



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

000220025844

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

COUNTY* 13	LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* Batavia	CRASH DATE / TIME* 08/17/2022 16:55	CRASH SEVERITY 5
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Clough	ROAD TYPE PI	LATITUDE DECIMAL DEGREES 39.063219	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1341	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.229623
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REFERENCE POINT 3	DIRECTION FROM REFERENCE 4	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	NUMBER OF APPROACHES
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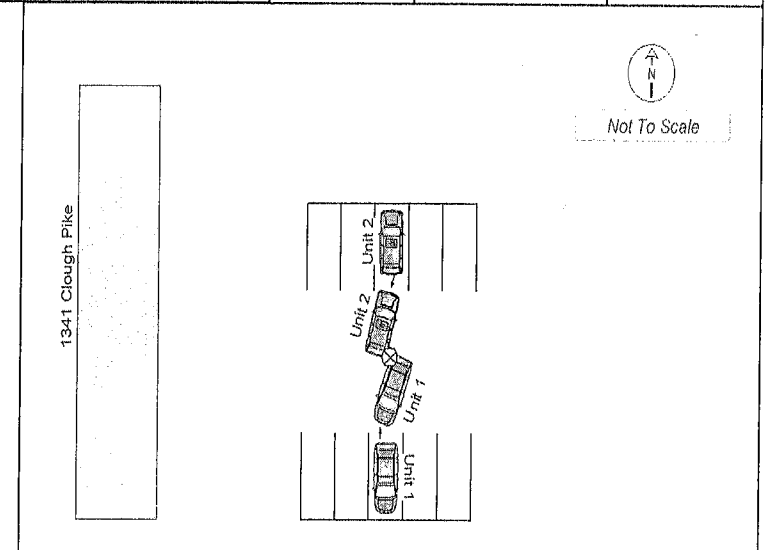
DISTANCE FROM REFERENCE 0.00	DISTANCE UNIT OF MEASURE 2	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
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LOCATION OF FIRST HARMFUL EVENT 1	MANNER OF CRASH COLLISION/IMPACT 4	DIRECTION OF TRAVEL 3	MEDIAN TYPE 1
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<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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2
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LIGHT CONDITION 1	WEATHER 1	WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN
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NARRATIVE  
Unit 1 and Unit 2 backed into each other. Both the driver of Unit 1 and the driver of Unit 2 advised they did not see the other unit while backing up.



CRASH REPORTED DATE / TIME 08/17/2022 16:55	DISPATCH DATE / TIME 08/17/2022 16:55	ARRIVAL DATE / TIME 08/17/2022 17:05	SCENE CLEARED DATE / TIME 08/17/2022 17:35	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES 40	OFFICER'S NAME* Deputy Wallace	CHECKED BY OFFICER'S NAME* Rudd, J
		OFFICER'S BADGE NUMBER* 12423	CHECKED BY OFFICER'S BADGE NUMBER* R3052	

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

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) ANGLE, CHRISTINA, N  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 4144 GREENFIELD CT, CINCINNATI, OH, 45245  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # FAS8149 VEHICLE IDENTIFICATION # 5FNRL6H78LB027794 VEHICLE YEAR 2020 VEHICLE MAKE HONDA  
 INSURANCE VERIFIED  ALL STATE INSURANCE COMPANY ALL STATE INSURANCE POLICY # 926629117 COLOR LGR VEHICLE MODEL ODYSSEY

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 1  
 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.  
 HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 MATERIAL  RELEASED  PLACARD

UNIT TYPE: 2  
 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 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

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

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

VEHICLE DEFECTS: 99  
 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: 1  
 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: 5  
 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 5 - MAKING RIGHT TURN 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 19 - STANDING  
 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST  
 9 - OTHER / 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

SEQUENCE OF EVENTS: 1  
 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE OBJECT  
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 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 17 - ANIMAL - FARM 18 - ANIMAL - DEER

COLLISION WITH FIXED OBJECT - STRUCK: 1  
 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 55 - OTHER  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

LOCAL REPORT NUMBER: 000220025844

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

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY: [Diagrams showing damage on front, rear, and side views of the vehicle]

**INITIAL POINT OF CONTACT**  
 5 (0 - NO DAMAGE, 12 - REFER TO UNIT DIAGRAM, 13 - TOP, 14 - UNDERCARRIAGE, 15 - VEHICLE NOT AT SCENE, 99 - UNKNOWN)

**TRAFFIC**  
 TRAFFICWAY FLOW: 2 (1 - ONE-WAY, 2 - TWO-WAY)  
 TRAFFIC CONTROL: 6 (1 - ROUNDABOUT, 2 - SIGNAL, 3 - FLASHER, 4 - STOP SIGN, 5 - YIELD SIGN, 6 - NO CONTROL)  
 # OF THROUGH LANES ON ROAD: 2  
 RAIL GRADE CROSSING: 1 (1 - NOT INVOLVED, 2 - INVOLVED-ACTIVE CROSSING, 3 - INVOLVED-PASSIVE CROSSING)

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 5 (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 (1 - STATED / ESTIMATED SPEED, 2 - CALCULATED / EDR, 3 - UNDETERMINED)

**OWNER**

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) POWELEIT, ELIZABETH, G  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
3796 GREY BIRCH DR, BATAVIA, OH, 45103  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER  
000220025844

