

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				<b>LOCAL INFORMATION</b> SR 32 / OLD SR 74 <b>REPORTING AGENCY NAME*</b> Union Township Police Dept. <b>NCIC*</b> 01316				<b>LOCAL REPORT NUMBER*</b> <b>122010708</b>				
<b>COUNTY*</b> 13 <b>LOCALITY*</b> 3 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				<b>CRASH DATE / TIME*</b> 10132022 0758				<b>HIT/SKIP</b> 1-SOLVED 02 2-UNRESOLVED 01				
<b>ROUTE LOCATION</b> <b>ROUTE TYPE</b> SR <b>ROUTE NUMBER</b> 0032 <b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST				<b>LOCATION ROAD NAME</b> SR 32				<b>ROAD TYPE</b> HW <b>LATITUDE</b> DECIMAL DEGREES 39.088772				
<b>REFERENCE</b> <b>ROUTE TYPE</b> CR <b>ROUTE NUMBER</b> 0171 <b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST				<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> CINTI-BATAVIA				<b>ROAD TYPE</b> PI <b>LONGITUDE</b> DECIMAL DEGREES -84.237503				
<b>REFERENCE POINT</b> 1-INTERSECTION 2-MILE POST 3-HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE		<b>ROAD TYPE</b> AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b> 4				
<b>DISTANCE FROM REFERENCE</b> 25		<b>DISTANCE UNIT OF MEASURE</b> 1-MILES 2-FEET 3-YARDS		<b>ROUTE TYPE</b> CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				<b>ROADWAY</b> <input checked="" type="checkbox"/> <b>ROADWAY DIVIDED</b>				
<b>LOCATION OF FIRST HARMFUL EVENT</b> 01 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				<b>MANNER OF CRASH COLLISION/IMPACT</b> 7 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON				<b>DIRECTION OF TRAVEL</b> 3 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>MEDIAN TYPE</b> 4 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		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		<b>CONTOUR</b> 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		<b>CONDITIONS</b> 2 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		<b>SURFACE</b> 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN		
<b>LIGHT CONDITION</b> 2 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				<b>WEATHER</b> 04 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL								
<b>NARRATIVE</b> <p>Unit 1 was traveling eastbound on SR32 approaching the intersection of Old Sr 74 in the center lane. Unit 1 changed lanes from the center lane to the left lane without ensuring it was safe to do so striking unit 2 that occupied the left lane. Unit 2 stopped immediately after the collision and was struck in the rear by unit 1.</p>												
<b>CRASH REPORTED DATE / TIME</b> 10132022 0758		<b>DISPATCH DATE / TIME</b> 10132022 0807		<b>ARRIVAL DATE / TIME</b> 10132022 0833		<b>SCENE CLEARED DATE / TIME</b> 10132022 0935		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
<b>TOTAL TIME ROADWAY CLOSED</b> 0010		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> 0088		<b>OFFICER'S NAME*</b> Kresser, Terrence		<b>CHECKED BY OFFICER'S NAME*</b> Wagner, Richard J				
						<b>OFFICER'S BADGE NUMBER*</b> 4 6		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 7 9				
										<b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

MOST HARMFUL EVENT

OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)

38 HANDEL LN, CINCINNATI OHIO 452181212

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

US DOT #

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL

MATERIAL RELEASED

PLACARD

CLASS #

PLACARD ID #

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 3 - OTHER/ UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

1 - NONE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - SCHOOL TRANSPORT

5 - CARGO VAN

6 - VAN (9-15 SEATS)

7 - PASSENGER CAR

8 - PASSENGER VAN (MINIVAN)

