



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

00220015127

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH - 2	<input type="checkbox"/> OH - 3	LOCAL INFORMATION		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME *		NCIC *
<input checked="" type="checkbox"/> PRIVATE PROPERTY	Clermont County Sheriff		01300		1 2 - UNSOLVED

COUNTY* 13	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Batavia	CRASH DATE / TIME* 05/10/2022 10:30	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX 3	LOCATION ROAD NAME Main	ROAD TYPE ST	LATITUDE DECIMAL DEGREES 39.027577
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ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.216810
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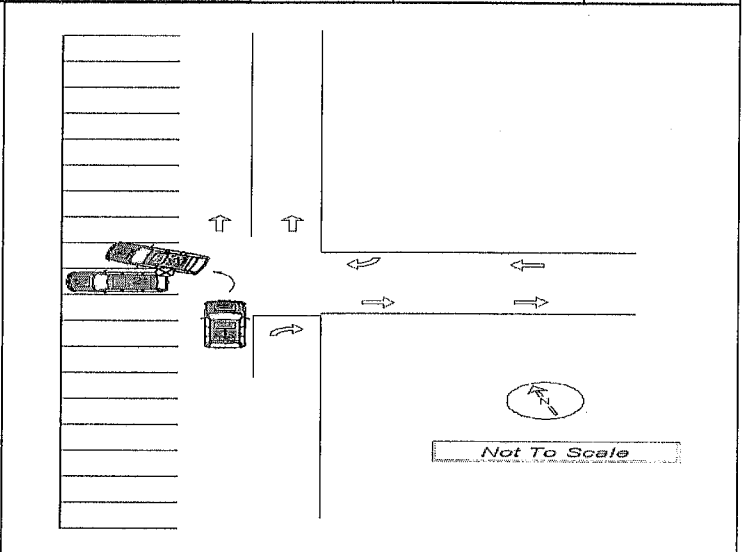
REFERENCE POINT 3	DIRECTION FROM REFERENCE 2	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA
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LOCATION OF FIRST HARMFUL EVENT 6	MANNER OF CRASH COLLISION/IMPACT 7	DIRECTION OF TRAVEL 3 - EAST	MEDIAN TYPE 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input checked="" 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 9	SURFACE 2
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LIGHT CONDITION 9	WEATHER 99	CONTOUR 9 - OTHER / UNKNOWN	CONDITIONS 9 - OTHER / UNKNOWN	SURFACE 9 - OTHER / UNKNOWN
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NARRATIVE
Unit 1 attempted to pull into a parking spot next to Unit 2. Unit 1 struck Unit 2 by sideswipe, then left the scene.



CRASH REPORTED DATE / TIME 05/11/2022 12:44	DISPATCH DATE / TIME 05/11/2022 12:44	ARRIVAL DATE / TIME 05/11/2022 13:25	SCENE CLEARED DATE / TIME 05/11/2022 15:00	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 136	OFFICER'S NAME* Blanton, T.	CHECKED BY OFFICER'S NAME* Rudd, Jeffrey
			OFFICER'S BADGE NUMBER* R10872	CHECKED BY OFFICER'S BADGE NUMBER* R3052

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
 REVIS, MICHAEL, WESLEY

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
 860 HOLZ AVE., CINCINNATI, OH, 45230

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # JKB4815 VEHICLE IDENTIFICATION # 5J8YD4H3XLL039552 VEHICLE YEAR 2020 VEHICLE MAKE

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR WHI VEHICLE MODEL

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

UNIT TYPE 3

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL: 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS

NON-MOTORIST LOCATION 1

ACTION 3

PRE-CRASH ACTIONS 6

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
 000220015127

DAMAGE

DAMAGE SCALE

2

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

8

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

TRAFFIC

TRAFFICWAY FLOW: 1

TRAFFIC CONTROL: 6

OF THROUGH LANES ON ROAD: 1

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 2 TO 4

UNIT SPEED: 5

POSTED SPEED: 20

DETECTED SPEED: 1

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 3042 ALPINE TERRACE APT. #3, CINCINNATI, OH, 45208

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
 000220015127

DAMAGE

DAMAGE SCALE

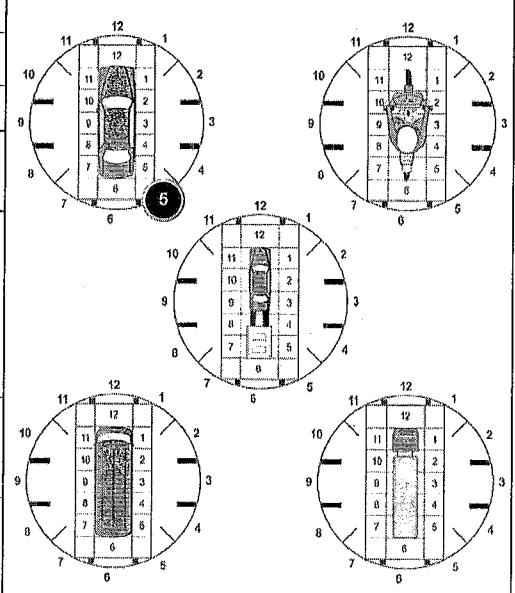
2 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

