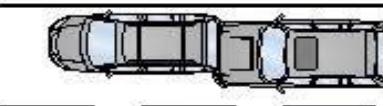


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | |
|---|--|--|--|---|---|--|--|-----------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION W/B SR 32 NEAR FAYARD DR | | LOCAL REPORT NUMBER* 122007136 | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* Union Township Police Dept. | | NCIC* | HIT/SKIP 1-SOLVED 2-UNRESOLVED | NUMBER OF UNITS 02 |
| COUNTY* 13 | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF) | | | | CRASH DATE / TIME* 07172022 1351 | UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN | |
| REFERENCE LOCATION ROUTE TYPE SR | ROUTE NUMBER 0032 | PREFIX 4 | LOCATION ROAD NAME 32 | | ROAD TYPE HW | LATITUDE DECIMAL DEGREES 39.093560 | CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY | |
| | ROUTE TYPE TR | ROUTE NUMBER 0571 | PREFIX 4 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) FAYARD | | ROAD TYPE DR | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # | DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE | ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS | ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | | | NUMBER OF APPROACHES <input checked="" type="checkbox"/> ROADWAY | | |
| LOCATION OF FIRST HARMFUL EVENT 01 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP | | | MANNER OF CRASH COLLISION/IMPACT 2 1-NOT COLLISION 2-BETWEEN 2-MOTOR VEHICLES IN 2-TRANSPORT 2-REAR-END 2-HEAD-ON | | | DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST | MEDIAN TYPE 4 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER | LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA | CONTOUR 1 | CONDITIONS 2 | SURFACE 2 | | |
| LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN | | WEATHER 02 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL | 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN | 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 | 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN | | |
| NARRATIVE Unit #2 was traveling W/B on SR 32 stopped in traffic. Unit #1 was directly behind Unit #2 and failed to stop, striking Unit #2 in the rear. | | | | | |  Not To Scale  | | |

| | | | | |
|--|---------------------------------------|--------------------------------------|--|---|
| CRASH REPORTED DATE / TIME 07172022 1351 | DISPATCH DATE / TIME 07172022 1354 | ARRIVAL DATE / TIME 07172022 1400 | SCENE CLEARED DATE / TIME 07172022 1440 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0000 | OTHER INVESTIGATION TIME | TOTAL MINUTES 0046 | OFFICER'S NAME* TOROK, DYLAN | CHECKED BY OFFICER'S NAME* Brown, Jeff N |
| | | | OFFICER'S BADGE NUMBER* 1 2 | CHECKED BY OFFICER'S BADGE NUMBER* 8 4 |
| <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | | | | |

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

798 CLOUGH PIKE CINCINNATI Ohio 45245

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # HZZ2205 VEHICLE IDENTIFICATION # 5GZEIR13778J12711247 VEHICLE YEAR 2008 VEHICLE MAKE SATURN

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826329835 COLOR SIL VEHICLE MODEL Outlook

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 06 US DOT # VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD CLASS # PLACARD ID #

UNIT TYPE 03 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/ UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 28 - OTHER VEHICLE 29 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01 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 EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE
99 - OTHER / UNKNOWN

VEHICLE DEFECTS 00 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

NON-MOTORIST LOCATION AT IMPACT 00 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 03 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 08 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

120 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 14 - PEDESTRIAN
15 - PEDALCYCLE

COLLISION WITH FIXED OBJECT - STRUCK 4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL 37 - GUARDRAIL FACE 42 - CULVERT 48 - TREE 55 - FIRE HYDRANT
30 - GUARDRAIL FACE 38 - MEDIAN OTHER BARRIER 49 - OTHER / UNKNOWN

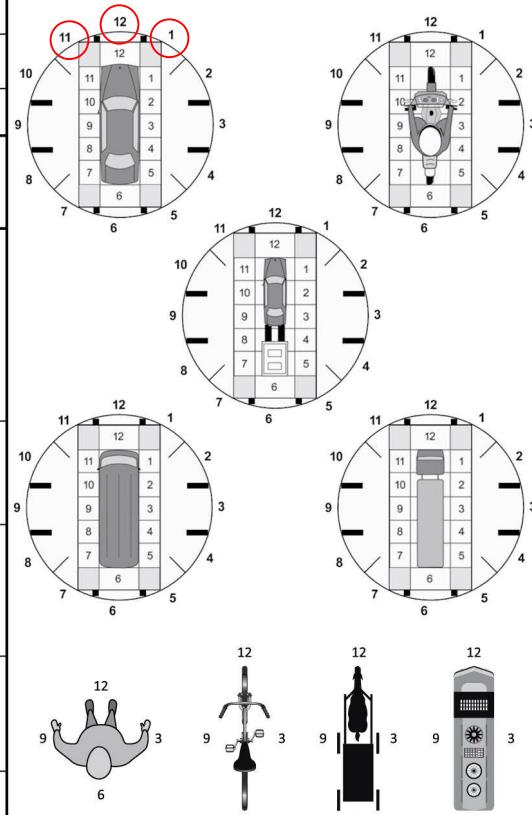
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 122007136

