

TRAFFIC CRASH REPORT

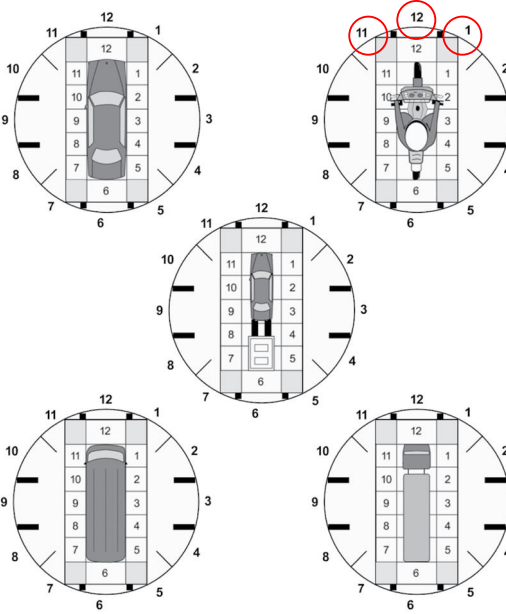
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | |
|---|--|--|---|---|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION SR 32 & GLEN-ESTE WITHAMSVILLE | | 122004120 | | |
| COUNTY* 13 | | LOCALITY* 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF) | | CRASH DATE / TIME* 04232022 1653 | | |
| ROUTE TYPE SR | | ROUTE NUMBER 32 | PREFIX 3 | LOCATION ROAD NAME SR 32 | ROAD TYPE HW | LATITUDE DECIMAL DEGREES 39.094395 | |
| ROUTE TYPE CR | | ROUTE NUMBER 55 | PREFIX 3 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLEN-ESTE WITHAMSVILLE | ROAD TYPE RD | LONGITUDE DECIMAL DEGREES -84.262192 | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST E | | 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 | |
| DISTANCE FROM REFERENCE 100 | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2 | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION OF FIRST HARMFUL EVENT 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 01 | | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3 | | MEDIAN TYPE 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 4 | |
| <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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN | |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 | | WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 01 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN | |
| NARRATIVE On the above date and time Unit#2 was struck by Unit #1 from behind. Unit #1 did not have enough distance to stop. | | | | | | | |
| CRASH REPORTED DATE / TIME 04232022 1653 | | DISPATCH DATE / TIME 04232022 1654 | | ARRIVAL DATE / TIME 04232022 1656 | | SCENE CLEARED DATE / TIME 04232022 1750 | |
| TOTAL TIME ROADWAY CLOSED 0090 | | OTHER INVESTIGATION TIME 0030 | | TOTAL MINUTES 0086 | | OFFICER'S NAME* HALE, JAMES T | |
| TOTAL TIME ROADWAY CLOSED 0090 | | OTHER INVESTIGATION TIME 0030 | | TOTAL MINUTES 0086 | | CHECKED BY OFFICER'S NAME* Wilson, Christopher D | |
| TOTAL TIME ROADWAY CLOSED 0090 | | OTHER INVESTIGATION TIME 0030 | | TOTAL MINUTES 0086 | | OFFICER'S BADGE NUMBER* 4 9 | |
| TOTAL TIME ROADWAY CLOSED 0090 | | OTHER INVESTIGATION TIME 0030 | | TOTAL MINUTES 0086 | | CHECKED BY OFFICER'S BADGE NUMBER* 8 6 | |
| TOTAL TIME ROADWAY CLOSED 0090 | | OTHER INVESTIGATION TIME 0030 | | TOTAL MINUTES 0086 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS) | |

