

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000230039828

|  |  |  |   |  |   |  |                             |   |   |   |  |  |
|--|--|--|---|--|---|--|-----------------------------|---|---|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH -2 <input type="checkbox"/> OH -3<br><input checked="" type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input checked="" type="checkbox"/> PRIVATE PROPERTY |  | LOCAL INFORMATION<br><b>REPORTING AGENCY NAME *</b><br>Clermont County Sheriff   |   | <b>NCIC *</b><br>01300   |   | <b>HIT/SKIP</b><br><input type="checkbox"/> 1 - SOLVED<br><input checked="" type="checkbox"/> 2 - UNSOLVED                                     | <b>NUMBER OF UNITS</b><br>3 | <b>UNIT IN ERROR</b><br><input type="checkbox"/> 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN |   |   |  |  |
| <b>COUNTY*</b><br>13   | <b>LOCALITY*</b><br>3  | <b>LOCATION:</b> CITY, VILLAGE, TOWNSHIP*<br>Batavia   | <b>CRASH DATE / TIME*</b><br>12/17/2023 00:50   |  | <b>CRASH SEVERITY</b><br><input checked="" type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY |  |                             |   |   |   |  |  |
| <b>LOCATION</b><br><b>ROUTE TYPE</b><br><b>ROUTE NUMBER</b><br><b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | <b>LOCATION ROAD NAME</b><br>Fawn Meadow   | <b>ROAD TYPE</b><br>DR   | <b>LATITUDE</b> DECIMAL DEGREES<br>39.056960  | <b>REFERENCE</b><br><b>ROUTE TYPE</b><br><b>ROUTE NUMBER</b><br><b>PREFIX</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |   |  |                             | <b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b><br>336   | <b>ROAD TYPE</b>  | <b>LONGITUDE</b> DECIMAL DEGREES<br>-84.122836  |  |  |
| <b>REFERENCE POINT</b><br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #   | <b>DIRECTION FROM REFERENCE</b><br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   | <b>ROUTE TYPE</b><br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   | <b>ROAD TYPE</b><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS  | <b>ROAD TYPE</b><br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   | <b>RD - ROAD</b><br><b>SQ - SQUARE</b><br><b>ST - STREET</b><br><b>TE - TERRACE</b><br><b>TL - TRAIL</b><br><b>WA - WAY</b>   | <b>INTERSECTION RELATED</b><br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |                             |   | <b>NUMBER OF APPROACHES</b><br>_____  |   |  |  |
| <b>DISTANCE FROM REFERENCE</b><br>50.00  | <b>DISTANCE UNIT OF MEASURE</b><br><input checked="" type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  | <b>ROADWAY</b><br><input type="checkbox"/> ROADWAY DIVIDED   | <b>LOCATION OF FIRST HARMFUL EVENT</b><br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP |  |   |  |                             |   | <b>MANNER OF CRASH COLLISION/IMPACT</b><br><input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON | <input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 - OTHER / UNKNOWN | <b>DIRECTION OF TRAVEL</b><br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST | <b>MEDIAN TYPE</b><br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  | <b>WORK ZONE TYPE</b><br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/ CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER  | <b>LOCATION OF CRASH IN WORK ZONE</b><br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA  | <b>CONTOUR</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 9 - OTHER / UNKNOWN   | <b>CONDITIONS</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 9 - OTHER / UNKNOWN | <b>SURFACE</b><br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 1<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 9 - OTHER / UNKNOWN   |  |                             |   |   |   |  |  |
| <b>LIGHT CONDITION</b><br><input checked="" type="checkbox"/> 3<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 9 - OTHER / UNKNOWN  | <b>WEATHER</b><br><input checked="" type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 99 - OTHER / UNKNOWN | <b>NARRATIVE</b><br>On December 17th, 2023, units were dispatched to the area of 335 Sunset Ct., Batavia Township for a crash. Dispatch advised numerous callers reporting a black Chevrolet SUV had struck multiple cars in the mobile home park. When I arrived on scene, Unit 1 was located at 236 Sunny Meadow. The owner, Mike Kamphaus, advised he allowed his 14 year old step-daughter BH drive the vehicle to her residence and back. The vehicle had heavy front end damage. BH advised she drove to her residence fine but struck the unit 2 causing the vehicle to not turn properly and when she turned onto East Fork Crossing Dr. she could not properly steer and struck unit 3. Mr. Kamphaus was charged with wrongful entrustment as well as endangering children. |   |  |   |  |                             |   |   |   |  |  |
| <b>CRASH REPORTED DATE / TIME</b><br>12/17/2023 00:50  | <b>DISPATCH DATE / TIME</b><br>12/17/2023 01:07  | <b>ARRIVAL DATE / TIME</b><br>12/17/2023 01:19   | <b>SCENE CLEARED DATE / TIME</b><br>12/17/2023 03:56  | <b>REPORT TAKEN BY</b><br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |   |  |                             |   |   |   |  |  |
| <b>TOTAL TIME ROADWAY CLOSED</b><br>0  | <b>OTHER INVESTIGATION TIME</b><br>0   | <b>TOTAL MINUTES</b><br>169  | <b>OFFICER'S NAME*</b><br>Benkelmann, E   | <b>CHECKED BY OFFICER'S NAME*</b><br>Rudd, J   | <input checked="" type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)   |  |                             |   |   |   |  |  |
| <b>OFFICER'S BADGE NUMBER*</b><br>R12331   | <b>CHECKED BY OFFICER'S BADGE NUMBER*</b><br>R3052   |  |   |  |   |  |                             |   |   |   |  |  |

