

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000210021221

|  |                                |                                |                         |                         |  |              |            |          |                 |                             |
|--|--------------------------------|--------------------------------|-------------------------|-------------------------|--|--------------|------------|----------|-----------------|-----------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN     | <input type="checkbox"/> OH-2  | <input type="checkbox"/> OH-3  | LOCAL INFORMATION       | REPORTING AGENCY NAME * |  |              | NCIC *     | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR               |
| <input type="checkbox"/> SECONDARY CRASH             | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | Clermont County Sheriff | 01300                   |  |              | 1 - SOLVED | 2        | 1               | 98 - ANIMAL<br>99 - UNKNOWN |
| <input checked="" type="checkbox"/> PRIVATE PROPERTY |                                |                                |                         |                         |  | 2 - UNSOLVED |            |          |                 |                             |

|               |                       |   |  |                     |
|---------------|-----------------------|---|--|---------------------|
| COUNTY*<br>13 | LOCALITY*<br>3 - CITY | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Batavia | CRASH DATE / TIME*<br>06/20/2021 13:47 | CRASH SEVERITY<br>5 |
|---------------|-----------------------|---|--|---------------------|

|            |              |   |                                     |                 |                                       |  |
|------------|--------------|---|-------------------------------------|-----------------|---------------------------------------|--|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br>James E Sauls | ROAD TYPE<br>RD | LATITUDE DECIMAL DEGREES<br>39.067959 | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|------------|--------------|---|-------------------------------------|-----------------|---------------------------------------|--|

|            |              |   |   |           |   |
|------------|--------------|---|---|-----------|---|
| ROUTE TYPE | ROUTE NUMBER | PREFIX 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>2108 James E Sauls | ROAD TYPE | LONGITUDE DECIMAL DEGREES<br>-84.095881 |
|------------|--------------|---|---|-----------|---|

|                                  |                                       |                                     |   |   |  |   |
|----------------------------------|---------------------------------------|-------------------------------------|---|---|--|---|
| REFERENCE POINT<br>3 - MILE POST | DIRECTION FROM REFERENCE<br>3 - SOUTH | ROUTE TYPE<br>US - FEDERAL US ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | ROAD TYPE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |
|----------------------------------|---------------------------------------|-------------------------------------|---|---|--|---|

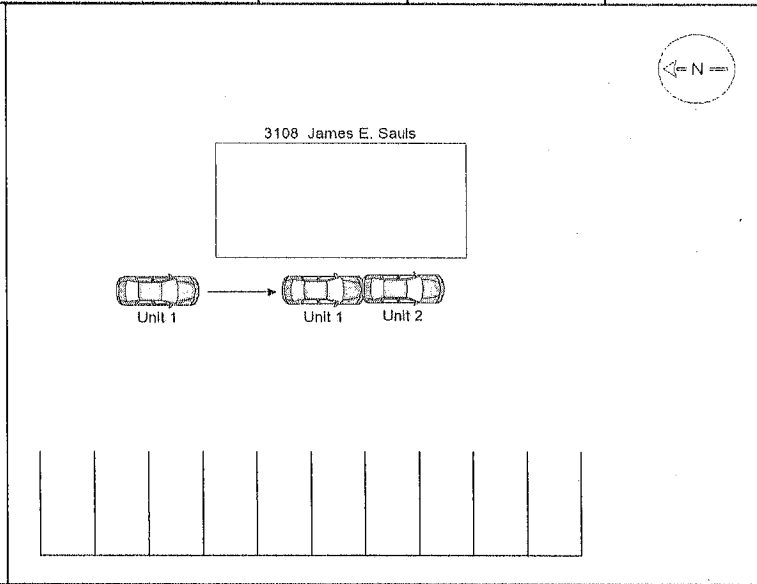
|                                 |                                      |  |   |   |  |  |
|---------------------------------|--------------------------------------|--|---|---|--|--|
| DISTANCE FROM REFERENCE<br>0.20 | DISTANCE UNIT OF MEASURE<br>2 - FEET | ROUTE TYPE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | ROAD TYPE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | NUMBER OF APPROACHES<br><input type="checkbox"/> ROADWAY DIVIDED |
|---------------------------------|--------------------------------------|--|---|---|--|--|

