

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

000230033992

| | | | | | | | | | | | |
|---|--------------------------|---|---|---|---|---|-----------------|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY | | <input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER | | LOCAL INFORMATION | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | | NUMBER OF UNITS 1 | | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN | |
| | | REPORTING AGENCY NAME * Clermont County Sheriff | | NCIC * 01300 | | | | | | | |
| COUNTY* 13 | LOCALITY* 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* Tate (Township of) | | CRASH DATE / TIME* 10/27/2023 18:22 | | CRASH SEVERITY 2 | | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | LONGITUDE DECIMAL DEGREES -84.059303 | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | |
| | | | Painter Fork | DR | 38.887432 | | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | ROADWAY DIVIDED | | | | |
| | | | 1000 | | | | | | | | |
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | | | | |
| 3 | 2 - MILE POST | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | 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 | | | | | | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | | MEDIAN TYPE | | | | | |
| | 3 | 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 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 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 | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE | | | | | |
| | | 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 1 | 1 | 5 | | | | | |
| LIGHT CONDITION | | WEATHER | | CONTOUR | | SURFACE | | | | | |
| 1 | | 2 | | 1 | | 5 | | | | | |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN | | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN | | | | | |
| NARRATIVE | | | | | | | | | | | |
| Unit number was a go-cart. It was traveling through the front yard at 1000 Painter Fork RD on private property when it took a sharp turn causing the go-cart to turn over. The passenger's arm was outside the go-card causing injury. The go-cart was turned back upright prior to my arrival. The passenger was transported to Mercy Clermont. On follow up, the passenger was found to have a right fractured arm. | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | | DISPATCH DATE / TIME | | ARRIVAL DATE / TIME | | SCENE CLEARED DATE / TIME | | REPORT TAKEN BY | | | |
| 10/27/2023 18:22 | | 10/27/2023 18:23 | | 10/27/2023 18:33 | | 10/27/2023 19:00 | | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | CHECKED BY OFFICER'S NAME* | | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| | 60 | 97 | Deputy E. Pike | Rudd, J | | | | | | | |
| | | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* | | | | | | | |
| | | | 2326 | R3052 | | | | | | | |

| | | |
|---|--|---|
| UNIT # 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) DISBENNETT, PAUL | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1000 PAINTER FORK DR, BETHEL, OH, 45106 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | |
|--|--|--|---|---------------------------------------|
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # LOBBTNAY5M0002435 | VEHICLE YEAR 2023 | VEHICLE MAKE TRAILMASTER |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR BLU | VEHICLE MODEL OTHER/UNKNOWN |
| <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 <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD | |
| VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS. | VEHICLE TYPE | | | |
| 20 | 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 | | | |
| # of TRAILING UNITS | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | |
| 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION | | | | |
| SPECIAL FUNCTION | | | | |
| 1 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 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 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 | | | | |

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| 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 | | | | |
| 2 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 18 - APPROACHING OR LEAVING VEHICLE 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST 8 - STRUCK 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 9 - OTHER / UNKNOWN 7 - MAKING U-TURN 8 - ENTERING OR CROSSING LANE | | | | |
| CONTRIBUTING CIRCUMSTANCES | | | | |
| 5 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 21 - LYING IN ROADWAY 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 | | | | |

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| SEQUENCE OF EVENTS | | | | |
| 1 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 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 99 - OTHER / UNKNOWN 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 43 - CURB 6 - EQUIPMENT FAILURE 30 - GUARDRAIL FACE 37 - TRAFFIC SIGN POST 44 - DITCH | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | |
| 4 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 50 - WORK ZONE MAINTENANCE EQUIPMENT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL | | | | |
| 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT | | | | |

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DAMAGE

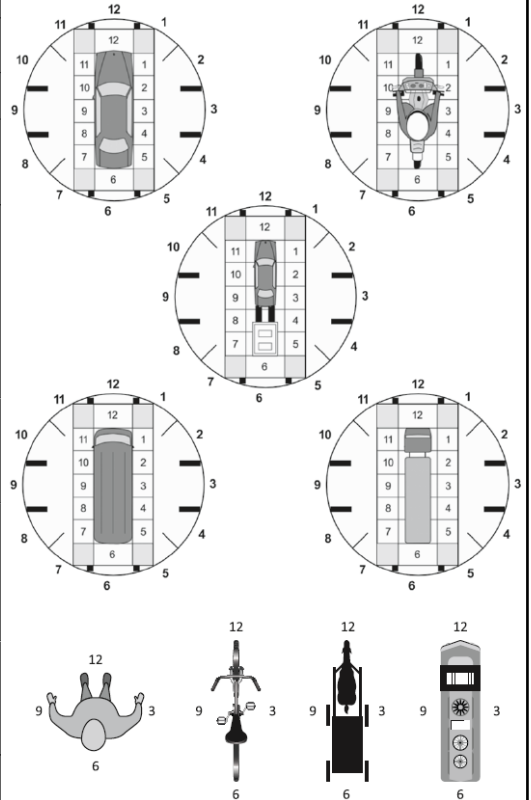
DAMAGE SCALE

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

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 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC

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

UNIT / NON-MOTORIST DIRECTION

FROM 9 TO 9

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

UNIT SPEED

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
3 2 - CALCULATED / EDR
3 - UNDETERMINED

