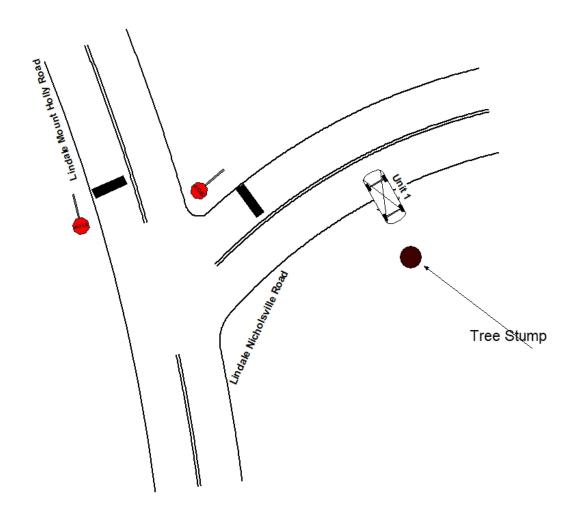


OHIO DEPA OF PUBLIC MAPETY - BERTOS	HO DEPARTMENT PUBLIC SAFETY  MOTORIST / NON-MOTORIST								local report number 000230021147							
UNIT #	NAME: LAST, FIRST, MIDDLE										DAT	E OF BIRTH	30021		AGE	GENDER
1	PICKELHEIMER, KYLE, BRADLEY							08/02/2004						18	М	
	STREET, CITY								CONTACT PHONE - INCLUDE AREA CODE							
		ROAD, BETHEL, OH, 45106		Livingen	TAKEN TO A			Learner company				SEATING	Lainna	C 11C 1 C 1	Leiseria	I TRAPPED
<b>INJURIES</b> 5	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		T-Compi HELMI		POSITION		AG USAGE	EJECTION	IKAPPED
	BY 1	LICENCE NUMBER		OFFEN	CE CHARG		LOCAL	4		HELIVII	·	1	_	2	1	1
	OPERATOR	LICENSE NUMBER		OFFEN	SE CHARG	ED	CODE	OFFENSE DESCRI	PIION				CITA	TION NU	JMBER	
OH OL CLASS	ENDORSEM	ENT DECEDICATION OF THE PROPERTY OF THE	1	<u> </u>	ALCOU	IOL / DRUG SUSP	<u>                                    </u>	CONDITION	Δ	LCOH		TEST		DRIIG	TEST(	5)
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3		RACTED	_			CONDITION	STATUS	TYPE		VALUE	STATUS	TYPE		SELECT UP TO 4
4			BY .	1	OTHE	R DRUG		1	1	1			1	1		
UNIT #	NAME: LAS	ST, FIRST, MIDDLE									DAT	E OF BIRTH			AGE	GENDER
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PH	IONE	- INCLUDE A	REA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		Т-Сомрі		SEATING POSITION	AIR BA	AG USAGE	EJECTION	TRAPPED
		LICENSE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESCRI					CITA	TION NU	JMBER	
							CODE									
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3	DRIV			IOL / DRUG SUSPI		CONDITION	Α	LCOH	OL 1	TEST	'	DRUG	TEST(	S)
			BY	RACTED		HOL MARIJI R DRUG	JANA		STATUS	TYPE		VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
UNIT #	NAME: LAS	ST, FIRST, MIDDLE	·								DAT	E OF BIRTH			AGE	GENDER
ADDRESS:	STREET, CITY	, STATE, ZIP							CONT	ACT PH	IONE	- INCLUDE A	REA CODE			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO: N	MEDICAL FACILITY (NAME,	CITY)	SAFETY EQUIPMENT USED		Т-Сомрі	LIANT	SEATING POSITION	AIR BA	AG USAGE	EJECTION	TRAPPED
