

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000230028740

<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* Stonelick (Township of)		<b>CRASH DATE / TIME*</b> 09/12/2023 11:44		<b>CRASH SEVERITY</b> <input type="text" value="3"/> 1 - FATAL <input type="text" value=""/> 2 - SERIOUS INJURY SUSPECTED <input type="text" value=""/> 3 - MINOR INJURY SUSPECTED <input type="text" value=""/> 4 - INJURY POSSIBLE <input type="text" value=""/> 5 - PROPERTY DAMAGE ONLY					
<b>ROUTE TYPE</b> <input type="text" value=""/>		<b>ROUTE NUMBER</b> <input type="text" value=""/>		<b>PREFIX</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <input type="text" value=""/>		<b>LOCATION ROAD NAME</b> Newtonsville Hutchinson		<b>ROAD TYPE</b> RD		<b>LATITUDE</b> DECIMAL DEGREES 39.137857		<b>LONGITUDE</b> DECIMAL DEGREES -84.097240	
<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="2"/> 1 - NORTH 2 - SOUTH 3 - EAST 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    HW - HIGHWAY    RD - ROAD AV - AVENUE    LA - LANE    SQ - SQUARE BL - BOULEVARD    MP - MILEPOST    ST - STREET CR - CIRCLE    OV - OVAL    TE - TERRACE CT - COURT    PK - PARKWAY    TL - TRAIL DR - DRIVE    PI - PIKE    WA - WAY HE - HEIGHTS    PL - PLACE		<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="10.00"/>		<b>DISTANCE UNIT OF MEASURE</b> <input type="text" value="3"/> 1 - MILES 2 - FEET 3 - YARDS		<b>MANNER OF CRASH COLLISION/IMPACT</b> <input type="text" value="1"/> 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		<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="4"/> 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="2"/> 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> Unit 1 was traveling south bound on Newtonsville Hutchinson Road near Yeager Road when it crossed over the center line and struck the guard rail on the opposite side of the roadway.									
<b>CRASH REPORTED DATE / TIME</b> 09/12/2023 11:44		<b>DISPATCH DATE / TIME</b> 09/12/2023 11:45		<b>ARRIVAL DATE / TIME</b> 09/12/2023 11:45		<b>SCENE CLEARED DATE / TIME</b> 09/12/2023 13:13		<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=""/>		<b>OTHER INVESTIGATION TIME</b> <input type="text" value=""/>		<b>TOTAL MINUTES</b> 88		<b>OFFICER'S NAME*</b> Jester, C		<b>CHECKED BY OFFICER'S NAME*</b> Rudd, J					
<b>OFFICER'S BADGE NUMBER*</b> R12834		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> R3052		<input checked="" type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)									



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000230028740

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> HAYNES, MARY, J				<b>DATE OF BIRTH</b> 02/14/1966		<b>AGE</b> 57	<b>GENDER</b> F					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 6096 ROUDEBUSH RD, GOSHEN, OH, 45122					<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<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 SELECT UP TO 3</b>		<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>			
								<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 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 <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 SELECT UP TO 3</b>		<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>			
								<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 <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 SELECT UP TO 3</b>		<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>			
								<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	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			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
<b>INJURIES TAKEN BY</b>	9 - THIRD - RIGHT SIDE	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY		1 - NONE
2 - EMS	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT		2 - BLOOD
3 - POLICE	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - TOTALLY EJECTED	P - PASSENGER	12 - LIMITED - OTHER		3 - URINE
9 - OTHER / UNKNOWN	13 - TRAILING UNIT	4 - NOT APPLICABLE	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	<b>CONDITION</b>	4 - BREATH
	14 - RIDING ON VEHICLE EXTERIOR	<b>TRAPPED</b>	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	5 - OTHER
<b>SAFETY EQUIPMENT</b>	15 - NON-MOTORIST	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	
1 - NONE USED	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED		3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	4 - ILLNESS	1 - NONE
3 - LAP BELT ONLY USED			X - TANKER / HAZMAT	18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BLOOD
4 - SHOULDER & LAP BELT USED					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			<b>GENDER</b>		9 - OTHER / UNKNOWN	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE			<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			M - MALE			1 - AMPHETAMINES
8 - HELMET USED			U - OTHER / UNKNOWN			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000230028740

