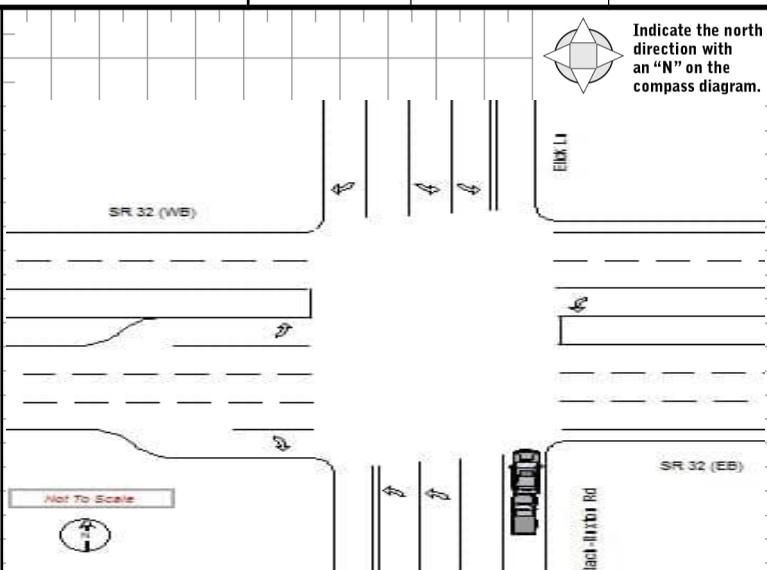


TRAFFIC CRASH REPORT

*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				LOCAL INFORMATION ELICK LN @ SR 32 REPORTING AGENCY NAME* NCIC* Union Township Police Dept. 01316				LOCAL REPORT NUMBER* 122010875							
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				CRASH DATE / TIME* 10162022 1736				UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN							
REFERENCE LOCATION ROUTE TYPE TR ROUTE NUMBER 2977 PREFIX 1-NORTH ROUTE TYPE SR ROUTE NUMBER 0032 PREFIX 1-NORTH	LOCATION ROAD NAME ELICK				ROAD TYPE LA ROAD TYPE HW		LATITUDE DECIMAL DEGREES 39.090608 LONGITUDE DECIMAL DEGREES 84.248201								
	REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #				DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE						
ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS				ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS				DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				ROADWAY <input 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				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			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				
<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		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			
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			6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN										
NARRATIVE Unit #2 was traveling N/B on Elick, stopped at the intersection of Sr 32. Unit #1 was traveling directly behind Unit #2. Unit #1 failed to stop, striking Unit #2 in the rear.															
CRASH REPORTED DATE / TIME 10162022 1739		DISPATCH DATE / TIME 10162022 1753		ARRIVAL DATE / TIME 10162022 1804		SCENE CLEARED DATE / TIME 10162022 1840		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 ODS)							
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0047		OFFICER'S NAME* TOROK, DYLAN		CHECKED BY OFFICER'S NAME* Combs, Rodney D							
						OFFICER'S BADGE NUMBER* 1 2		CHECKED BY OFFICER'S BADGE NUMBER* 8 1							

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
REBHLZ ERIC S

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

44 COMANCHE DR, SARDINIA OHIO 451719788

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

OWNER

VEHICLE

EVENT(s)

LP STATE

LICENSE PLATE # **GCH2579**

VEHICLE IDENTIFICATION # **1F1E14F1H5KLB017126**

VEHICLE YEAR **2019** VEHICLE MAKE **FORD**

INSURANCE VERIFIED

INSURANCE COMPANY **State Farm**

INSURANCE POLICY # **2137727SFP35**

COLOR **BLU** VEHICLE MODEL **RANGER**

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT **01**

UNIT TYPE

04

UNIT TYPE

4

UNIT TYPE

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UNIT TYPE

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UNIT TYPE

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UNIT TYPE

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

SATTLER ROBERT

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

2801 BIGAM RD BATAVIA OHIO 45103

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # GCH2579 VEHICLE IDENTIFICATION # KL7CJNSM8NIB541536 VEHICLE YEAR 2012 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826528868 COLOR WHI VEHICLE MODEL Traverse

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 US DOT # VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD CLASS # PLACARD ID #

UNIT TYPE 03 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) 17 - MOTORHOME 28 - OTHER VEHICLE 29 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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 11 - DUMP 14 - GARBAGE/REFUSE
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

NON-MOTORIST LOCATION AT IMPACT 00 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 4 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 11 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01 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

120 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 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 14 - PEDESTRIAN
15 - PEDALCYCLE

COLLISION WITH FIXED OBJECT - STRUCK 4 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
33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL 37 - GUARDRAIL FACE 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 122010875