OL STATE	BYOPERATOR	LICENSE NUMBER		OFFEN	SE CHARG	ED	LOCAL	OFFENSE DESCRI		HELMI	ET		CITA	TION NU	JMBER	
							CODE									
OL CLASS	ENDORSEM	RESTRICTION SELECT UP TO 3	DRIN DIST BY	/ER TRACTED	ALCO	IOL / DRUG SUSPI HOL MARIJI R DRUG		CONDITION	STATUS	TYPE	OL I	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4
INJU	JRIES	SEATING POSITION	ļ ,	AIR BAG	G	OL CLA	SS	OL RESTRIC	TION(S	) DI	RIVE	R DISTRA	CTION	Т	EST STA	TUS
- NOT TRAN /TREATED / - EMS - POLICE - OTHER / U	MINOR  JURY  NT INJURY  TAKEN B  ISPORTED  AT SCENE  NKNOWN  QUIPMEN  D  BELT ONLY  NLY USED & LAP BELT	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT EJE 2 - PARTIAI 3 - TOTALL 4 - NOT AP T 1 - NOT TR 2 - EXTRICA MECHAI 3 - FREED E	YED FRON YED SIDE YED SIDE YED BOTH SIDE PPLICABLE YMENT UN  JECTIO ECTED LLY EJECTI YPLICABLE RAPPE APPED AATED BY NICAL ME BY	ED D	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLA (OHIO = D) 5 - M/C MOPED 0 6 - NO VALID OL  OL ENDORS H - HAZMAT M - MOTORCYCL P - PASSENGER N - TANKER Q - MOTOR SCOO R - THREE-WHEE MOTORCYCL S - SCHOOL BUS T - DOUBLE & T TRAILERS X - TANKER / HA:	EMENT  E  OTER  L  E  IPLE	1 - ALCOHOL INTER DEVICE 2 - CDL INTRASTATI 3 - CORRECTIVE LEN 4 - FARM WAIVER 5 - EXCEPT CLASS A & CLASS 8 BUS 7 - EXCEPT TRACTO 8 - INTERMEDIATE L RESTRICTIONS 10 - LIMITED TO DA ONLY 11 - LIMITED TO DA ONLY 11 - LIMITED - OTHI 13 - MECHANICAL E (SPECIAL BRAKE CONTROLS, OR ADAPTIVE DEVI 14 - MILITARY VEHIC 15 - MOTOR VEHICI WITHOUT AIR 16 - OUTSIDE MIRR 17 - PROSTHETIC AI 18 - OTHER	E ONLY NSES  BUS  R-TRAILEF LICENSE  MIT  PLOYMEN ER DEVICES SS, HAND OTHER CCES ORL BRAKES OR	2- E S S S S S S S S S S S S S S S S S S	MANU MANU MANU MANU MANU MANU MANU MANU	MUNICATION ING, TYPING, IC) IC) ING ON HAND ING	S-FREE DEVICE -HELD DEVICE TH AN  N  M  MAL BENT	2 - TEST 3 - TEST CON / UN 4 - TEST RESL 5 - TEST RESL ALCO 1 - NON 2 - BLOO 3 - URIN 4 - BREA 5 - OTHI DRI 1 - NON 2 - BLOO 3 - URIN 4 - OTHI DRUG 1 - AMPI 2 - BARB	TAMINATE USABLE 'GIVEN, JILTS KNOV' GIVEN, JILTS UNKN  PHOL TE  IE DD  IE  IE  UG TES  IE  DD  IE  EE  DD  IE  EE  DD  IE  EE  DD	OWN ST TYPE TTYPE ESULT(S) S