|   |  |                                 |   |
|---|--|---------------------------------|---|
| LOCATION OF FIRST HARMFUL EVENT<br>10 - ON SHOULDER | MANNER OF CRASH COLLISION/IMPACT<br>2 - REAR-END | DIRECTION OF TRAVEL<br>3 - EAST | MEDIAN TYPE<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET) |
|---|--|---------------------------------|---|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <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 | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN | SURFACE<br>2 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
|---|---|---|---|---|---|

|                                 |                       |
|---------------------------------|-----------------------|
| LIGHT CONDITION<br>1 - DAYLIGHT | WEATHER<br>2 - CLOUDY |
|---------------------------------|-----------------------|

NARRATIVE  
On 6/20/21 Unit 1 was traveling SB in the drive thru at 2108 James E. Sauls Drive (Wendy's). The driver of Unit 1 Dylan Royle advised his dog jumped on his lap preventing him from applying the brake. Unit 1 continued SB striking Unit 2. Mr. Royle stated his approximate speed was 1 MPH.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br>06/20/2021 13:47 | DISPATCH DATE / TIME<br>06/20/2021 13:47 | ARRIVAL DATE / TIME<br>06/20/2021 13:56 | SCENE CLEARED DATE / TIME<br>06/20/2021 14:36 | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br>0                 | OTHER INVESTIGATION TIME<br>0            | TOTAL MINUTES<br>49                     | OFFICER'S NAME*<br>Kramer                     | CHECKED BY OFFICER'S NAME*<br>Rudd, Jeffrey   |
|  |  |   | OFFICER'S BADGE NUMBER*<br>11206              | CHECKED BY OFFICER'S BADGE NUMBER*<br>R3052   |

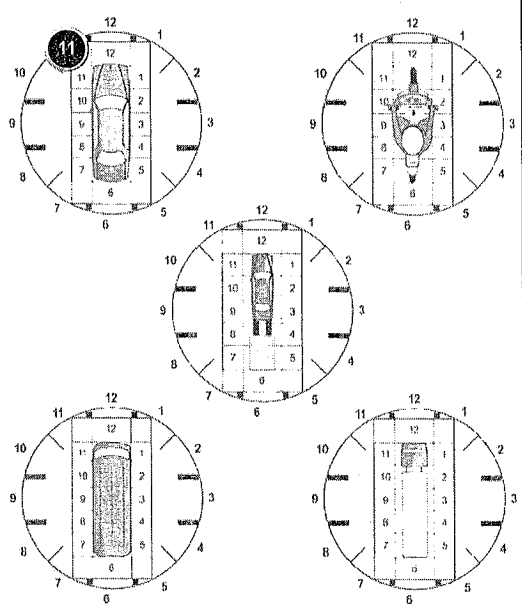
SUPPLEMENT  
(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

OWNER INFORMATION: UNIT # 1, OWNER NAME: ROYSE, AMY, A, OWNER ADDRESS: 284 PARK MEADOW DR, BATAVIA, OH, 45103

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

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE # JKB2865, VEHICLE IDENTIFICATION # KMHET46C46A083940, VEHICLE YEAR 2006, VEHICLE MAKE HYUNDAI

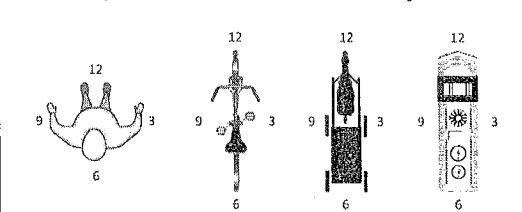
DAMAGED AREA(S): INDICATE ALL THAT APPLY



