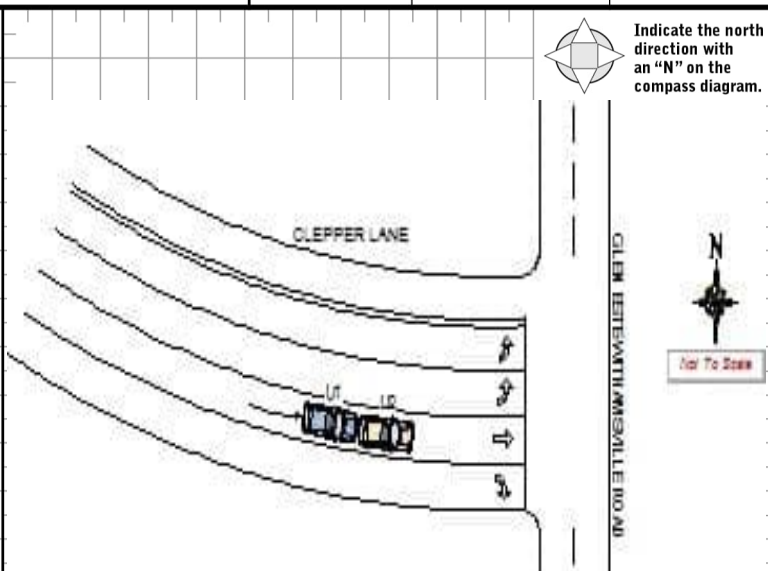


TRAFFIC CRASH REPORT

*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"/> PRIVATE PROPERTY	LOCAL INFORMATION CLEPPER LANE		122010629	
COUNTY* 13		LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
ROUTE TYPE TR		ROUTE NUMBER 0252	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME CLEPPER	ROAD TYPE LA	NUMBER OF UNITS 02
ROUTE TYPE CR		ROUTE NUMBER 0055	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLEN ESTE-WITHAMSVILLE	ROAD TYPE RD	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE W	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		CRASH DATE / TIME* 10112022 1402	
DISTANCE FROM REFERENCE 25		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		LATITUDE DECIMAL DEGREES 39.009248	
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
CONTOUR 1		CONDITIONS 1		SURFACE 2		
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
NARRATIVE On the listed date and time, units 1 and 2 were traveling eastbound on Clepper Ln. Unit 2 was stopped for traffic ahead. Unit 1 struck unit 2 in a rear-end type collision. Minor damage reported.						
						
CRASH REPORTED DATE / TIME 10112022 1402		DISPATCH DATE / TIME 10112022 1418		ARRIVAL DATE / TIME 10112022 1430		SCENE CLEARED DATE / TIME 10112022 1505
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0047		OFFICER'S NAME* DISBENNETT, DEREK
CHECKED BY OFFICER'S NAME* JASPER, GREGORY C		CHECKED BY OFFICER'S BADGE NUMBER* 8 2		OFFICER'S BADGE NUMBER* 2 1		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)						

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 3 - FUNCTIONAL DAMAGE
	2 - MINOR DAMAGE 4 - DISABLING DAMAGE
	9 - UNKNOWN
DAMAGED AREA(S)	

INDICATE ALL THAT APPLY

A circular road layout with 12 numbered segments (1-12) arranged clockwise starting from the top right. A central vehicle is positioned in the middle of the circle, facing the top. The vehicle is a dark-colored car with a white roof rack. The road segments are numbered 1 through 12, with 12 at the top and 6 at the bottom. The road is a single lane in each direction, with a dashed line in the center. The vehicle is currently in segment 12.