|  |  |   |
|--|--|---|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>KAMPHAUS, MICHAEL, J | <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 )<br>236 SUNNY MEADOW DR., BATAVIA, OH, 45103 |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|   |   |   |                               |                                     |
|---|---|---|-------------------------------|-------------------------------------|
| <b>LP STATE</b><br>OH   | <b>LICENSE PLATE #</b><br>KAV1038             | <b>VEHICLE IDENTIFICATION #</b><br>1GNDT13S332278953                                      | <b>VEHICLE YEAR</b><br>2003   | <b>VEHICLE MAKE</b><br>CHEVROLET    |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE       | <b>INSURANCE POLICY #</b><br>966804349  | <b>COLOR</b><br>BLK           | <b>VEHICLE MODEL</b><br>TRAILBLAZER |
| <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 |                                     |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>   | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b>  | <b>HAZARDOUS MATERIAL</b>     |                                     |
| <b>VEHICLE WEIGHT GVWR/GCWR</b>   |   | <b>CLASS #</b> <b>PLACARD ID #</b>  |                               |                                     |
| 1 - ≤ 10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS.   |   | <input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b> |                               |                                     |

|                                 |   |  |   |   |   |
|---------------------------------|---|--|---|---|---|
| <b>UNIT TYPE</b><br>3           | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># of TRAILING UNITS</b><br>0 | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>0 - NO AUTOMATION    1 - DRIVER ASSISTANCE    2 - PARTIAL AUTOMATION    3 - CONDITIONAL AUTOMATION    4 - HIGH AUTOMATION    5 - FULL AUTOMATION    9 - UNKNOWN |  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>1    | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER   | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE  | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.                              | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL  | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |
| <b>CARGO BODY TYPE</b><br>1     | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  | 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN /ENCLOSED BOX  | 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED   | 11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE  | 99 - OTHER / UNKNOWN  |
| <b>VEHICLE DEFECTS</b>          | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS  | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE  | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT  | 99 - OTHER / UNKNOWN  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>NON-MOTORIST LOCATION</b><br>3       | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER                                  | 4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE  | 7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND  | 10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE  | 99 - OTHER / UNKNOWN   |
| <b>ACTION</b><br>3                      | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN                   | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE | 9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION | 15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST | 21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>99 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER | 8 - FOLLOWING TOO CLOSE /ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING   | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION                        | 18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING /FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE              | 23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |

|                                 |  |  |   |   |  |
|---------------------------------|--|--|---|---|--|
| <b>SEQUENCE OF EVENTS</b>       | 1 [21] 1 - OVERTURN/ROLLOVER<br>2 [21] 2 - FIRE/EXPLOSION<br>3 3 - IMMERSION<br>4 4 - JACKKNIFE<br>5 5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 6 - EQUIPMENT FAILURE        | 7 7 - SEPARATION OF UNITS<br>8 8 - RAN OFF ROAD RIGHT<br>9 9 - RAN OFF ROAD LEFT<br>10 10 - CROSS MEDIAN<br>11 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL                              | <b>EVENTS</b><br>12 12 - DOWNHILL RUNAWAY<br>13 13 - OTHER NON-COLLISION<br>14 14 - PEDESTRIAN<br>15 15 - PEDALCYCLE<br>16 16 - RAILWAY VEHICLE<br>17 17 - ANIMAL - FARM<br>18 18 - ANIMAL - DEER | 19 19 - ANIMAL - OTHER<br>20 20 - MOTOR VEHICLE IN TRANSPORT<br>21 21 - PARKED MOTOR VEHICLE<br>22 22 - WORK ZONE MAINTENANCE EQUIPMENT | 23 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 24 - OTHER MOVABLE OBJECT |
| <b>FIRST HARMFUL EVENT</b><br>1 | <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |  |   |   |  |
| <b>MOST HARMFUL EVENT</b><br>2  | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH                                    | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL    | 52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN  |

