

## 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> GLEN ESTE-WITHAMSVILLE RD / CLEPPER LN. <b>REPORTING AGENCY NAME*</b> Union Township Police Dept. <b>NCIC*</b> 01316		<b>LOCAL REPORT NUMBER*</b> <b>122011270</b>			
<b>COUNTY*</b> 13 <b>LOCALITY*</b> 1-CITY 2-VILLAGE 3-TOWNSHIP <b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> UNION (TOWNSHIP OF)				<b>CRASH DATE / TIME*</b> <b>10262022 1417</b>		<b>UNIT IN ERROR</b> <b>01</b> 98-ANIMAL 01 99-UNKNOWN			
<b>REFERENCE LOCATION</b> ROUTE TYPE <b>CR</b> 0055	<b>ROUTE NUMBER</b>	<b>PREFIX</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST	<b>LOCATION ROAD NAME</b> GLENESTE-WITHAMSVILLE		<b>ROAD TYPE</b> <b>RD</b>	<b>LATITUDE DECIMAL DEGREES</b> <b>39.094887</b>			
			<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> CLEPPER			<b>LONGITUDE DECIMAL DEGREES</b> <b>-84.263657</b>			
<b>REFERENCE POINT</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	<b>DIRECTION FROM REFERENCE</b> <b>N</b>	<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	<b>INTERSECTION RELATED</b> <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>NUMBER OF APPROACHES</b>					
				<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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> 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		<b>DIRECTION OF TRAVEL</b> <b>1</b> - NORTH 2 - SOUTH 3 - EAST 4 - WEST		<b>MEDIAN TYPE</b> 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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		<b>CONTOUR</b> <b>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		<b>CONDITIONS</b> <b>2</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
<b>LIGHT CONDITION</b> <b>1</b> 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> <b>04</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL						<b>SURFACE</b> <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<b>NARRATIVE</b> <p>Unit # 1 was southbound on Glen Este-Withamsville Road. Unit #2, and Unit #3 were stopped for other traffic on southbound Glen Este-Withamsville Road. Unit #1 struck Unit #2 in the rear, pushing Unit #2 into Unit #3.</p>									
 <p>Indicate the north direction with an "N" on the compass diagram.</p>									
<b>CRASH REPORTED DATE / TIME</b> <b>10262022 1417</b>		<b>DISPATCH DATE / TIME</b> <b>10262022 1419</b>		<b>ARRIVAL DATE / TIME</b> <b>10262022 1424</b>		<b>SCENE CLEARED DATE / TIME</b> <b>10262022 1548</b>		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0000</b>		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> <b>0089</b>		<b>OFFICER'S NAME*</b> Pearcy, Anthony T		<b>CHECKED BY OFFICER'S NAME*</b> JASPER, GREGORY C	
						<b>OFFICER'S BADGE NUMBER*</b> 5 1		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 8 2	

OWNER

UNIT

01

OWNER #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
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UNKNOWN

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

UNKNOWN

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

UNKNOWN

INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #
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TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
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COMMERCIAL	GOVERNMENT	IN EMERGENCY RESPONSE
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INTERLOCK DEVICE EQUIPPED	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR
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01	1 - ≤10K LBS.
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2 - 10,001 - 26K LBS.
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3 - >26K LBS.
---------------

03

UNIT TYPE

4

PICK UP

5

CARGO VAN

6

VAN (9-15 SEATS)

VAN (16-25 SEATS)

VAN (26+ SEATS)

VAN (36+ SEATS)

VAN (46+ SEATS)

VAN (56+ SEATS)

VAN (66+ SEATS)

VAN (76+ SEATS)

VAN (86+ SEATS)

VAN (96+ SEATS)

VAN (106+ SEATS)

VAN (116+ SEATS)

VAN (126+ SEATS)

VAN (136+ SEATS)

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VAN (696+ SEATS)

VAN (706+ SEATS)

VAN (716+ SEATS)

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VAN (846+ SEATS)

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VAN (866+ SEATS)

VAN (876+ SEATS)

VAN (886+ SEATS)

VAN (896+ SEATS)

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VAN (916+ SEATS)

VAN (926+ SEATS)

VAN (936+ SEATS)

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VAN (956+ SEATS)

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VAN (1996+ SEATS)

VAN (2006+ SEATS)

VAN (2016+ SEATS)

VAN (2026+ SEATS)

VAN (2036+ SEATS)

VAN (2046+ SEATS)

VAN (2056+ SEATS)

VAN (2066+ SEATS)

VAN (2076+ SEATS)

VAN (2086+ SEATS)

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VAN (2156+ SEATS)

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VAN (2186+ SEATS)

VAN (2196+ SEATS)

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VAN (2596+ SEATS)

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VAN (2616+ SEATS)

VAN (2626+ SEATS)

VAN (2636+ SEATS)

VAN (2646+ SEATS)