9 - SPORT UTILITY VEHICLE

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

28 - ANIMAL

29 - UNKNOWN OR HIT/SKIP

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

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER LOCATION

4 - MIDBLOCK - MARKED CROSSWALK

5 - MIDBLOCK - OTHER LOCATION

6 - SIDEWALK

7 - SHOULDER / ROADSIDE

8 - BICYCLE LANE

9 - MEDIAN/CROSSING ISLAND

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE

13 - OTHER / UNKNOWN

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING

4 - STRUCK

5 - BOTH STRIKING & STRUCK

6 - STRIKING

7 - STRUCK

8 - PRE-CRASH

9 - OVERTURN/ROLLOVER

10 - EQUIPMENT FAILURE

11 - SEPARATION OF UNITS

12 - RAN OFF ROAD RIGHT

13 - RAN OFF ROAD LEFT

14 - JACKKNIFE

15 - CARGO / EQUIPMENT LOSS OR SHIFT

16 - EQUIPMENT FAILURE

17 - SEPARATION OF UNITS

18 - RAN OFF ROAD RIGHT

19 - RAN OFF ROAD LEFT

20 - JACKKNIFE

21 - CARGO / EQUIPMENT LOSS OR SHIFT

22 - EQUIPMENT FAILURE

23 - SEPARATION OF UNITS

24 - RAN OFF ROAD RIGHT

25 - RAN OFF ROAD LEFT

26 - JACKKNIFE

27 - CARGO / EQUIPMENT LOSS OR SHIFT

28 - EQUIPMENT FAILURE

29 - SEPARATION OF UNITS

30 - RAN OFF ROAD RIGHT

31 - RAN OFF ROAD LEFT

32 - JACKKNIFE

33 - CARGO / EQUIPMENT LOSS OR SHIFT

34 - EQUIPMENT FAILURE

35 - SEPARATION OF UNITS

36 - RAN OFF ROAD RIGHT

37 - RAN OFF ROAD LEFT

38 - JACKKNIFE

39 - CARGO / EQUIPMENT LOSS OR SHIFT

40 - EQUIPMENT FAILURE

41 - SEPARATION OF UNITS

42 - RAN OFF ROAD RIGHT

43 - RAN OFF ROAD LEFT

44 - JACKKNIFE

45 - CARGO / EQUIPMENT LOSS OR SHIFT

46 - EQUIPMENT FAILURE

47 - SEPARATION OF UNITS

48 - RAN OFF ROAD RIGHT

49 - RAN OFF ROAD LEFT

50 - EQUIPMENT FAILURE

51 - SEPARATION OF UNITS

52 - RAN OFF ROAD RIGHT

53 - RAN OFF ROAD LEFT

54 - JACKKNIFE

55 - CARGO / EQUIPMENT LOSS OR SHIFT

56 - EQUIPMENT FAILURE

57 - SEPARATION OF UNITS

58 - RAN OFF ROAD RIGHT

59 - RAN OFF ROAD LEFT

60 - JACKKNIFE

61 - CARGO / EQUIPMENT LOSS OR SHIFT

62 - EQUIPMENT FAILURE

63 - SEPARATION OF UNITS

64 - RAN OFF ROAD RIGHT

65 - RAN OFF ROAD LEFT

66 - JACKKNIFE

67 - CARGO / EQUIPMENT LOSS OR SHIFT

68 - EQUIPMENT FAILURE

69 - SEPARATION OF UNITS

70 - RAN OFF ROAD RIGHT

71 - RAN OFF ROAD LEFT

72 - JACKKNIFE

73 - CARGO / EQUIPMENT LOSS OR SHIFT

74 - EQUIPMENT FAILURE

75 - SEPARATION OF UNITS

76 - RAN OFF ROAD RIGHT

77 - RAN OFF ROAD LEFT

78 - JACKKNIFE

79 - CARGO / EQUIPMENT LOSS OR SHIFT

80 - EQUIPMENT FAILURE

81 - SEPARATION OF UNITS

82 - RAN OFF ROAD RIGHT

83 - RAN OFF ROAD LEFT

84 - JACKKNIFE

85 - CARGO / EQUIPMENT LOSS OR SHIFT

86 - EQUIPMENT FAILURE

87 - SEPARATION OF UNITS

88 - RAN OFF ROAD RIGHT

89 - RAN OFF ROAD LEFT

90 - JACKKNIFE

91 - CARGO / EQUIPMENT LOSS OR SHIFT

92 - EQUIPMENT FAILURE

93 - SEPARATION OF UNITS

94 - RAN OFF ROAD RIGHT

95 - RAN OFF ROAD LEFT

96 - JACKKNIFE

97 - CARGO / EQUIPMENT LOSS OR SHIFT

98 - EQUIPMENT FAILURE

99 - SEPARATION OF UNITS

100 - RAN OFF ROAD RIGHT

101 - RAN OFF ROAD LEFT

102 - JACKKNIFE

103 - CARGO / EQUIPMENT LOSS OR SHIFT

104 - EQUIPMENT FAILURE

105 - SEPARATION OF UNITS

106 - RAN OFF ROAD RIGHT

107 - RAN OFF ROAD LEFT

108 - JACKKNIFE

109 - CARGO / EQUIPMENT LOSS OR SHIFT

110 - EQUIPMENT FAILURE

111 - SEPARATION OF UNITS

112 - RAN OFF ROAD RIGHT

113 - RAN OFF ROAD LEFT

114 - JACKKNIFE

115 - CARGO / EQUIPMENT LOSS OR SHIFT

116 - EQUIPMENT FAILURE

117 - SEPARATION OF UNITS

118 - RAN OFF ROAD RIGHT