122004120

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|----------|---|---|--|---|---|--------------------------------|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) AUBUCHON SALVATORE J | | OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) _____ | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 3850 MACK RD FAIRFIELD, Ohio, 45014 | | | | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____ | | |
| | | | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # DOF44 | VEHICLE IDENTIFICATION # JH2R1C4144X7M11002116 | | VEHICLE YEAR 2007 | VEHICLE MAKE Honda |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Allstate Insurance | | INSURANCE POLICY # 291441489 | COLOR RED | VEHICLE MODEL Shadow |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # _____ | TOWED BY: COMPANY NAME Grays TOWING | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # _____ <input type="checkbox"/> PLACARD PLACARD ID # _____ | |
| | UNIT TYPE 07 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) 99 - UNKNOWN OR HIT/SKIP | | | | | |
| | # OF TRAILING UNITS _____ | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | | |
| | 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 14 - GARBAGE/REFUSE 11 - DUMP 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 | | | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 00 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 8 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS | | | | | |
| | ACTION 3 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 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 22 - OTHER NON-MOTORIST 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 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 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 MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE | | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 1 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 BARRIER 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 - OTHER / UNKNOWN 49 - FIRE HYDRANT | | | | | |

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| DAMAGE | |
| DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP | |
| TRAFFIC | |
| 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 |
| # OF THROUGH LANES ON ROAD 3 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 40 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |

122004120

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|----------|---|--|--|---|---------------------------------|---|
| OWNER | UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) SCHRICHTEN ALYSSA MARIE | | OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) _____ | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 2006 FRED A LN GOSHEN Ohio 451229437 | | | | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____ | | |
| | | | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JGV2512 | VEHICLE IDENTIFICATION # 3K1P1F124AD17ME21712541 | | VEHICLE YEAR 2021 | VEHICLE MAKE Kia |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY Nationwide Insurance | INSURANCE POLICY # 9234J088661 | | COLOR DBU | VEHICLE MODEL Forte |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # _____ | | TOWED BY: COMPANY NAME _____ | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | 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 CLASS # _____ PLACARD ID # _____ |
| | UNIT TYPE 01 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED 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 _____ | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | | |
| | 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 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | | |
| | 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 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | |
| | 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 99 - OTHER / UNKNOWN | | | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 00 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 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 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS 11 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 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | | | | | |
| | 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 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | | | | | |
| | SEQUENCE OF EVENTS 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | | | |
| | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 | | | | | |

| | |
|--|--|
| DAMAGE | |
| DAMAGE SCALE | |
| 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT | |
| 07 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFIC | |
| 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 |
| # OF THROUGH LANES ON ROAD 3 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 55 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122004120

| | | | | | | | | | | | |
|-------------------------|--|--|-------------------------------------|---|--|--|--|--|---|---|---------------------|
| MOTORIST / NON-MOTORIST | UNIT # 01 | NAME: LAST, FIRST, MIDDLE AUBUCHON SALVATORE J | | | | DATE OF BIRTH 03221983 | | | AGE 039 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 3850 MACK RD, FAIRFIELD, Ohio, 45014 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) UTFD 49 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 08 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 5 | EJECTION 4 | TRAPPED 1 |
| | OL STATE ** | OPERATOR LICENSE NUMBER ***** | | OFFENSE CHARGED 4511.21A | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION Assured Clear Distance Ahead | | | CITATION NUMBER 0131649042320221734 | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE . | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | |

| | | | | | | | | | | | |
|-------------------------|---|---|-------------------|---|--|------------------------------------|--|--|---------------------------|---|---------------------|
| MOTORIST / NON-MOTORIST | UNIT # 02 | NAME: LAST, FIRST, MIDDLE SCHRICHTEN ALYSSA MARIE | | | | DATE OF BIRTH 06281999 | | | AGE 022 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 2006 FRED A LN, GOSHEN, Ohio, 451229437 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| | OL STATE ** | OPERATOR LICENSE NUMBER ***** | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE . | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | |

| | | | | | | | | | | | |
|-------------------------|-----------------------------------|----------------------------|-------------------|---|--|-----------------------------------|--|-----------------------------------|-------------------|---|---------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | AGE 000 | 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 MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | 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 STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 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 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 | 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 | ALCOHOL 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 | | |
| | | | | DRUG TEST RESULT(S) | | |
| | | | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
122004120

| | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| OCCUPANT | 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 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 | | | | |
| | 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 |
| | | | | | | | | | | |

| | | | | | | | | | | |
|-----------------|--|----------------------------------|--------------------------|--|------------------------------|---|-------------------------|----------------------|-----------------|----------------|
| OCCUPANT | 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 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 | | | | |
| | 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 | 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 | |

| | | | |
|--|----------------------|--|---------------|
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| HOWELL MERRI CAROLYN | 1 2 0 8 1 9 7 2 | 049 | F |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |
| 1156 NATURE RUN RD, BATAVIA, Ohio, 45103 | | | |

| | | | |
|--|----------------------|--|---------------|
| NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| STEFANCIN JEREMY DOUGLAS | 0 3 0 4 1 9 9 8 | 024 | M |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | |
| 4352 Long Lake Dr 2314, Batavia, Ohio, 45103 | | | |

| | | | |
|--|----------------------|--|---------------|
| 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

122004120

Traffic Crash/Injury

4/25/2022 OH2/OH3

OHIO CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

OH2

LOCAL REPORT NUMBER 22-4120
IN COUNTY OF CLEMONT
REPORTING AGENCY Union Twp
CRASH LOCATION SR 32 (EB) GLEN-ESTE
DATE OF CRASH M 4 D 23 Y 22

WEATHER CONDITIONS Clear ☒ Cloudy ☐ Rain ☐ Drizzle ☐ Snow ☐ Fog ☐ Other ☐

ROAD CONDITIONS Dry ☒ Wet ☐ Ice ☐ Snow ☐ Standing ☐ Water ☐ Other ☐

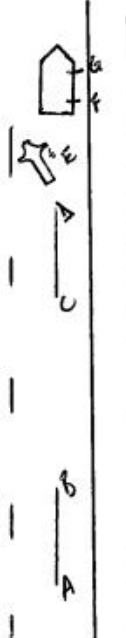
COORDINATE DIAGRAM MEASUREMENT FORM

REFERENCE POINT (RP) TRAFFIC LIGHT POLE SE GR/32 INTERSECTION
DESCRIPTION / LOCATION WHITE FOG LINE
BASELINE DESCRIPTION
LOCATION 186
REFERENCE POINT (RP) TO BASELINE ORIGIN ("0" POINT) DIRECTION FROM (RP) TO ORIGIN ("0" POINT) N

| "0" POINT TO | N | E | W | S |
|--------------|------|-------|---|---|
| A | 5.11 | 335.5 | | |
| B | 5.9 | 347.5 | | |
| C | 7.3 | 337.5 | | |
| D | 7.3 | 422.2 | | |
| E | 8.0 | 429.0 | | |
| F | 2.1 | 438.9 | | |
| G | 2.4 | 447.8 | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| N | | | | |
| O | | | | |
| P | | | | |
| Q | | | | |
| R | | | | |
| S | | | | |
| T | | | | |
| U | | | | |
| V | | | | |
| W | | | | |
| X | | | | |
| Y | | | | |
| Z | | | | |
| AA | | | | |
| BB | | | | |
| CC | | | | |
| DD | | | | |
| EE | | | | |
| FF | | | | |

START SKID
END SKID #1
START SKID #1
END SKID #1 (SIDE SLIP)
FINAL REST #1
FINAL REST #2 FR
FINAL REST #2 RL

← N



DATE COMPLETED

TIME COMPLETED

NAME

ID NUMBER

4-23-22

1710

KRESSLEY, T.

46

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004120

Traffic Crash/Injury

4/25/2022 OH2/OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|---|--|---------------------------------------|
| LOCAL REPORT NUMBER <u>22-4120</u> | REPORTING AGENCY <u>Union Township Police Department</u> | DATE OF CRASH <u>M 4 D 23 Y 22</u> |
| IN COUNTY OF <u>Clermont</u> | CRASH LOCATION <u>SR32 / Glen-este Withamsville</u> | |

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

I, Alyssa Schrichten Hereby make this voluntary statement to Ofc. Hale At Accident Scene

- 1) What time did the accident happen? 5:00pm
- 2) What road were you traveling on? State Rt 32
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 30 mph?
- 6) What is the speed limit? 55 mph
- 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 2021 KIA Forte
- 11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|-------------------|------------------------------------|------------------|
| Alyssa Schrichten | 2006 Freda lane goshen oh 45122 | sitting straight |
| | | |
| | | |
| | | |
| | | |

12) Describe what happened?