DAMAGE

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

TRAFFIC

TRAFFICWAY FLOW 1 TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED 15 DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 55

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
BISSINGER KAELYNN ELISE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
3717 STATE ROUTE 286, MOUNT ORAB OHIO 451548750

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

| | | | | | | |
|---|----------------------------------|---|---|---------------------------|--------------------------|---------------------------|
| LP STATE <u>O H</u> | LICENSE PLATE # <u>JFW4796</u> | VEHICLE IDENTIFICATION # <u>2H1K1RM4H71G1H6171781</u> | | | VEHICLE YEAR <u>2016</u> | VEHICLE MAKE <u>HONDA</u> |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY <u>SAFE CO</u> | INSURANCE POLICY # <u>M1938202</u> | COLOR <u>TAN</u> | VEHICLE MODEL <u>CR-V</u> | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>02</u> | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | |

UNIT TYPE 03
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)
3 - SPORT UTILITY VEHICLE
10 - MOPED OR MOTORIZED BICYCLE
11 - ALL-TERRAIN VEHICLE (ATV/UTV)

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
10 - MOVED OR MOTORIZED BICYCLE
11 - ALL-TERRAIN VEHICLE (ATV/UTV)

12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN / SKATER
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
1 - YES 2 - NO 9 - OTHER / UNKNOWN

| | | | |
|-----------------------|------------------------|----------------------------|-------------|
| AUTONOMOUS MODE LEVEL | 0 - NO AUTOMATION | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| | 1 - DRIVER ASSISTANCE | 4 - HIGH AUTOMATION | |
| | 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION | |

SPECIAL FUNCTION 01
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR
7 - BUS - INTERCITY
8 - BUS - SHUTTLE
9 - BUS - OTHER
10 - AMBULANCE

11 - FIRE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - CONSTRUCTION EQUIPMENT

16 - FARM
17 - MOWING
18 - SNOW REMOVAL
19 - TOWING
21 - MAIL CARRIER

CARGO BODY TYPE 01
1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
4 - LOGGING

5 - INTERMODAL CONTAINER CHASSIS
6 - CARGO VAN/ENCLOSED BOX
7 - GRAIN/CHIPS/GRAVEL

8 - POLE
9 - CARGO TANK
10 - FLAT BED
11 - DUMP

VEHICLE DEFECTS 00
1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

4 - BRAKES
5 - STEERING
6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES
8 - TRAILER EQUIPMENT DEFECTIVE

9 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT

NON-MOTORIST LOCATION AT IMPACT 00
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER
4 - MIDBLOCK - MARKED
5 - TRAVEL LANE - OTHER LOCATION

6 - BICYCLE LANE
7 - SHOULDER / ROADSIDE
8 - SIDEWALK

9 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE
99 - OTHER / UNKNOWN

ACTION 4
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING 11
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN

1 - STRAIGHT AHEAD
2 - BACKING
3 - CHANGING LANES
4 - OVERTAKING/PASSING
5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN

7 - ENTERING TRAFFIC LANE
8 - LEAVING TRAFFIC LANE
9 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS

13 - NEGOTIATING A CURVE
14 - ENTERING OR CROSSING SPECIFIED LOCATION
9 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS

18 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - WALKING, RUNNING, JOGGING, PLAYING
22 - WORKING
17 - PUSHING VEHICLE

CONTRIBUTING CIRCUMSTANCES 01
1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

7 - LEFT OF CENTER
8 - FOLLOWING TOO CLOSE / ACDA
9 - IMPROPER LANE CHANGE
10 - IMPROPER PASSING
11 - DROVE OFF ROAD
12 - IMPROPER BACKING

13 - IMPROPER START FROM A PARKED POSITION
14 - STOPPED OR PARKED ILLEGALLY
15 - SWERVING TO AVOID
16 - WRONG WAY

17 - VISION OBSTRUCTION
18 - OPERATING DEFECTIVE EQUIPMENT
19 - LOAD SHIFTING/FALLING/SPILLING
20 - IMPROPER CROSSING

SEQUENCE OF EVENTS 20

| | | | | |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOBILE OBJECT |
| 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |
| | | | 21 - PARKED MOTOR VEHICLE | |