119 - RAN OFF ROAD LEFT

120 - JACKKNIFE

121 - CARGO / EQUIPMENT LOSS OR SHIFT

122 - EQUIPMENT FAILURE

123 - SEPARATION OF UNITS

124 - RAN OFF ROAD RIGHT

125 - RAN OFF ROAD LEFT

126 - JACKKNIFE

127 - CARGO / EQUIPMENT LOSS OR SHIFT

128 - EQUIPMENT FAILURE

129 - SEPARATION OF UNITS

130 - RAN OFF ROAD RIGHT

131 - RAN OFF ROAD LEFT

132 - JACKKNIFE

133 - CARGO / EQUIPMENT LOSS OR SHIFT

134 - EQUIPMENT FAILURE

135 - SEPARATION OF UNITS

136 - RAN OFF ROAD RIGHT

137 - RAN OFF ROAD LEFT

138 - JACKKNIFE

139 - CARGO / EQUIPMENT LOSS OR SHIFT

140 - EQUIPMENT FAILURE

141 - SEPARATION OF UNITS

142 - RAN OFF ROAD RIGHT

143 - RAN OFF ROAD LEFT

144 - JACKKNIFE

145 - CARGO / EQUIPMENT LOSS OR SHIFT

146 - EQUIPMENT FAILURE

147 - SEPARATION OF UNITS

148 - RAN OFF ROAD RIGHT

149 - RAN OFF ROAD LEFT

150 - JACKKNIFE

151 - CARGO / EQUIPMENT LOSS OR SHIFT

152 - EQUIPMENT FAILURE

153 - SEPARATION OF UNITS

154 - RAN OFF ROAD RIGHT

155 - RAN OFF ROAD LEFT

156 - JACKKNIFE

157 - CARGO / EQUIPMENT LOSS OR SHIFT

158 - EQUIPMENT FAILURE

159 - SEPARATION OF UNITS

OWNER UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) HUFF MARILYN LINESE			OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) 2610 PARK AVE APT 105 CINCINNATI Ohio 452061368			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE O H		LICENSE PLATE # JGV3988	VEHICLE IDENTIFICATION # K L 8 C B 6 S A X M C 7 0 9 1 1 3		VEHICLE YEAR 2021	VEHICLE MAKE chevrolet
INSURANCE VERIFIED <input checked="" type="checkbox"/>		INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 826546975		COLOR BLK	VEHICLE MODEL Spark
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE			US DOT #		TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>			#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>	
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)			2 - 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	CLASS # PLACARD ID #	
# OF TRAILING UNITS 01			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	1 - 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		
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	
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 9 - OTHER/ UNKNOWN			01 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						
EVENTS						
1 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	
2 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 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT 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	
3 1	COLLISION WITH FIXED OBJECT - STRUCK					
4 1	1 - FIRST HARMFUL EVENT					
5 1	1 - MOST HARMFUL EVENT					

LOCAL REPORT NUMBER <b>122010708</b>		DAMAGE	
DAMAGE SCALE			
<u>2</u>	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			
<u>02</u>	0 - NO DAMAGE	14 - UNDERCARRIAGE	
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE	
		99 - UNKNOWN	
	13 - TOP		
TRAFFIC			
TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <u>2</u> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL		
# OF THROUGH LANES ON ROAD <u>5</u>	RAIL GRADE CROSSING <u>1</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
UNIT / NON-MOTORIST DIRECTION			
FROM <u>4</u> TO <u>3</u>	1 - NORTH      5 - NORTHEAST 2 - SOUTH      6 - NORTHWEST 3 - EAST      7 - SOUTHEAST 4 - WEST      8 - SOUTHWEST 9 - OTHER / UNKNOWN		
UNIT SPEED <u>55</u>	DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		
POSTED SPEED <u>55</u>			