VEHICLE

LP STATE OH LICENSE PLATE # JHL6463 VEHICLE IDENTIFICATION # W1N0G8EB7MF899178 VEHICLE YEAR 2021 VEHICLE MAKE MERCEDES-BENZ

INSURANCE VERIFIED INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J379155 COLOR BLK VEHICLE MODEL GLC

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL: MATERIAL RELEASED PLACARD CLASS # _____ PLACARD ID # _____

UNIT TYPE 3

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 - MOPEL 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
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 1

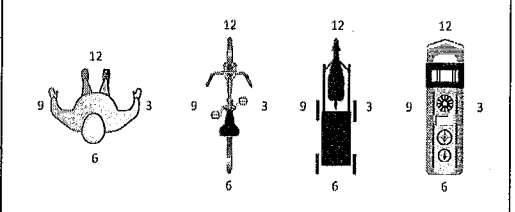
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS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

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 12 - DUMP 99 - OTHER / UNKNOWN
 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 13 - CONCRETE MIXER
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 14 - AUTO TRANSPORTER
 10 - FLAT BED 15 - GARBAGE/REFUSE

VEHICLE DEFECTS 1

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT



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

NON-MOTORIST LOCATION AT IMPACT 4

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

ACTION 4 PRE-CRASH ACTIONS 10

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

INITIAL POINT OF CONTACT 5

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

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
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE
 6 - IMPROPER TURN 7 - LEFT OF CENTER

TRAFFIC

TRAFFICWAY FLOW 1 TRAFFIC CONTROL 6

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

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 1 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 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

OF THROUGH LANES ON ROAD 1 RAIL GRADE CROSSING 1

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

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 9 TO _____

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

UNIT SPEED _____ DETECTED SPEED _____

POSTED SPEED _____

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



MOTORIST / Non-Motorist

LOCAL REPORT NUMBER

000220015127

UNIT # 1	NAME: LAST, FIRST, MIDDLE REVIS, JANET, L.	DATE OF BIRTH 06/13/1957	AGE 64	GENDER F
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ADDRESS: STREET, CITY, STATE, ZIP 860 HOLZ AVE., CINCINNATI, OH, 45230	CONTACT PHONE - INCLUDE AREA CODE [REDACTED]
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INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER [REDACTED]	OFFENSE CHARGED 4549.02	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION STOPPING AFTER ACCIDENT; EXCHAN	CITATION NUMBER 01300R10872051120221
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OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 9	ALCOHOL TEST			DRUG TEST(S)		
STATUS		TYPE		VALUE		STATUS		TYPE		RESULTS SELECT UP TO 4	
1		1				1		1			

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

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

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
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- | | | | | | | |
|------------------------------|--|------------------------------|------------------------------|--|--|--|
| 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 (MOTORCYCLE PASSENGER) | 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 | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 4 - TEST GIVEN, RESULTS KNOWN |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M/C MOPED ONLY | 5 - EXCEPT CLASS A BUS & CLASS B BUS | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | 5 - TEST GIVEN, RESULTS UNKNOWN |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | | 6 - EXCEPT CLASS A | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS | 6 - PASSENGER | |
| | 8 - THIRD - MIDDLE | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | |
| | 9 - THIRD - RIGHT SIDE | | | 9 - LEARNER'S PERMIT RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | |
| | 10 - SLEEPER SECTION OF TRUCK CAB | | | 10 - LIMITED TO DAYLIGHT ONLY | 9 - OTHER / UNKNOWN | |
| | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 11 - LIMITED TO EMPLOYMENT | | |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | 12 - LIMITED - OTHER | | |
| | 13 - TRAILING UNIT | | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | |
| | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | | 14 - MILITARY VEHICLES ONLY | | |
| | 15 - NON-MOTORIST | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | |
| | 99 - OTHER / UNKNOWN | | | 16 - OUTSIDE MIRROR | | |
| | | | | 17 - PROSTHETIC AID | | |
| | | | | 18 - OTHER | | |

INJURIES TAKEN BY	EJECTION	TRAPPED	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE
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- | | | | | | |
|--|-----------------------|------------------------------------|------------------------------|--|------------|
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 1 - NOT EJECTED | 1 - NOT TRAPPED | H - HAZMAT | 1 - APPARENTLY NORMAL | 1 - NONE |
| 2 - EMS | 2 - PARTIALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS | M - MOTORCYCLE | 2 - PHYSICAL IMPAIRMENT | 2 - BLOOD |
| 3 - POLICE | 3 - TOTALLY EJECTED | 3 - FREED BY NON-MECHANICAL MEANS | P - PASSENGER | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 3 - URINE |
| 9 - OTHER / UNKNOWN | 4 - NOT APPLICABLE | | N - TANKER | 4 - ILLNESS | 4 - BREATH |
| | | | Q - MOTOR SCOOTER | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5 - OTHER |
| | | | R - THREE-WHEEL MOTORCYCLE | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | |
| | | | S - SCHOOL BUS | 9 - OTHER / UNKNOWN | |
| | | | T - DOUBLE & TRIPLE TRAILERS | | |
| | | | X - TANKER / HAZMAT | | |