UNIT TYPE: 1 - PASSENGER CAR, 2 - PASSENGER VAN (MINIVAN), 3 - SPORT UTILITY VEHICLE, 4 - PICK UP, 5 - CARGO VAN

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES, 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

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



CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE, 2 - BUS, 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

VEHICLE DEFECTS: 1 - TURN SIGNALS, 2 - HEAD LAMPS, 3 - TAIL LAMPS, 4 - BRAKES, 5 - STEERING, 6 - TIRE BLOWOUT

NO DAMAGE [0], UNDERCARRIAGE [14], TOP [13], ALL AREAS [15], UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION: 1 - INTERSECTION - MARKED CROSSWALK, 2 - INTERSECTION - UNMARKED CROSSWALK, 3 - INTERSECTION - OTHER

ACTION: 3 - STRIKING, 1 - STRAIGHT AHEAD, 2 - BACKING, 3 - CHANGING LANES, 4 - OVERTAKING/PASSING, 5 - MAKING RIGHT TURN, 6 - MAKING LEFT TURN, 7 - MAKING U-TURN, 8 - ENTERING TRAFFIC LANE, 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT: 11 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1 - NONE, 2 - FAILURE TO YIELD, 3 - RAN RED LIGHT, 4 - RAN STOP SIGN, 5 - UNSAFE SPEED, 6 - IMPROPER TURN, 7 - LEFT OF CENTER

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY, TRAFFIC CONTROL: 1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL

SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER, 2 - FIRE/EXPLOSION, 3 - IMMERSION, 4 - JACKKNIFE, 5 - CARGO / EQUIPMENT LOSS OR SHIFT, 6 - EQUIPMENT FAILURE

# of THROUGH LANES ON ROAD: 1, RAIL GRADE CROSSING: 1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK: 25 - IMPACT ATTENUATOR / CRASH CUSHION, 26 - BRIDGE OVERHEAD STRUCTURE, 27 - BRIDGE PIER OR ABUTMENT, 28 - BRIDGE PARAPET, 29 - BRIDGE RAIL, 30 - GUARDRAIL FACE

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

UNIT SPEED: 1, POSTED SPEED: 5, DETECTED SPEED: 1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 COX, TIMOTHY, W

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 1794 SUNNY ACRES LN, AMELIA, OH, 45102

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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )

**VEHICLE**

LP STATE OH LICENSE PLATE # HQF5175 VEHICLE IDENTIFICATION # 1FAHP35N58W247078 VEHICLE YEAR 2008 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 926782967 COLOR BLK VEHICLE MODEL FOCUS

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

MATERIAL  RELEASED  PLACARD

UNIT TYPE 1

1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION 1 - PARTIAL AUTOMATION 2 - PARTIAL AUTOMATION 3 - FULL AUTOMATION

SPECIAL FUNCTION 1

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 1

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

VEHICLE DEFECTS

1 - 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

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

ACTION 4 PRE-CRASH ACTIONS 1

1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST  
 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 7 - MAKING U-TURN 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION  
 8 - ENTERING TRAFFIC LANE 18 - FOLLOWING TOO CLOSE / ACDA 19 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 9 - OTHER / UNKNOWN 9 - IMPROPER LANE CHANGE 10 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING / FALLING/SPILLING 99 - OTHER IMPROPER ACTION