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER			
	01	FUANI JEROME UMBA DI						03151957	065	M			
	ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
	38 HANDEL LN, CINCINNATI, Ohio, 452181212												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	5						04		01	1	1	1	
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
	**				4511.33			Failure To Stay In Marked Lanes		073515			
	OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UPTO 4
					1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	.	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER				
02	HUFF MARILYN LINESE						09261960	062	F				
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE							
2610 PARK AVE APT 105, CINCINNATI, Ohio, 452061368													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5						04		01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
**													
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UPTO 4	
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	.	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER				
							000	000					
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	RESULT SELECT UPTO 4	
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	.	1	1	
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>		<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>			
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 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3 - TEST GIVEN, RESULTS UNKNOWN			
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 UNKNOWN			
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN			
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		6 - BLOOD			
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - URINE			
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH			
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		5 - OTHER			
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY						
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		<b>TRAPPED</b>		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT						
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER						
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY						
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		F - FEMALE		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		M - MALE				16 - OUTSIDE MIRROR						
6 - CHILD RESTRAINT SYSTEM - REAR FACING			U - OTHER / UNKNOWN				17 - PROSTHETIC AID						
7 - BOOSTER SEAT							18 - OTHER						
8 - HELMET USED													
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)													
10 - REFLECTIVE CLOTHING													
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY													
99 - OTHER / UNKNOWN													
<b>ALCOHOL TEST TYPE</b>													
1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH													
<b>DRUG TEST RESULT(S)</b>													
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS													

# OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER  
 122010708

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 01 KUMBU RUDDY MOISE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP 38 HANDEL LN, CINCINNATI, Ohio, 452181212				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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
	5				04	03	01	1	1	
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 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					
OCCUPANT	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					
OCCUPANT	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 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 - 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			
INJURED TAKEN BY							EJECTION			
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			
GENDER							TRAPPED			
F - FEMALE M - MALE U - OTHER / UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	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

122010708

Traffic Crash/Non-Injury

10/17/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-10708	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M/10 D/15 Y/22
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>FB SA 32 / 01A 74 (BETAWA)</u>	

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

I, JEROME UMBIA Hereby make this voluntary statement to Officer Kresser At Accident Scene

- 1) What time did the accident happen? 8:15
- 2) What road were you traveling on? OH 32
- 3) What direction were you traveling? PORTSMOUTH RD
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 20
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? yes, to stay to my band
- 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) Make of Vehicle HONDA Model Pilot Color Black Year 2013 License Plate JM 2006

11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>Ruddy UMBIA</u>	<u>38 HANDEL LN</u> <u>GREENHILLS 45218</u>	<span style="background-color: black; color: black;">[REDACTED]</span>	<u>03/21/92</u>	

12) Describe what happened?

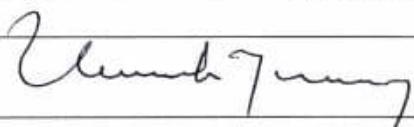
It was stopped in my band, I want change the band to before I check and saw the car was so fare to my car, I give my left light before I take the near band. Suddenly she reach me and became before me stopped

Vehicle Owner Name/address JEROME UMBIA

Insurance Company EIRIE Policy Number \_\_\_\_\_

13) Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: [REDACTED]

Signature X



## ***Union Township Police Dept.***

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010708

## Traffic Crash/Non-Injury

10/17/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION	EB SR 32 / 01A 74 (BROWNSVILLE)	

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

I, \_\_\_\_\_ Hereby make this voluntary statement to Officer Kresser At Accident Scene

9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

10) Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_

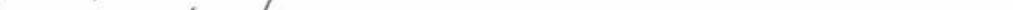
11) List all the occupants other than driver below:

12) Describe what happened?  
I was in the left lane and he was in the inside lane coming over but he did not see me so he said. I blow my horn by that time he hit me on the right side and then hit me from the back.

**Vehicle Owner Name/address**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

13) Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature X  
Marilyn Guff

	OFFICER'S SIGNATURE 	UNIT NO. 2	PAGE NO. 1
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