MOTORIST / Non-MOTORIST

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|--|---|-----------------------------------|------------------------|--|---|-----------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|------------------|-------------------------------|
| UNIT # 1 | NAME: LAST, FIRST, MIDDLE DISBENNETT, GRAYSON | | | | DATE OF BIRTH 07/06/2014 | | AGE 9 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2094 OAK CORNER RD, HAMERSVILLE, OH, 45130 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 4 | <input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> MC HELMET | SEATING POSITION 1 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 | | |
| 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 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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY | 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, 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 | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER | 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DRIVING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN |
| INJURIES TAKEN BY | | EJECTION | OL ENDORSEMENT | | CONDITION | ALCOHOL TEST TYPE |
| 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 | H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER |
| SAFETY EQUIPMENT | | TRAPPED | GENDER | | | DRUG TEST TYPE |
| 1 - NONE USED 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | F - FEMALE M - MALE U - OTHER / UNKNOWN | | | DRUG TEST RESULT(S) |
| | | | | | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER |
| | | | | | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
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| | | | | | | | | | | |
|-----------------|--|---|---|--|------------------------------|---|------------------------------|---------------------------|----------------------|---------------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE DISBENNETT, BRODY | | | | DATE OF BIRTH 02/20/2016 | | AGE 7 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 2094 OAK CORNER RD, HAMERSVILLE, OH, 45130 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | INJURIES 2 | INJURED TAKEN BY [2] | EMS AGENCY (NAME) BETHEL-TATE | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) CLERMONT MERCY | SAFETY EQUIPMENT 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 3 | AIR BAG USAGE 5 | 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 |
| | 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 | |

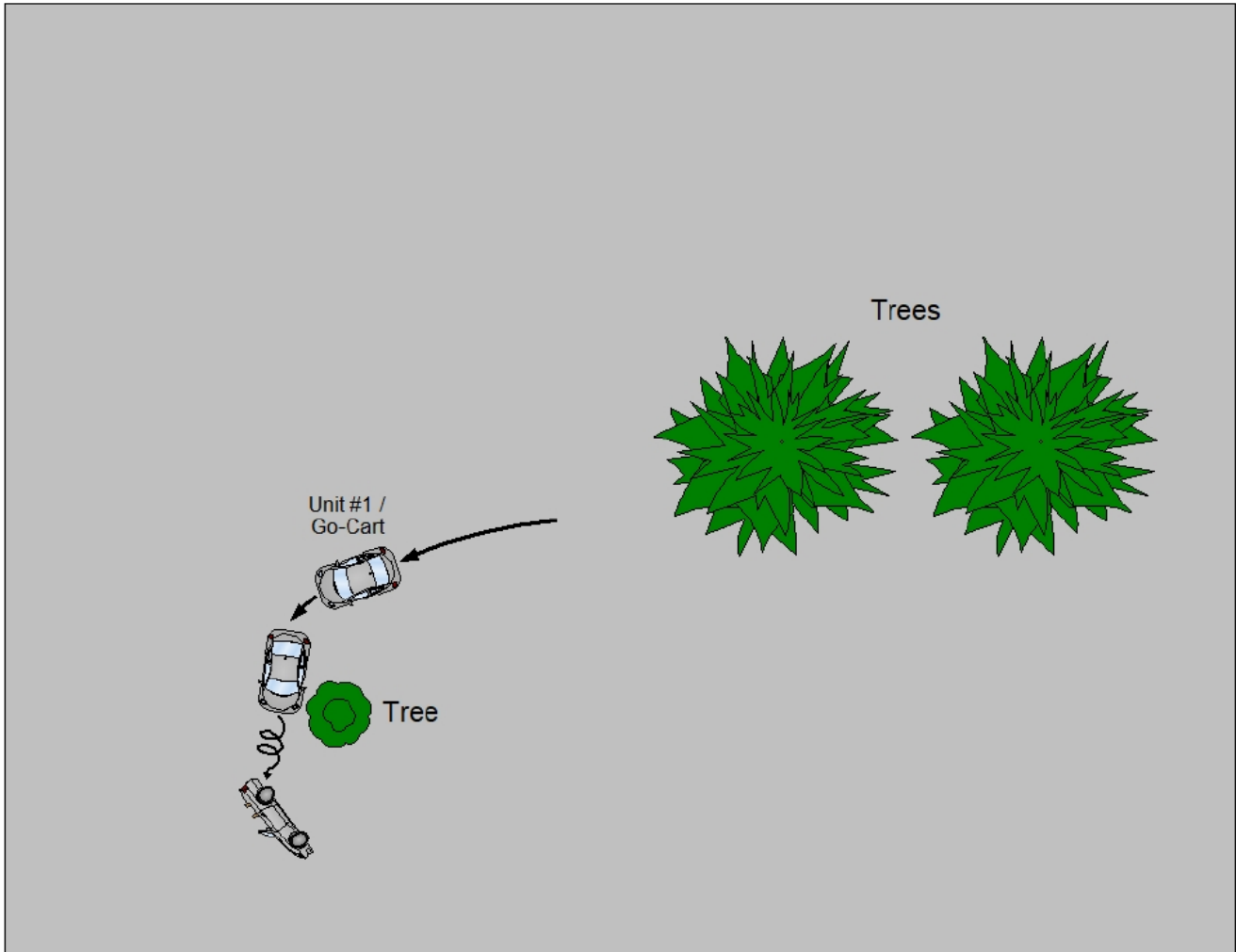
| | | | | | | |
|----------------|---|------------------------------------|--|------------------|--|--|
| WITNESS | NAME: LAST, FIRST, MIDDLE DISBENNETT, PAUL | DATE OF BIRTH 10/25/1962 | | AGE 61 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 1000 PAINTER FORK RD, BETHEL, OH, 45106 | | | | CONTACT 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 000230033992 | REPORTING AGENCY Clermont County Sheriff | Date Of Crash 10/27/2023 |
| IN COUNTY OF Clermont County | ACCIDENT LOCATION Painter Fork | |



OFFICERS SIGNATURE

BADGE NO.

2326