6 6 6 6

☐ NO DAMAGE [0] ☐ UNDERCARRIAGE [14]

☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]

☐ - TOP [13] ☐ - ALL AREAS [15]

☐ - UNIT NOT AT SCENE [16]

INITIAL POINT of CONTACT

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

TRAFFIC

TRAFFICWAY FLOW 1 - ONE-WAY <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px;">2</div> 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px;">2</div> 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES	RAIL GRADE CROSSING

ON ROAD		1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
2	1		
UNIT / NON-MOTORIST DIRECTION			
FROM 4		TO 3	
		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST	

<div> <div>UNIT SPEED</div> <div>5</div> </div>		<div> <div>DETECTED SPEED</div> <div>1</div> <div> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED </div> </div>	
<div> <div>POSTED SPEED</div> <div>45</div> </div>			

OWNER	<div>UNIT #02</div> <div>OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)</div> <div>MEHOLICK CARMEN L</div>						<div>OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)</div> <div></div>											
	<div>OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)</div> <div>75 RED BUD CIR AMELIA Ohio 45102</div>												<div>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</div> <div></div>					
VEHICLE	LP STATE <div>O H</div>		LICENSE PLATE # <div>HHG4885</div>		VEHICLE IDENTIFICATION # <div>J N 8 1 A Z 1 2 N E 4 C 9 0 1 2 1 4 3 J</div>						VEHICLE YEAR <div>2 0 1 2</div>		VEHICLE MAKE <div>Infiniti</div>					
	<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY <div>Progressive Insurance</div>				INSURANCE POLICY # <div>JN8AZ2NE4C9021433</div>				COLOR <div>GRY</div>		VEHICLE MODEL <div>QX56</div>					
	<input type="checkbox"/> COMMERCIAL		TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <div></div>				TOWED BY: COMPANY NAME									
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS <div>01</div>		VEHICLE WEIGHT GVWR/GCW 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				<input type="checkbox"/> MATERIAL RELEASED		HAZARDOUS MATERIAL CLASS # PLACARD ID #					
	<input type="checkbox"/> PLACARD										<input type="checkbox"/>							
	UNIT TYPE <div>03</div>		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		99 - UNKNOWN or HIT/SKIP								
6 - VAN (9-15 SEATS)																		
# OF TRAILING UNITS																		
AUTONOMOUS MODE WHEN CRASH OCCURRED? <div>2</div>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL <div>0</div>		0 - NO AUTOMATION		3 - CONDITIONAL AUTOMATION		9 - UNKNOWN						
								1 - DRIVER ASSISTANCE		4 - HIGH AUTOMATION								
								2 - PARTIAL AUTOMATION		5 - FULL AUTOMATION								
SPECIAL FUNCTION <div>01</div>		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 <div>01</div>		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 <div>00</div>		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 <div>00</div>		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		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN								
				5 - TRAVEL LANE - OTHER LOCATION		8 - SIDEWALK		11 - SHARED USE PATHS OR TRAILS										
ACTION <div>4</div>		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		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN								
		9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN		12 - DRIVERLESS												
CONTRIBUTING CIRCUMSTANCES <div>01</div>		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																		
EVENTS																		
1 2 0		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 - IMMERSON		8 - RAN OFF ROAD RIGHT		13 - OTHER NON-COLLISION												

<p align="center">DAMAGE SCALE</p> <p>1 - NONE 3 - FUNCTIONAL DAMAGE</p> <p>2 - MINOR DAMAGE 4 - DISABLING DAMAGE</p> <p>9 - UNKNOWN</p>					
<p align="center">DAMAGED AREA(S)</p> <p align="center">INDICATE ALL THAT APPLY</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> </div> <p> <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] </p>					
<p align="center">INITIAL POINT OF CONTACT</p> <p>0 - NO DAMAGE 14 - UNDERCARRIAGE</p> <p>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE</p> <p>13 - TOP 99 - UNKNOWN</p>					
<p align="center">TRAFFIC</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>TRAFFICWAY FLOW</p> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> <p>FROM <u>2</u></p> </td> <td style="width: 50%;"> <p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p> </td> </tr> <tr> <td> <p># OF THROUGH LANES ON ROAD</p> <p><u>2</u></p> </td> <td> <p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p><u>1</u></p> </td> </tr> </table>		<p>TRAFFICWAY FLOW</p> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> <p>FROM <u>2</u></p>	<p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p>	<p># OF THROUGH LANES ON ROAD</p> <p><u>2</u></p>	<p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p><u>1</u></p>
<p>TRAFFICWAY FLOW</p> <p>1 - ONE-WAY</p> <p>2 - TWO-WAY</p> <p>FROM <u>2</u></p>	<p>TRAFFIC CONTROL</p> <p>1 - ROUNDABOUT 4 - STOP SIGN</p> <p>2 - SIGNAL 5 - YIELD SIGN</p> <p>3 - FLASHER 6 - NO CONTROL</p>				
<p># OF THROUGH LANES ON ROAD</p> <p><u>2</u></p>	<p>RAIL GRADE CROSSING</p> <p>1 - NOT INVOLVED</p> <p>2 - INVOLVED-ACTIVE CROSSING</p> <p>3 - INVOLVED-PASSIVE CROSSING</p> <p><u>1</u></p>				
<p align="center">UNIT / NON-MOTORIST DIRECTION</p> <p>FROM <u>4</u> TO <u>3</u></p> <p> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </p>					
<p>UNIT SPEED</p> <p><u>0</u></p>	<p>DETECTED SPEED</p> <p><u>1</u> 1 - STATED / ESTIMATED SPEED</p> <p>2 - CALCULATED / EDR</p> <p>3 - UNDETERMINED</p>				
<p>POSTED SPEED</p> <p><u>45</u></p>					