CONTRIBUTING CIRCUMSTANCES 1

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

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 44 - DITCH 51 - WALL

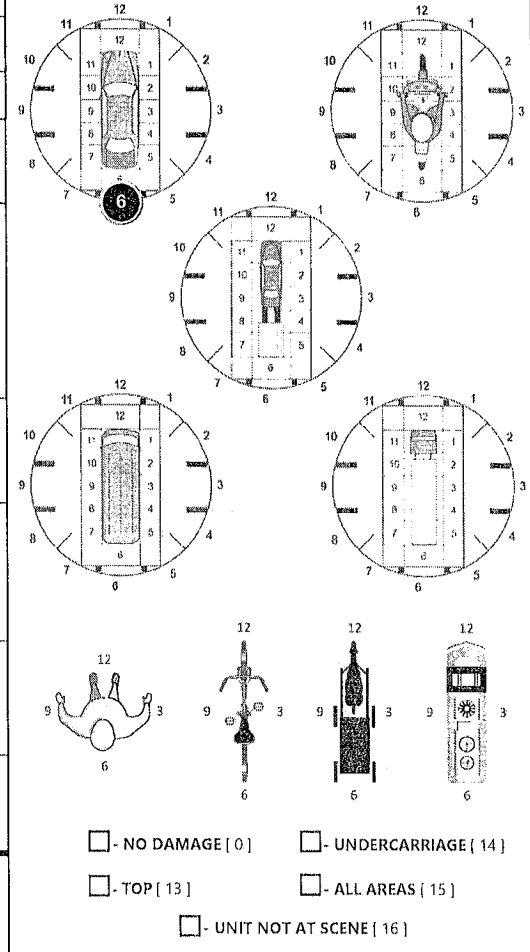
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**DAMAGE**

DAMAGE SCALE

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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE  
6 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC**

TRAFFICWAY FLOW

1 - ONE-WAY  
2 2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN  
6 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# of THROUGH LANES ON ROAD 1

RAIL GRADE CROSSING

1 - NOT INVOLVED  
1 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED 1

POSTED SPEED 5

DETECTED SPEED

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

EVENTS

OWNER

VEHICLE

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
 000210021221

|   |  |                            |   |  |   |   |                       |                    |                 |                        |
|---|--|----------------------------|---|--|---|---|-----------------------|--------------------|-----------------|------------------------|
| UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>ROYSE, DYLAN, WES |                            |   |  | DATE OF BIRTH<br>05/08/2002                     |   | AGE<br>19             | GENDER<br>M        |                 |                        |
| ADDRESS: STREET, CITY, STATE, ZIP<br>284 PARK MEADOW DR, BATAVIA, OH, 45103 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED] |   |                       |                    |                 |                        |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                          | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>4                      | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1           |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER<br>[REDACTED]          |                            | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION   |                       |                    | CITATION NUMBER |                        |
| OL CLASS<br>4   | ENDORSEMENT                                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>7                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>1  | ALCOHOL TEST          |                    | DRUG TEST(S)    |                        |
| STATUS  |  | TYPE                       |   | VALUE  |   | STATUS  |                       | TYPE               |                 | RESULTS SELECT UP TO 4 |

|  |  |                            |   |  |   |   |                       |                    |                 |                        |
|--|--|----------------------------|---|--|---|---|-----------------------|--------------------|-----------------|------------------------|
| UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>COX, ALLIE, RENAE |                            |   |  | DATE OF BIRTH<br>10/08/2002                     |   | AGE<br>18             | GENDER<br>F        |                 |                        |
| ADDRESS: STREET, CITY, STATE, ZIP<br>10278 TAMME RD, WINCHESTER, OH, 45697 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED] |   |                       |                    |                 |                        |
| INJURIES<br>5  | INJURED TAKEN BY<br>1                          | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>2                      | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | SEATING POSITION<br>1 | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1           |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>[REDACTED]          |                            | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION   |                       |                    | CITATION NUMBER |                        |
| OL CLASS<br>4  | ENDORSEMENT                                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | CONDITION<br>1  | ALCOHOL TEST          |                    | DRUG TEST(S)    |                        |
| STATUS   |  | TYPE                       |   | VALUE  |   | STATUS  |                       | TYPE               |                 | RESULTS SELECT UP TO 4 |