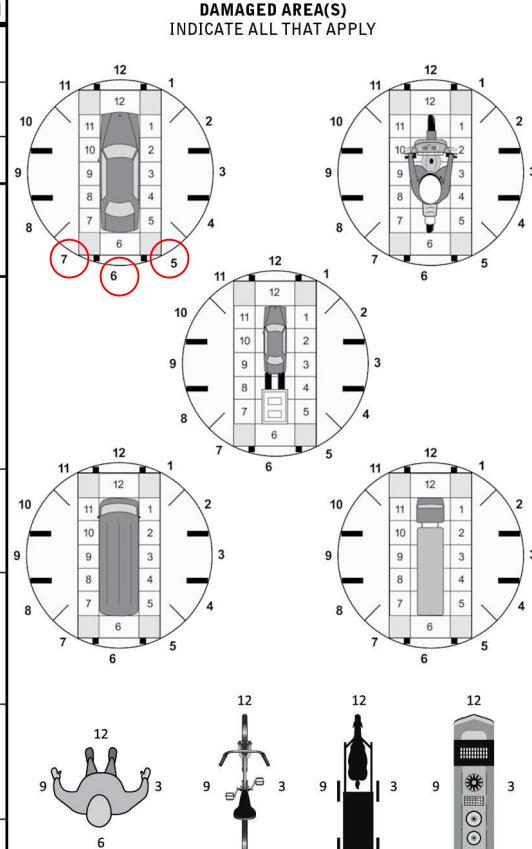
COLLISION WITH FIXED OBJECT - STRUCK 4

| | | | | |
|--|------------------------------|----------------------------------|----------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL |
| 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 45 - EMBANKMENT | 52 - BUILDING |
| 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL | 40 - UTILITY POLE | 46 - FENCE | 53 - TUNNEL |
| 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX | 54 - OTHER FIXED OBJECT |
| 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42 - CULVERT | 48 - TREE | 55 - FIRE HYDRANT |
| | | | 49 - OTHER / UNKNOWN | |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 122007136

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 06
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP

TRAFFIC 1

| | |
|---|--|
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD <u>2</u> | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |

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

| | |
|------------------------|--|
| UNIT SPEED <u>0</u> | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED <u>55</u> | |

| | | | | | | | | | | |
|--|--|---------------------------|---|----------------------|--|---|--|--|----------------------|---------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | |
| | 01 | MERANDA KIMBERLY KAY | | | | | 07141969 | 053 | F | |
| MOTORIST / NON-MOTORIST | ADDRESS: STREET,CITY,STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | 798 CLOUGH PIKE, CINCINNATI, Ohio, 45245 | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | 1 | | | | 04 | 01 | 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| ** | | | | 4511.21A | | | | | 0131612071720221422 | |
| OL CLASS | ENDORSEMENT SELECT UPTO 2 | RESTRICTION SELECT UPTO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | RESULT SELECT UPTO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| 02 | BISINGER KALEYNN ELISE | | | | | 10171995 | 026 | F | | |
| MOTORIST / NON-MOTORIST | ADDRESS: STREET,CITY,STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | 3717 STATE ROUTE 286, MOUNT ORAB, Ohio, 451548750 | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 5 | 1 | | | | 04 | 01 | 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| ** | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UPTO 2 | RESTRICTION SELECT UPTO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | RESULT SELECT UPTO 4 | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | | | | | | | 000 | | | |
| MOTORIST / NON-MOTORIST | 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | | | | | | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | | CITATION NUMBER | |
| | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UPTO 2 | RESTRICTION SELECT UPTO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 1 | 1 | 1 | RESULT SELECT UPTO 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 | | 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, DIALING) 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 | | |
| INJURED TAKEN BY | EJECTION | | OL ENDORSEMENT | | DRUG 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 - 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 (ELBOW, 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 | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | | | | |
| | | | | | CONDITION | | | | | |
| | | | | | 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 | | | | | |
| | | | | | DRUG TEST RESULT(S) | | | | | |
| | | | | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
122007136

| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE MERANDA PEGGY M | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | 02271943 | 079 | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 4223 MT CARMEL TOBASCO RD, CINCINNATI, Ohio, 45255 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 03 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MERANDA PEGGY M | | | | DATE OF BIRTH 02271943 | AGE 079 | GENDER F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 4223 MT CARMEL TOBASCO RD, CINCINNATI, Ohio, 45255 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 03 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MERANDA LINCOLN | | | | DATE OF BIRTH 06062019 | AGE 003 | GENDER M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 798 CLOUGH PK, CINCINNATI, Ohio, 45245 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 04 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | UNIT # 01 | NAME: LAST, FIRST, MIDDLE MERANDA JAXON | | | | DATE OF BIRTH 05092017 | AGE 005 | GENDER M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 798 CLOUGH PK, CINCINNATI, Ohio, 45245 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 06 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>INJURIES</th> <th colspan="2">SAFETY EQUIPMENT USED</th> <th colspan="2">SEATING POSITION</th> <th colspan="3">AIR BAG USAGE</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td colspan="2">1 - NONE USED - VEHICLE OCCUPANT</td> <td colspan="2">1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td colspan="3">1 - NOT DEPLOYED</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td colspan="2">2 - SHOULDER BELT ONLY USED</td> <td colspan="2">2 - FRONT - MIDDLE</td> <td colspan="3">2 - DEPLOYED FRONT</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td colspan="2">3 - LAP BELT ONLY USED</td> <td colspan="2">3 - FRONT - RIGHT SIDE</td> <td colspan="3">3 - DEPLOYED SIDE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td colspan="2">4 - SHOULDER & LAP BELT USED</td> <td colspan="2">4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td colspan="3">4 - DEPLOYED BOTH FRONT/SIDE</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td colspan="2">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td colspan="2">5 - SECOND - MIDDLE</td> <td colspan="3">5 - NOT APPLICABLE</td> </tr> <tr> <td>INJURED TAKEN BY</td> <td colspan="2">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td colspan="2">6 - SECOND - RIGHT SIDE</td> <td colspan="3">9 - DEPLOYMENT UNKNOWN</td> </tr> <tr> <td>1 - NOT TRANSPORTED /TREATED AT SCENE</td> <td colspan="2">7 - BOOSTER SEAT</td> <td colspan="2">7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td colspan="3">EJECTION</td> </tr> <tr> <td>2 - EMS</td> <td colspan="2">8 - HELMET USED</td> <td colspan="2">8 - THIRD - MIDDLE</td> <td colspan="3">1 - NOT EJECTED</td> </tr> <tr> <td>3 - POLICE</td> <td colspan="2">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td> <td colspan="2">9 - THIRD - RIGHT SIDE</td> <td colspan="3">2 - PARTIALLY EJECTED</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td colspan="2">10 - REFLECTIVE CLOTHING</td> <td colspan="2">10 - SLEEPER SECTION OF TRUCK CAB</td> <td colspan="3">3 - TOTALLY EJECTED</td> </tr> <tr> <td>GENDER</td> <td colspan="2">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td> <td colspan="2">11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td colspan="3">4 - NOT APPLICABLE</td> </tr> <tr> <td>F - FEMALE</td> <td colspan="2">99 - OTHER / UNKNOWN</td> <td colspan="2">12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td colspan="3">TRAPPED</td> </tr> <tr> <td>M - MALE</td> <td colspan="2"></td> <td colspan="2">13 - TRAILING UNIT</td> <td colspan="3">1 - NOT TRAPPED</td> </tr> <tr> <td>U - OTHER / UNKNOWN</td> <td colspan="2"></td> <td colspan="2">14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</td> <td colspan="3">2 - EXTRICATED BY MECHANICAL MEANS</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="2">15 - NON-MOTORIST</td> <td colspan="3">3 - FREED BY NON-MECHANICAL MEANS</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="2">99 - OTHER / UNKNOWN</td> <td colspan="3"></td> </tr> </tbody> </table> | | | | | | | | | | | INJURIES | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | | 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | | 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | | 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | | 3 - FRONT - RIGHT SIDE | | 3 - DEPLOYED SIDE | | | 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT/SIDE | | | 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | | INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | | 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - BOOSTER SEAT | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | | 2 - EMS | 8 - HELMET USED | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | | 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | | 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | | GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | | F - FEMALE | 99 - OTHER / UNKNOWN | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | | M - MALE | | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | | U - OTHER / UNKNOWN | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | | | | | 99 - OTHER / UNKNOWN | | | | |
| INJURIES | SAFETY EQUIPMENT USED | | SEATING POSITION | | AIR BAG USAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | | 1 - NOT DEPLOYED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | | 2 - FRONT - MIDDLE | | 2 - DEPLOYED FRONT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | | 3 - FRONT - RIGHT SIDE | | 3 - DEPLOYED SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 5 - SECOND - MIDDLE | | 5 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJURED TAKEN BY | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - BOOSTER SEAT | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - EMS | 8 - HELMET USED | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - POLICE | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | 10 - REFLECTIVE CLOTHING | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 4 - NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F - FEMALE | 99 - OTHER / UNKNOWN | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M - MALE | | | 13 - TRAILING UNIT | | 1 - NOT TRAPPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U - OTHER / UNKNOWN | | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 2 - EXTRICATED BY MECHANICAL MEANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 15 - NON-MOTORIST | | 3 - FREED BY NON-MECHANICAL MEANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
122007136