**DAMAGE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # JGA2535 VEHICLE IDENTIFICATION # JM3TCBCYXM0507227 VEHICLE YEAR 2021 VEHICLE MAKE MAZDA  
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 9906892A2835B COLOR BLK VEHICLE MODEL CX-9  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 3 VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10.001 - 26K LBS.  
 3 - > 26K LBS.  
 TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL CLASS # PLACARD ID #  
 MATERIAL RELEASED  PLACARD

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

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)  
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 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

INITIAL POINT OF CONTACT  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
5 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

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

TRAFFICWAY FLOW  
2 1 - ONE-WAY  
 2 - TWO-WAY

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

VEHICLE DEFECTS 99  
 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

SEQUENCE OF EVENTS

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  
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 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
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 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER

CONTRIBUTING CIRCUMSTANCES 1  
 1 - NONE 8 - FOLLOWING TOO CLOSE /ACOA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
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 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

# OF THROUGH LANES ON ROAD 2

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  
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 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL  
 37 - TRAFFIC SIGN POST 44 - DITCH

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 8

UNIT SPEED 5

POSTED SPEED 5

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

000220025844

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> ANGLE, CHRISTINA, N					<b>DATE OF BIRTH</b> 07/16/1983		<b>AGE</b> 39	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4144 GREENFIELD CT, CINCINNATI, OH, 45245					<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]							
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> [REDACTED]			<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>	
		<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>					
<b>UNIT #</b> 2	<b>NAME: LAST, FIRST, MIDDLE</b> POWELEIT, ELIZABETH, G					<b>DATE OF BIRTH</b> 03/17/1986		<b>AGE</b> 36	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3796 GREY BIRCH DR, BATAVIA, OH, 45103					<b>CONTACT PHONE - INCLUDE AREA CODE</b> [REDACTED]							
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b> 4	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b> 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> [REDACTED]			<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>	
		<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b>	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULTS SELECT UP TO 4</b>					
<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>					<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>		<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>		<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>			<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>			<b>CITATION NUMBER</b>		
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION SELECT UP TO 3</b>		<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>			<b>DRUG TEST(S)</b>	
		<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULTS SELECT UP TO 4</b>					

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 BUS & 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 & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE	<b>EJECTION</b>		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	
	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	<b>OL ENDORSEMENT</b>	10 - LIMITED TO DAYLIGHT ONLY		<b>ALCOHOL TEST TYPE</b>
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	H - HAZMAT	11 - LIMITED TO EMPLOYMENT ONLY		1 - NONE
	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	M - MOTORCYCLE	12 - LIMITED - OTHER		2 - BLOOD
	13 - TRAILING UNIT		P - PASSENGER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - URINE
	14 - RIDING ON VEHICLE EXTERIOR	<b>TRAPPED</b>	N - TANKER	14 - MILITARY VEHICLES ONLY		4 - BREATH
	15 - NON-MOTORIST	1 - NOT TRAPPED	Q - MOTOR SCOOTER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - OTHER
	99 - OTHER / UNKNOWN	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	16 - OUTSIDE MIRROR		<b>DRUG TEST TYPE</b>
		3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	17 - PROSTHETIC AID		1 - NONE
			T - DOUBLE & TRIPLE TRAILERS	18 - OTHER		2 - BLOOD
			X - TANKER / HAZMAT			3 - URINE
						4 - OTHER
			<b>GENDER</b>			<b>DRUG TEST RESULT(S)</b>
			F - FEMALE			1 - AMPHETAMINES
			M - MALE			2 - BARBITURATES
			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
000220025844

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	1	BUDAI, DONNA, M	01/25/1958	64	F

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
	670 STITES CV, CINCINNATI, OH, 45245	[REDACTED]

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

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	2	KELTNER, LEON	09/27/2009	12	M

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
	3796 GREY BIRCH DR, BATAVIA, OH, 45103	[REDACTED]

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

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	2	KELTNER, PATRICK	04/28/2012	10	M

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
	3795 GREY BIRCH DR, BATAVIA, OH, 45103	[REDACTED]

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

<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	2	POWELEIT, NOELLE	11/20/2019	2	F

<b>OCCUPANT</b>	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
	3795 GREY BIRCH DR, BATAVIA, OH, 45103	[REDACTED]

<b>OCCUPANT</b>	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			6	<input type="checkbox"/>	6	1	1	1

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

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

EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

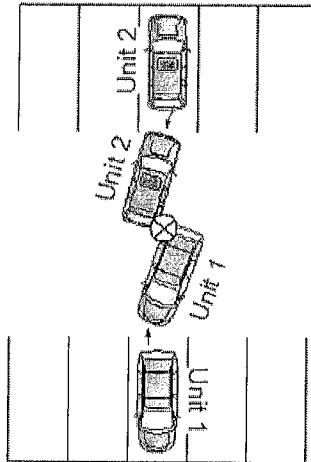
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

<b>WITNESS</b>	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 <b>000220025844</b>	REPORTING AGENCY <b>Clermont County Sheriff</b>	Date Of Crash <b>08/17/2022</b>
IN COUNTY OF <b>Clermont County</b>	ACCIDENT LOCATION <b>Clough</b>	

1341 Clough Pike



Not To Scale

OFFICERS SIGNATURE

BADGE NO.

**12423**