|                                   |                           |                            |   |                          |                                   |   |                  |               |                 |                        |
|-----------------------------------|---------------------------|----------------------------|---|--------------------------|-----------------------------------|---|------------------|---------------|-----------------|------------------------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE |                            |   |                          | DATE OF BIRTH                     |   | AGE              | GENDER        |                 |                        |
| ADDRESS: STREET, CITY, STATE, ZIP |                           |                            |   |                          | CONTACT PHONE - INCLUDE AREA CODE |   |                  |               |                 |                        |
| INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                          | SAFETY EQUIPMENT USED             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> 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               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED |                                   | CONDITION   | ALCOHOL TEST     |               | DRUG TEST(S)    |                        |
| STATUS                            |                           | TYPE                       |   | VALUE                    |                                   | STATUS  |                  | TYPE          |                 | RESULTS SELECT UP TO 4 |

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000210021221

|  |   |   |           |             |
|--|---|---|-----------|-------------|
| UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>HAYNES, ARIELLE, LEELYNN | DATE OF BIRTH<br>06/17/2002                     | AGE<br>19 | GENDER<br>F |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3149 OLD STATE ROUTE 32, BATAVIA, OH, 45103 |   | CONTACT PHONE - INCLUDE AREA CODE<br>[REDACTED] |           |             |

|               |                       |                   |   |                       |  |                       |                    |               |              |
|---------------|-----------------------|-------------------|---|-----------------------|--|-----------------------|--------------------|---------------|--------------|
| INJURIES<br>5 | INJURED TAKEN BY<br>1 | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>3 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|-------------------|---|-----------------------|--|-----------------------|--------------------|---------------|--------------|

|                                   |                           |                                   |     |        |
|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|          |                  |                   |   |                  |  |                  |               |          |         |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|

|                                   |                           |                                   |     |        |
|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|          |                  |                   |   |                  |  |                  |               |          |         |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|

|                                   |                           |                                   |     |        |
|-----------------------------------|---------------------------|-----------------------------------|-----|--------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP |                           | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|          |                  |                   |   |                  |  |                  |               |          |         |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|-------------------|---|------------------|--|------------------|---------------|----------|---------|

| INJURIES                               | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                      |
|--|---|---|------------------------------------|
| 1 - FATAL                              | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY           | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE  | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY             | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE  | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY                    | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY                 | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE   | 5 - NOT APPLICABLE                 |
| <b>INJURED TAKEN BY</b>                | 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)   | <b>EJECTION</b>                    |
| 2 - EMS                                | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
| 3 - POLICE                             | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                    | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
| <b>GENDER</b>                          | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                             | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | <b>TRAPPED</b>                     |
| 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  |                                    |

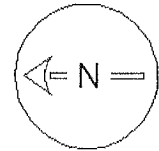
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|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                                   |                                   |     |        |
|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

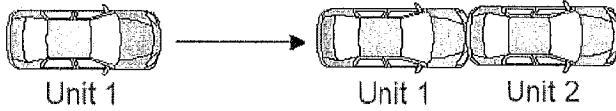
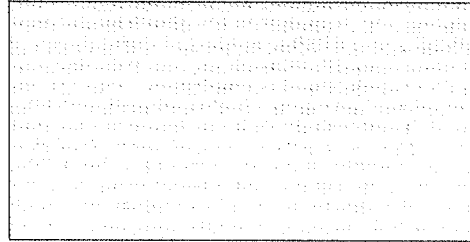
|                                   |                                   |     |        |
|-----------------------------------|-----------------------------------|-----|--------|
| NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>000210021221</b> | REPORTING AGENCY<br><b>Clermont County Sheriff</b> | Date Of Crash<br><b>06/20/2021</b> |
| IN COUNTY OF<br><b>Clermont County</b>     | ACCIDENT LOCATION<br><b>James E Sauls</b>          |                                    |



3108 James E. Sauls



OFFICERS SIGNATURE

BADGE NO.

**11206**