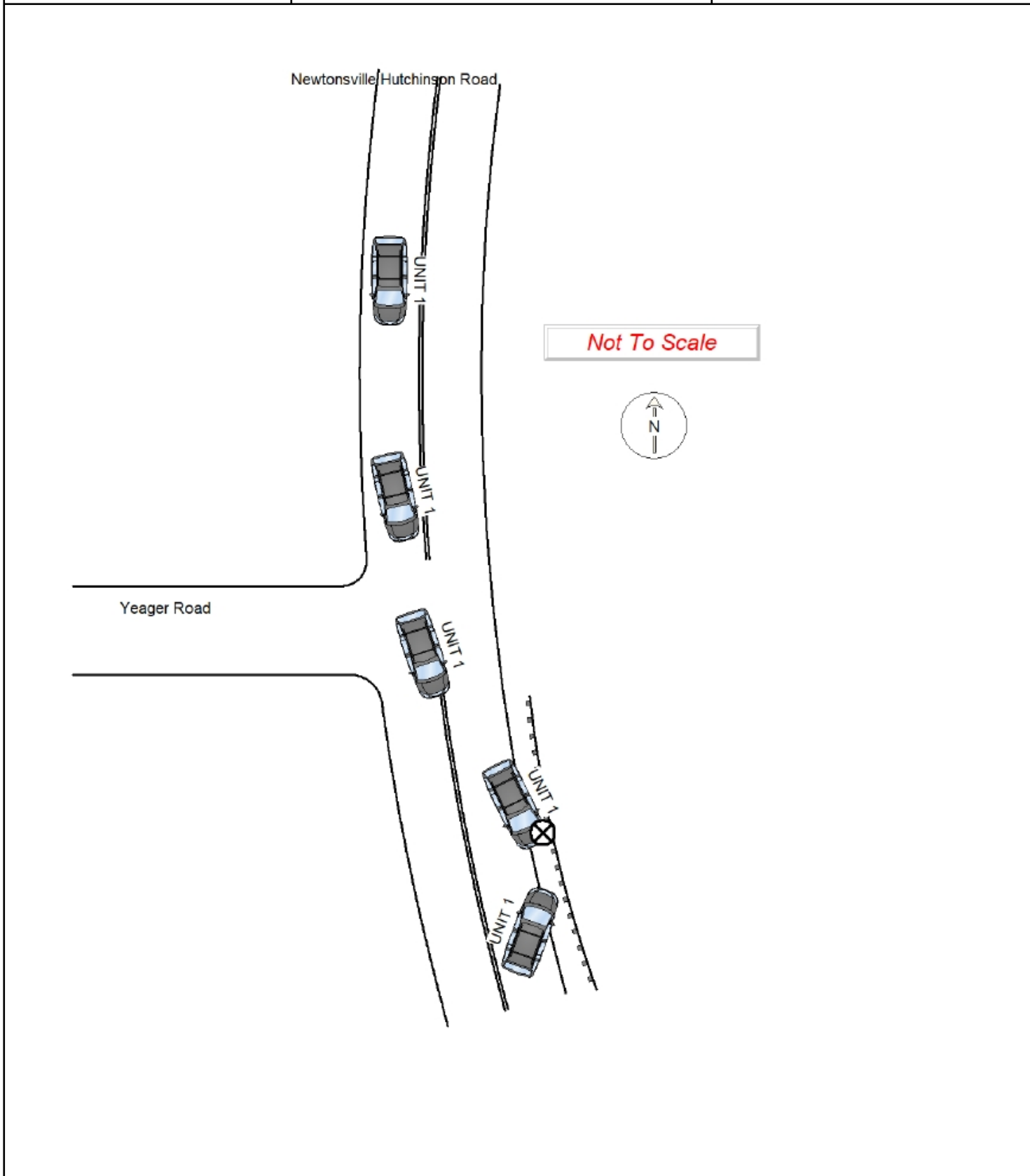
<b>OCCUPANT</b>	<b>UNIT #</b> <b>NAME:</b> LAST, FIRST, MIDDLE	<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
	<b>ADDRESS:</b> STREET, CITY, STATE, ZIP	<b>CONTACT PHONE</b> - INCLUDE AREA CODE			
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
<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"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
<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"/> DOT-COMPLIANT MC HELMET <b>SEATING POSITION</b> <b>AIR BAG USAGE</b> <b>EJECTION</b> <b>TRAPPED</b>
<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"/> DOT-COMPLIANT MC HELMET <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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<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 <b>000230028740</b>	REPORTING AGENCY <b>Clermont County Sheriff</b>	Date Of Crash <b>09/12/2023</b>
IN COUNTY OF <b>Clermont County</b>	ACCIDENT LOCATION <b>Newtonsville Hutchinson</b>	



OFFICERS SIGNATURE	BADGE NO. <b>R12834</b>
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