LOCAL REPORT NUMBER

000230039828

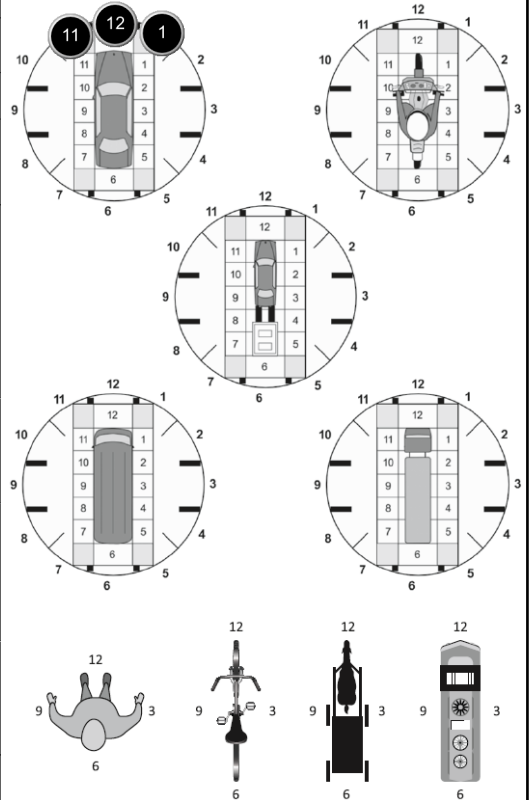
**DAMAGE**

**DAMAGE SCALE**

1 - NONE    3 - FUNCTIONAL DAMAGE  
 4 [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 [12] 1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE  
 13 - TOP    99 - UNKNOWN

**TRAFFIC**

|  |  |
|--|--|
| <b>TRAFFICWAY FLOW</b><br>2 [2] 1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>6 [6] 1 - ROUNDABOUT    4 - STOP SIGN<br>2 - SIGNAL    5 - YIELD SIGN<br>3 - FLASHER    6 - NO CONTROL |
|--|--|

|  |   |
|--|---|
| <b># OF THROUGH LANES ON ROAD</b><br>2 [2] | <b>RAIL GRADE CROSSING</b><br>1 [1] 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---|

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 [2] TO 6 [6]

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

|                                |   |
|--------------------------------|---|
| <b>UNIT SPEED</b><br>35 [35]   | <b>DETECTED SPEED</b><br>1 [1] 1 - STATED / ESTIMATED SPEED |
| <b>POSTED SPEED</b><br>25 [25] | 2 - CALCULATED / EDR<br>3 - UNDETERMINED                    |

|              |   |   |   |
|--------------|---|---|---|
| <b>OWNER</b> | <b>UNIT #</b><br>2  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>MARSHALL, JOSHUA, LEE | <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 )<br>336 FAWN MEADOW DR., BATAVIA, OH, 45103 |   |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |  |                               |
|--|---|--|--|-------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>GZE8425             | <b>VEHICLE IDENTIFICATION #</b><br>1FTMF1CM9DK67562  | <b>VEHICLE YEAR</b><br>2013  | <b>VEHICLE MAKE</b><br>FORD   |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>GEICO             | <b>INSURANCE POLICY #</b><br>6029191829  | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>F-150 |
| <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  |                               |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b>   | <b>HAZARDOUS MATERIAL</b>  |                               |
| <b>TYPE OF USE</b>   |   | <b>VEHICLE WEIGHT GVWR/GCWR</b>  | <b>CLASS #</b> <b>PLACARD ID #</b>   |                               |
| <input type="checkbox"/> 1 - PASSENGER CAR    6 - VAN (9-15 SEATS)<br><input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN)<br><input type="checkbox"/> 3 - SPORT UTILITY VEHICLE<br><input type="checkbox"/> 4 - PICK UP<br><input type="checkbox"/> 5 - CARGO VAN |   | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART    18 - LIMO (LIVERY VEHICLE)<br>13 - SNOWMOBILE    19 - BUS (16+ PASSENGERS)<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME |                               |