OH OF	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER 000230021147							
	UNIT # NAME: LAST, FIRST, MIDDLE							DA	TE OF BIRTH	0021147	AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
NJUR	RIES	INJURED TAKEN BY	EMS AGENC	CY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
UNIT	#		ST, FIRST, MII	DDLE						TE OF BIRTH		AGE	GENDER		
ADDRI	ESS:	STREET, CIT	Y, STATE, ZIP						CONTACT PHONE	- INCLUDE ARE	FA CODE				
RULUI	URIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN						SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	E EJECTION	TRAPPED					
UNIT	#	NAME: LA	ST, FIRST, MII	DDLE						TE OF BIRTH		AGE	GENDER		
ADDRI	ESS:	STREET, CIT	Y, STATE, ZIP						CONTACT PHONE	- INCLUDE ARE	EA CODE				
INJUR		INJURED TAKEN	EMS AGENC	CY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMEN				DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
UNIT		NAME: LA	ST, FIRST, MII	DDLE						TE OF BIRTH		AGE	GENDER		
ADDRI	ESS:	STREET, CIT	Y, STATE, ZIP						CONTACT PHONE	E - INCLUDE ARE	- INCLUDE AREA CODE				
NJUR		INJURED TAKEN BY	EMS AGENC	CY (NAME)		INJURED TAKEN TO: <b>MEDICAL FACILITY</b> (NA	AME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED		
			JURIES		CAFETY	Y EQUIPMENT USED	1	SEATING POS		1	AIR BAG I	ISAGE			
3 - S 4 - F 5 - N 1 - N T 2 - E 3 - F	SUSI SUSI NO A NOTE REA EMS	PECTED S PECTED N SIBLE INJ APPAREN INJURE TRANSP ATED AT S	otaken Ported / Scene	JURY	2 - SHOULE 3 - LAP BEL' 4 - SHOULE 5 - CHILD R FORWA 6 - CHILD R REAR FA 7 - BOOSTE 8 - HELMET 9 - PROTEC	E OCCUPANT DER BELT ONLY USED T ONLY USED DER & LAP BELT USED DESTRAINT SYSTEM - RD FACING DESTRAINT SYSTEM - ACING DESTR	(MOT 2 - FRON 3 - FRON 4 - SECO (MOT 5 - SECO 7 - THIRE (MOT 8 - THIRE 9 - THIRE 10 - SLEE 11 - PAS:	IT - LEFT SIDE FORCYCLE DRIVE IT - MIDDLE IT - RIGHT SIDE IND - LEFT SIDE ORCYCLE PASSE IND - MIDDLE IND - RIGHT SIDE ORCYCLE SIDE ORCYCLE SIDE ORCYCLE SIDE O- MIDDLE O- RIGHT SIDE EPER SECTION O	2 - DEPLOYED FRONT  3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT/SIDE  5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN  CAR)  EJECTION  1 - NOT EJECTED  OF TRUCK CAB  2 - PARTIALLY EJECTED			E NKNOWN ON	N		
	(ELBOWS, KNEES, ETC) CARGO AREA (NON SUCH AS A BUS, PICK 12 - PASSENGER IN UI				H AS A BUS, PICK-UI	JP WITH CAP)									
M -	T - FEMALE  11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN  13 - TRAILING UNIT 14 - RIDING ON VEHICL (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN						TRAPPED CATED BY IANICAL M D BY MECHANIC	ED BY							
NAME	: LAS	ST, FIRST, M	IDDLE						DA	TE OF BIRTH		AGE	GENDER		
ADDR	ESS:	STREET, CIT	Y, STATE, ZIP						CONTACT PHONE	- INCLUDE ARE	EA CODE				
NAME	: LAS	ST, FIRST, M	IDDLE						DA	TE OF BIRTH		AGE	GENDER		
ADDR	ESS:	STREET, CIT	Y, STATE, ZIP						CONTACT PHONE	- INCLUDE ARE	EA CODE				
NAME	: LAS	ST, FIRST, M	IDDLE						DA	TE OF BIRTH		AGE	GENDER		
ADDR	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							

LOCAL REPORT NUMBER	REPORTING AGENCY	Date Of Crash
000230021147	Clermont County Sheriff	07/08/2023
IN COUNTY OF	ACCIDENT LOCATION	
Clermont County	Lindale Nicholsville	





OFFICERS SIGNATURE

BADGE NO.

R12914