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122010629

MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE HORTON HEATHER D				DATE OF BIRTH 01091981				AGE 041	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 4422 EASTWOOD DR 7202, BATAVIA, Ohio, 45103					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE **	OPERATOR LICENSE NUMBER *****		OFFENSE CHARGED 4511.21A		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER 0131621101120221449		
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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

MOTORIST / NON-MOTORIST	UNIT # 02	NAME: LAST, FIRST, MIDDLE MEHOLICK CARMEN L				DATE OF BIRTH 02061976				AGE 046	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 75 RED BUD CIR, AMELIA, Ohio, 45102					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1	

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		
				CONDITION	DRUG TEST RESULT(S)	
				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010629

Traffic Crash/Non-Injury

10/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-010629	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 10 D 11 Y 22
IN COUNTY OF Clermont	CRASH LOCATION EXIT Gate / CLEPPER LN @ GLEN ESTE-WITHAMSVILLE RD	

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

I, Carmen Meholic Hereby make this voluntary statement to to whom it may concern At Accident Scene

- 1) What time did the accident happen? 2 Around 2:00 pm
- 2) What road were you traveling on? _____
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: don't think so.
- 5) What was your speed before the crash? 82 Sitting in my car at light
- 6) What is the speed limit? ?
- 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 Infiniti QX56 2012

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Carmen Meholic</u>	<u>29 75 Redbad Circle Amelia</u>	<u>Driver</u>
<u>no one else</u>		

12) Describe what happened?

Sitting at light in front of Gordon's Store.
Then hit from behind.

Insurance Company Progressive Policy# JN 8AZ2NE4C9021433
JN 8AZ2NE4C9021433

Signature X

Carmen Meholic

OFFICER'S SIGNATURE

X

P.O. [Signature]

UNIT NO.

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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010629

Traffic Crash/Non-Injury

10/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-010629</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 10 D 11 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>11600R / 66W ESTE WETHAMSVILLE RD</u>	

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

I, Heather Horton Hereby make this voluntary statement to P.O. DISBENNET At Accident Scene

- 1) What time did the accident happen? _____
- 2) What road were you traveling on? _____
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 5 mph
- 6) What is the speed limit? 25 mph (2)
- 7) Is there anything you could have done to avoid the accident? not eat
- 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 2014 Chevy Equinox
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Joseph Hudson</u>	<u>4422 Eastwood drive Apt 7202</u>	<u>driver rear</u>
<u>Micah Holcomb</u>	<u>4422 Eastwood drive Apt 7202</u>	<u>Passenger rear</u>
<u>8/18/2005</u>		

12) Describe what happened?

We were stopped at a traffic light. I went to get a cab hagon and my foot slipped off brake onto gas and I rear ended car in front of me. we then followed each other to shopping center where we called police.

Insurance Company State farm Insurance Policy# 789-5830-B05-35G

Signature X

Heather Horton

OFFICER'S SIGNATURE

X

P.O. Disbennet

UNIT NO.

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