|                              |                                 |   |                                   |
|------------------------------|---------------------------------|---|-----------------------------------|
| <b>UNIT TYPE</b><br>4        | <b># OF TRAILING UNITS</b><br>0 | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 | <b>AUTONOMOUS MODE LEVEL</b><br>0 |
| <b>SPECIAL FUNCTION</b><br>1 | <b>CARGO BODY TYPE</b><br>1     | <b>VEHICLE DEFECTS</b><br>1   | <b>NON-MOTORIST LOCATION</b><br>1 |

|  |   |                                 |                               |
|--|---|---------------------------------|-------------------------------|
| <b>VEHICLE IDENTIFICATION #</b><br>1FTMF1CM9DK67562  | <b>VEHICLE YEAR</b><br>2013   | <b>VEHICLE MAKE</b><br>FORD     | <b>VEHICLE MODEL</b><br>F-150 |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤ 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS. | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD | <b>CLASS #</b>                  | <b>PLACARD ID #</b>           |
| <b>VEHICLE DEFECTS</b>   | <b>NON-MOTORIST LOCATION</b>  | <b>INITIAL POINT OF CONTACT</b> | <b>TRAFFICWAY FLOW</b>        |

|                                     |  |   |
|-------------------------------------|--|---|
| <b>SEQUENCE OF EVENTS</b>           | <b>EVENTS</b>  | <b>COLLISION WITH FIXED OBJECT - STRUCK</b> |
| 1 - OVERTURN/ROLLOVER               | 7 - SEPARATION OF UNITS                              | 31 - GUARDRAIL END                          |
| 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 32 - PORTABLE BARRIER                       |
| 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 33 - MEDIAN CABLE BARRIER                   |
| 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 34 - MEDIAN GUARDRAIL                       |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 35 - MEDIAN CONCRETE BARRIER                |
| 6 - EQUIPMENT FAILURE               |  | 36 - MEDIAN OTHER BARRIER                   |
|                                     |  | 37 - TRAFFIC SIGN POST                      |
| <b>FIRST HARMFUL EVENT</b><br>1     | <b>MOST HARMFUL EVENT</b><br>1                       |   |

|   |
|---|
| <b>LOCAL REPORT NUMBER</b><br>000230039828  |
| <b>DAMAGE</b>   |
| <b>DAMAGE SCALE</b><br>1 - NONE    3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE    4 - DISABLING DAMAGE<br>9 - UNKNOWN   |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |
|   |
|   |
| <input type="checkbox"/> <b>NO DAMAGE</b> [ 0 ] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [ 14 ]<br><input type="checkbox"/> <b>TOP</b> [ 13 ] <input type="checkbox"/> <b>ALL AREAS</b> [ 15 ]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [ 16 ] |
| <b>INITIAL POINT OF CONTACT</b><br>0 - NO DAMAGE    14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM    15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |
| <b>TRAFFIC</b>  |
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY  |
| <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT    4 - STOP SIGN<br>2 - SIGNAL    5 - YIELD SIGN<br>3 - FLASHER    6 - NO CONTROL  |
| <b># OF THROUGH LANES ON ROAD</b><br>2  |
| <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| <b>UNIT / NON-MOTORIST DIRECTION</b><br>FROM [ ] TO [ ]   |
| <b>UNIT SPEED</b><br>0  |
| <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED   |
| <b>POSTED SPEED</b><br>25   |

|              |   |  |   |
|--------------|---|--|---|
| <b>OWNER</b> | <b>UNIT #</b><br>3  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>WEEKS, JASON | <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 )<br>275 E FORK CROSSING, BATAVIA, OH, 45103 |  |   |
|              | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP  |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |  |   |                                |
|--|---|--|---|--------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>GTW4403             | <b>VEHICLE IDENTIFICATION #</b><br>5N1BA08C87N709983 | <b>VEHICLE YEAR</b><br>2007   | <b>VEHICLE MAKE</b><br>NISSAN  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>PROGRESSIVE       | <b>INSURANCE POLICY #</b><br>974388614               | <b>COLOR</b><br>BLK   | <b>VEHICLE MODEL</b><br>ARMADA |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>                                      | <b>TOWED BY:</b> COMPANY NAME   |                                |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b>                                   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD |                                |
| <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤ 10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - > 26K LBS.   |   |  |   |                                |