Traffic was coming to a stop
when I stopped the motorcyclist hit
the back of my vehicle, his tires were
screeching trying to stop.

Insurance Company Nationwide Policy# 9234J088661

Signature X

Alyssa Schrichten

OFFICER'S SIGNATURE

Ofc. Hale

UNIT NO.

46

PAGE NO.

1

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004120

Traffic Crash/Injury

4/25/2022 OH2/OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|---|--|---------------------------------|
| LOCAL REPORT NUMBER 22-4120 | REPORTING AGENCY Union Township Police Department | DATE OF CRASH 4 23 22 |
| IN COUNTY OF Clermont | CRASH LOCATION Rt 32 / Glen-estc Withamsville | |

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

I, Defendant / Unit 1 Hereby make this voluntary statement to Off. Hale At Accident Scene

- 1) What time did the accident happen? 5:00
- 2) What road were you traveling on? 32
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain: Yes leg
- 5) What was your speed before the crash? 40
- 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 02 Honda Shadow
- 11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|--------------|-----------------------------|------------------|
| <u>MVSEB</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |

12) Describe what happened?

Stopped Breaks locked

Insurance Company

Allstate

Policy#

29 14141489

Signature X

OFFICER'S SIGNATURE

X [Signature] Hale

UNIT NO.

419

PAGE NO.

1

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004120

Traffic Crash/Injury

4/25/2022 OH2/OH3

Form 6-01g (Revised 02/07)



Date: 04/23/2022

Incident # 22-4120

1. Merri (Carolyn) Howell

PRINT NAME

HEREBY MAKE THIS VOLUNTARY STATEMENT

Traffic came to an abrupt stop just East of Glen Este Withamsville on 32 E. A Blue Kia Forte stopped behind me and I heard tires squealing so I looked in my rear view mirror and seen a Motorcyclist hit the Kia. I seen the riders legs come up over above the Car (Kia) like he had landed on the trunk of that Car. I jumped out and ran back and seen the motorcyclist laying on the ground groaning. I asked if he was okay and he rolled up on his elbows and knees and held his head. He did have a helmet on. I told the man getting out of the vehicle behind the motorcycle to call 911 because I didn't have my phone on me. The girl called 911 (Kia driver) and handed the phone to me. I told 911 that the motorcyclist was hurt, maybe a broken arm because there was a lump on his right forearm. Operator took my # & name and said police was on the way. Operator then hung up. Motorcyclist was standing by the time Union Twp police arrived.

Signature:

Merri Carolyn Howell
Jenna Hale

Address:

1156 Nature Run Rd
Bristow 45103

Phone:

DOB:

12/08/1977

SSN:

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004120

Traffic Crash/Injury

4/25/2022 OH2/OH3

Form 6-01g (Revised 02/07)



Date:

4/23/22

Incident #

22-4120

I. Jeremy Stefanin PRINT NAME HEREBY MAKE THIS VOLUNTARY STATEMENT

I saw traffic come to a stand still shortly after the intersection of 32 east and Glenview rd. The motor cycle in front of me slammed and appeared to lock brakes to avoid hitting the blue KIA in front of it. As he slowed he started wobbling and drifting towards the left side of the lane. He then hit the KIA on the left side coming off his bike and looks like he hit his head and body on the back left bumper. I didn't see any other cars get hit by debris.

Signature:

[Signature]

Witness:

[Signature]

Address:

4352 Long Lake Dr. APT 2314

Phone:

DOB:

3-4-1998

SSN:

[Signature]
1503