SAFETY EQUIPMENT	CONDITION	DRUG TEST TYPE
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- | | | |
|--|--|-----------|
| 1 - NONE USED | 1 - APPARENTLY NORMAL | 1 - NONE |
| 2 - SHOULDER BELT ONLY USED | 2 - PHYSICAL IMPAIRMENT | 2 - BLOOD |
| 3 - LAP BELT ONLY USED | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) | 3 - URINE |
| 4 - SHOULDER & LAP BELT USED | 4 - ILLNESS | 4 - OTHER |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | |
| 7 - BOOSTER SEAT | 9 - OTHER / UNKNOWN | |
| 8 - HELMET USED | | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | |
| 10 - REFLECTIVE CLOTHING | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | |
| 99 - OTHER / UNKNOWN | | |

GENDER

- | |
|---------------------|
| F - FEMALE |
| M - MALE |
| U - OTHER / UNKNOWN |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

000220015127

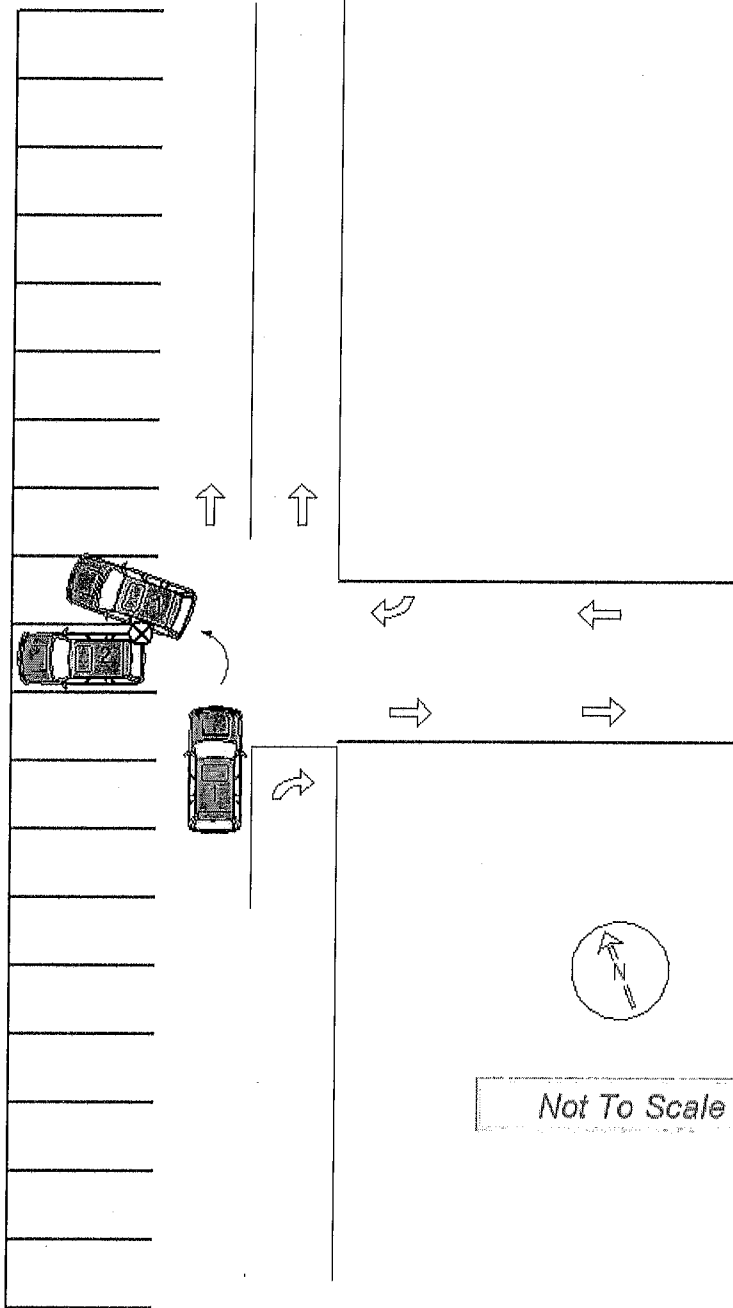
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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			
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	<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
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 (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
GENDER	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	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
	RICHMOND, MICHELLE			F
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
	34 NORTHLOOK CT., BATAVIA, OH, 45103			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 000220015127	REPORTING AGENCY Clermont County Sheriff	Date Of Crash 05/10/2022
IN COUNTY OF Clermont County	ACCIDENT LOCATION Main	



OFFICERS SIGNATURE	BADGE NO. R10872
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