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>UNIT TYPE</b><br>3   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN   | 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV/UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |   |   |   |
| <b>SPECIAL FUNCTION</b><br>1  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIP.<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |  |   |   |   |
| <b>CARGO BODY TYPE</b><br>1   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGOVAN / ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |  |   |   |   |
| <b>VEHICLE DEFECTS</b>  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |   |   |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>NON-MOTORIST LOCATION</b>           | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |  |  |  |  |
| <b>ACTION</b><br>4                     | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>10 - STRAIGHT AHEAD<br>11 - CHANGING LANES<br>12 - OVERTAKING/PASSING<br>13 - MAKING RIGHT TURN<br>14 - MAKING LEFT TURN<br>15 - MAKING U-TURN<br>16 - ENTERING TRAFFIC LANE<br>17 - LEAVING TRAFFIC LANE<br>18 - PARKED<br>19 - SLOWING OR STOPPED IN TRAFFIC<br>20 - DRIVERLESS<br>21 - NEGOTIATING A CURVE<br>22 - ENTERING OR CROSSING SPECIFIED LOCATION<br>23 - WALKING, RUNNING, JOGGING, PLAYING<br>24 - WORKING<br>25 - PUSHING VEHICLE<br>26 - APPROACHING OR LEAVING VEHICLE<br>27 - STANDING<br>28 - OTHER NON-MOTORIST<br>29 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |  |  |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>1 | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING / FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |  |  |  |  |

|                           |               |  |  |  |   |
|---------------------------|---------------|--|--|--|---|
| <b>SEQUENCE OF EVENTS</b> | <b>EVENTS</b> |  |  |  |   |
| 1                         | 20            | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE                              | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL  | 12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER    | 19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
| 4                         |               | <b>COLLISION WITH FIXED OBJECT - STRUCK</b>  |  |  |   |
| 5                         |               | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE | 31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH | 45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL  |
| 1                         |               | <b>FIRST HARMFUL EVENT</b>   | 1  | <b>MOST HARMFUL EVENT</b>  |   |

**LOCAL REPORT NUMBER**

000230039828

**DAMAGE**

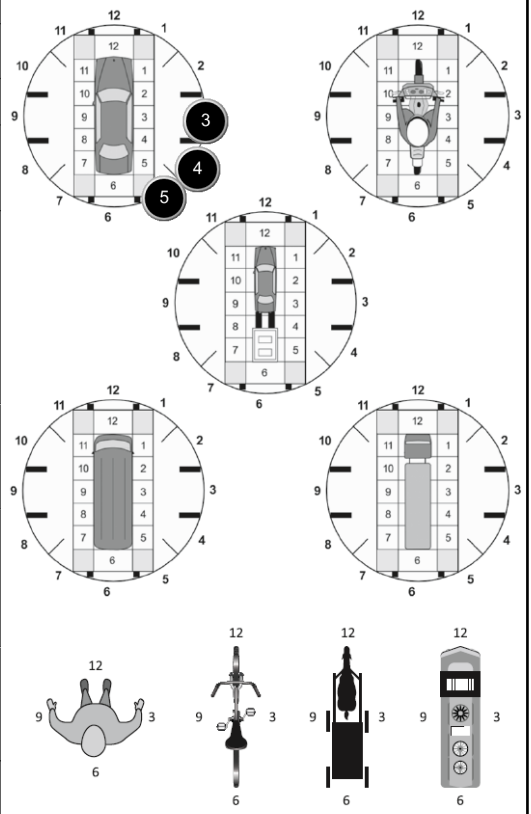
**DAMAGE SCALE**

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

3

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

4

**TRAFFIC**

|                             |                            |                             |  |
|-----------------------------|----------------------------|-----------------------------|--|
| <b>TRAFFICWAY FLOW</b><br>2 | 1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>6 | 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
|-----------------------------|----------------------------|-----------------------------|--|

|  |                                 |   |
|--|---------------------------------|---|
| <b># OF THROUGH LANES ON ROAD</b><br>2 | <b>RAIL GRADE CROSSING</b><br>1 | 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---------------------------------|---|

**UNIT / NON-MOTORIST DIRECTION**

FROM [ ] TO [ ]

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

|                           |                            |  |
|---------------------------|----------------------------|--|
| <b>UNIT SPEED</b><br>0    | <b>DETECTED SPEED</b><br>1 | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| <b>POSTED SPEED</b><br>25 |                            |  |