| | | | | | | | | | | |
|--|--|--|---|---|---|--|---|---------------------|---------------|--------------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE 01 MERANDA AVERY | | | | DATE OF BIRTH 11072012 | AGE 009 | GENDER F | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 798 CLOUGH PK, CINCINNATI, Ohio, 45245 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 09 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE 01 MERANDA JAYLEE | | | | DATE OF BIRTH 05272011 | AGE 011 | GENDER F | | |
| OCCUPANT | ADDRESS: STREET, CITY, STATE, ZIP 798 CLOUGH PK, CINCINNATI, Ohio, 45245 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 07 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE 02 WEBB ALYSSA JEAN | | | | DATE OF BIRTH 02232005 | AGE 017 | GENDER F | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 969 EASTLAND TER, CINCINNATI, Ohio, 45230 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| OCCUPANT | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 03 | AIR BAG USAGE 01 | EJECTION 1 | TRAPPED 1 |
| | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | |
| OCCUPANT | 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 MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 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 (ELBOW, 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, 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 | | | |
| 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 | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007136

Traffic Crash/Non-Injury

7/18/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | | | |
|---------------------|----------|------------------|----------------------------------|------------------|
| LOCAL REPORT NUMBER | 22- 7136 | REPORTING AGENCY | Union Township Police Department | DATE OF CRASH |
| IN COUNTY OF | Clermont | CRASH LOCATION | JK32 @ fayard br. | 7/17/22 M D Y |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Kimberly Merande Hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? 2:15 pm
- 2) What road were you traveling on? 32
- 3) What direction were you traveling? West bound
- 4) Were you injured? YES or NO If yes, explain: 10/15 pullenage up to light
- 5) What was your speed before the crash? 45
- 6) What is the speed limit? 45
- 7) Is there anything you could have done to avoid the accident?
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.

9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

10) Vehicle Year / Make/ Model 2008 Saturn Outlook

11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|-----------------|-----------------------------|------------------|
| Peggy Merande | 4223 Mt Carmel Tobacco Rd | Passenger |
| Lincoln Merande | 798 Clough Pike 6/6/19 | Driver |
| Jaxon Merande | 798 Clough Pike 5/9/17 | Passenger |
| Brody Merande | 798 Clough Pike 11/7/12 | Passenger |
| Keylee Reuter | 798 Clough Pike 5/27/11 | Passenger |

12) Describe what happened?

I was starting to slow down brake pad ~~pad~~ felt like it popped made me jerk up to car in front of me.

Insurance Company Allstate

Policy# 826329835

Signature X

Kimberly Ray Merande

OFFICER'S SIGNATURE

X POD.7801

UNIT NO.

12

PAGE NO.

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007136

Traffic Crash/Non-Injury

7/18/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | | | |
|---------------------|----------|------------------|----------------------------------|---------------|
| LOCAL REPORT NUMBER | 22- 7/36 | REPORTING AGENCY | Union Township Police Department | DATE OF CRASH |
| IN COUNTY OF | Clermont | CRASH LOCATION | SR 32 @ Fayard Dr | |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kaelynn Bissinger hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? about 1:50pm
- 2) What road were you traveling on? 32 (highway)
- 3) What direction were you traveling? North West
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 10 mph
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? NO
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.

9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

10) Vehicle Year / Make/ Model 2010 Honda CRV

11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|---------------------|---|------------------------|
| <u>Allyssa Webb</u> | <u>9169 Eastland terrace Cincinnati OH, 45236</u> | <u>front passenger</u> |
| | | |
| | | |
| | | |
| | | |

12) Describe what happened?

I was coming to a stop at a red light and was rear ended.

Insurance Company Safe CO Policy# M1938202

Signature X

Kaelyn Bissinger

OFFICER'S SIGNATURE

X 100-7000

UNIT NO.

12

PAGE NO.