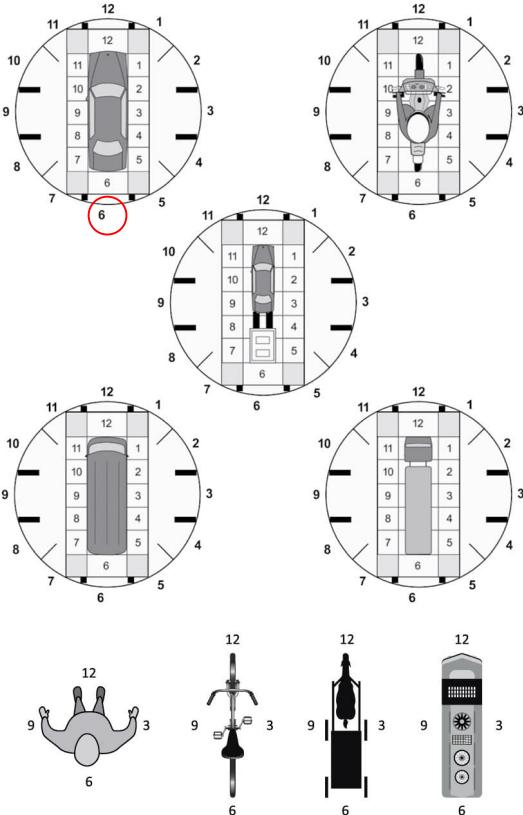
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

06 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 4 - STOP SIGN
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 1 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED 0 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

DETECTED SPEED 1
POSTED SPEED 40

LOCAL REPORT NUMBER
122010875

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	REBOLZ ERIC S					10211987	034	M		
ADDRESS: STREET,CITY,STATE, ZIP		44 COMANCHE DR, SARDINTA, Ohio, 451719788					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
5	1					04	01	1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**				4511.21A					0131612101620221822		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	SATTERL CLOEY RENEE ANN					10102004	018	F			
ADDRESS: STREET,CITY,STATE, ZIP		2166 VILLAGE POINTE DR, BATAVIA, Ohio, 45103					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
5	1					04	01	1	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	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						000	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	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UPTO 4	
INJURIES	SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS		
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED		1 - NONE GIVEN		
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - 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 - TEST GIVEN, RESULTS UNKNOWN		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 - OTHER		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		1 - NONE		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD		
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - OTHER / UNKNOWN		3 - URINE		
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN		4 - BREATH		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER / UNKNOWN	10 - OTHER / UNKNOWN		5 - OTHER		
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		11 - LIMITED TO EMPLOYMENT	11 - OTHER / UNKNOWN	11 - OTHER / UNKNOWN		ALCOHOL TEST TYPE		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		12 - LIMITED - OTHER	12 - OTHER / UNKNOWN	12 - OTHER / UNKNOWN		1 - NONE		
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN	13 - OTHER / UNKNOWN		2 - BLOOD		
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY	14 - OTHER / UNKNOWN	14 - OTHER / UNKNOWN		3 - URINE		
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		F - FEMALE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER / UNKNOWN	15 - OTHER / UNKNOWN		4 - OTHER		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		M - MALE		16 - OUTSIDE MIRROR	16 - OTHER / UNKNOWN	16 - OTHER / UNKNOWN		DRUG TEST TYPE		
6 - CHILD RESTRAINT SYSTEM - REAR FACING			U - OTHER / UNKNOWN		17 - PROSTHETIC AID	17 - OTHER / UNKNOWN	17 - OTHER / UNKNOWN		1 - AMPHETAMINES		
7 - BOOSTER SEAT					18 - OTHER	18 - OTHER / UNKNOWN	18 - OTHER / UNKNOWN		2 - BARBITURATES		
8 - HELMET USED									3 - BENZODIAZEPINES		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									4 - CANNABINOID		
10 - REFLECTIVE CLOTHING									5 - COCAINE		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									6 - OPIATES / OPIOIDS		
99 - OTHER / UNKNOWN									7 - OTHER		
8 - NEGATIVE RESULTS											

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010875

Traffic Crash/Non-Injury

10/18/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-0875	<u>Union Township Police Department</u>	M 10/6/22
IN COUNTY OF Clermont	CRASH LOCATION	Elick @ MK 2

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

I, Eric Rebholz hereby make this voluntary statement to POD 202 At Accident Scene

- 1) What time did the accident happen? 6:10
- 2) What road were you traveling on? Elick Ln
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? _____
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? _____
- 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 2019 Ford Ranger

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I bump the car ~~I did not know~~ I did not know
the truck is moving 

Insurance Company State Farm Policy# 2137727-549-35

Signature X



Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010875

Traffic Crash/Non-Injury

10/18/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-10875	<u>Union Township Police Department</u>	10/16/22
IN COUNTY OF	CRASH LOCATION	M D Y
Clermont	<u>Elkhorn CR 32</u>	

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

I, Cloey Sattler Hereby make this voluntary statement to PO Tora At Accident Scene

- 1) What time did the accident happen? 6:10
- 2) What road were you traveling on? bach buxton north
- 3) What direction were you traveling? north
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? stopped / slow roll / stopped
- 6) What is the speed limit? 35
- 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 2022 chevy trax

11) List all the occupants below:

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

12) Describe what happened?

I stopped at red light. Went to go and stopped again because I saw traffic. A truck behind me hit me when I was stopped. I did not move and called police.

Insurance Company Allstate

Policy# 826528868

Signature X

Cloey Sattler

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X 2020.7001</u>	<u>12</u>	