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
000230039828

|  |  |                                   |  |   |   |  |                              |                           |                        |                     |                               |
|--|--|-----------------------------------|--|---|---|--|------------------------------|---------------------------|------------------------|---------------------|-------------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>HEITMAN, BRIANNA |                                   |  |   | <b>DATE OF BIRTH</b><br>12/25/2008            |  | <b>AGE</b><br>14             | <b>GENDER</b><br>F        |                        |                     |                               |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>296 FAWN MEADOW DR, BATAVIA, OH, 45103 |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |  |                              |                           |                        |                     |                               |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                         | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |                               |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                       |                                   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |                              |                           | <b>CITATION NUMBER</b> |                     |                               |
| <b>OL CLASS</b><br>6   | <b>ENDORSEMENT</b>                                   | <b>RESTRICTION</b> SELECT UP TO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1  | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>    |                     |                               |
|  |  |                                   |  |   |   | <b>STATUS</b><br>1   | <b>TYPE</b><br>1             | <b>VALUE</b><br>.         | <b>STATUS</b><br>1     | <b>TYPE</b><br>1    | <b>RESULTS</b> 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<br><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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><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</b> 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<br><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><br><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><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><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</b> SELECT UP TO 4 |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|--|---|---|---|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN     |
| <b>INJURIES TAKEN BY</b>   |   | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   | <b>CONDITION</b>   | <b>ALCOHOL TEST TYPE</b>   |
| 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN  |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b>  |   | <b>TRAPPED</b>  | <b>GENDER</b>   |   |  | <b>DRUG TEST TYPE</b>  |
| 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  | F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   |   |  | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000230039828

|                 |  |  |  |                         |  |                         |                      |                 |                |
|-----------------|--|--|--|-------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <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<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY   |   |  | EJECTION  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| GENDER   |   |  | TRAPPED   |
| F - FEMALE<br>M - MALE<br>U - OTHER / UNKNOWN  |   |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

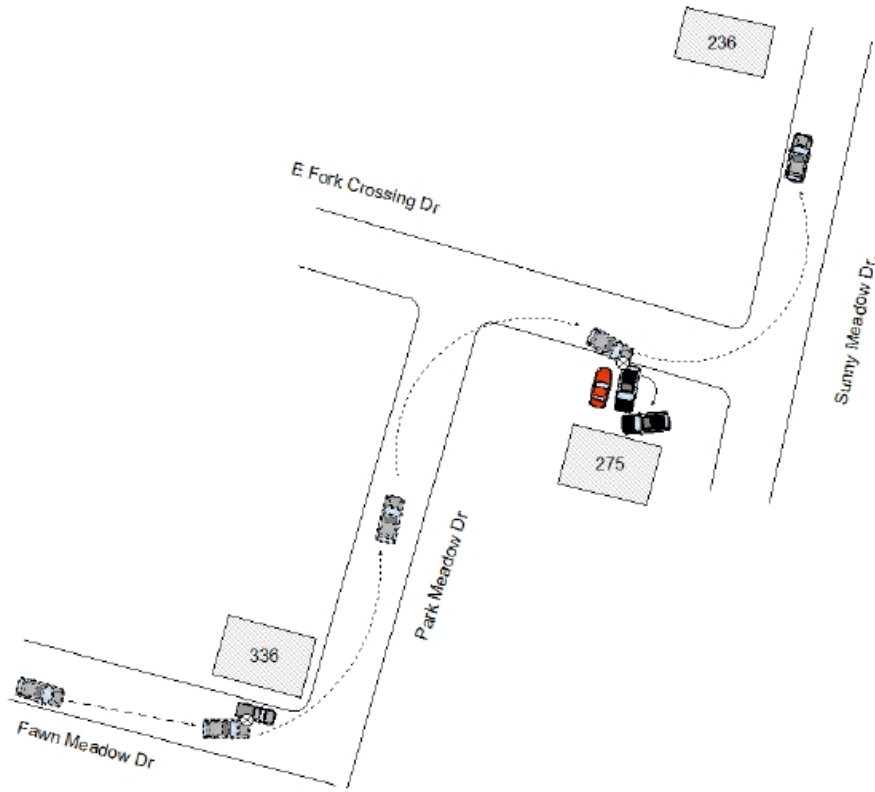
|                |  |  |  |            |               |
|----------------|--|--|--|------------|---------------|
| <b>WITNESS</b> | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b> | <b>GENDER</b> |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, 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<br><b>000230039828</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>12/17/2023</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>Fawn Meadow</b>            |                                    |



Not To Scale



OFFICERS SIGNATURE

BADGE NO.

**R12331**