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OWNER

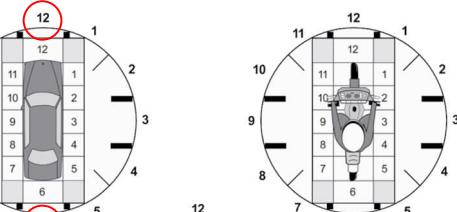
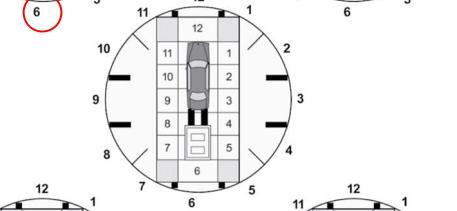
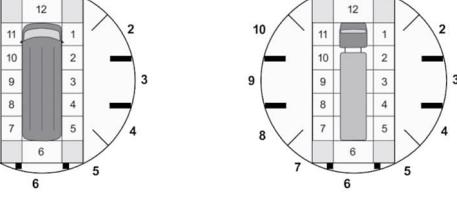
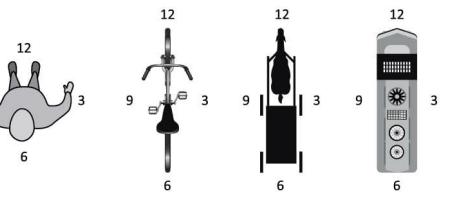
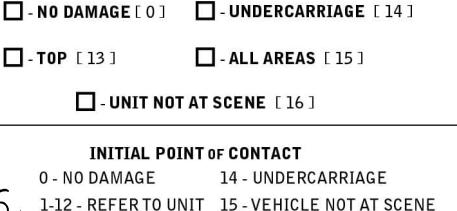
UNIT # <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
GRIESINGER KIANA MARIA		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
201 N APPLE ST, GEORGETOWN OHIO 451211303		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE <b>OH</b>	LICENSE PLATE # <b>JDZ9161</b>	VEHICLE IDENTIFICATION # <b>1G1B15SM2J710125180</b>		VEHICLE YEAR <b>2018</b>	VEHICLE MAKE <b>Chevrolet</b>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>ALLSTATE</b>	INSURANCE POLICY # <b>826454973</b>		COLOR <b>BLK</b>	VEHICLE MODEL <b>Cruze</b>																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																
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UNIT TYPE <b>01</b>	#OCCUPANTS <b>01</b>	<table border="1"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV/UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>				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		99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS																																			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																															
AUTONOMOUS MODE LEVEL																																			
SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER																																			
1 - FIRE 2 - MILITARY 3 - POLICE 4 - PUBLIC UTILITY 5 - TOWING																																			
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 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL																																			
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																																			
11 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - DRIVEWAY ACCESS 14 - SHARED USE PATHS OR TRAILS																																			
15 - TURN 16 - BACKING 17 - CHANGING LANES 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVING 23 - DRIVING 24 - DRIVING 25 - DRIVING 26 - DRIVING 27 - DRIVING 28 - DRIVING 29 - DRIVING 30 - DRIVING 31 - DRIVING 32 - DRIVING 33 - DRIVING 34 - DRIVING 35 - DRIVING 36 - DRIVING 37 - DRIVING 38 - DRIVING 39 - DRIVING 40 - DRIVING 41 - DRIVING 42 - DRIVING 43 - DRIVING 44 - DRIVING 45 - DRIVING 46 - DRIVING 47 - DRIVING 48 - DRIVING 49 - DRIVING																																			
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>11</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER/ UNKNOWN																																			
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 - DRIVING 13 - DRIVING 14 - DRIVING 15 - DRIVING 16 - DRIVING 17 - DRIVING 18 - DRIVING 19 - DRIVING 20 - DRIVING 21 - DRIVING 22 - DRIVING 23 - DRIVING 24 - DRIVING 25 - DRIVING 26 - DRIVING 27 - DRIVING 28 - DRIVING 29 - DRIVING 30 - DRIVING 31 - DRIVING 32 - DRIVING 33 - DRIVING 34 - DRIVING 35 - DRIVING 36 - DRIVING 37 - DRIVING 38 - DRIVING 39 - DRIVING 40 - DRIVING 41 - DRIVING 42 - DRIVING 43 - DRIVING 44 - DRIVING 45 - DRIVING 46 - DRIVING 47 - DRIVING 48 - DRIVING 49 - DRIVING																																			
1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN																																			
7 - FOLLOWING TOO CLOSE / ACDA 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 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 24 - OTHER IMPROPER ACTION																																			

EVENT(s)

SEQUENCE OF EVENTS	EVENTS	
<b>120</b>	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
<b>220</b>	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
<b>3</b>		
<b>4</b>	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 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT
<b>5</b>		
<b>6</b>		
<b>1</b>	FIRST HARMFUL EVENT	MOST HARMFUL EVENT

DAMAGE		
DAMAGE SCALE		
<b>3</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 5 - 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		
<b>06</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>5</b>	RAIL GRADE CROSSING	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM <b>1</b> TO <b>2</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>0</b>	DETECTED SPEED	
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <b>45</b>		

OWNER

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LOCAL REPORT NUMBER  
122011270

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE UNKNOWN DRIVER					DATE OF BIRTH 10262022	AGE 000	GENDER U							
	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								
	UNIT # 01	NAME: LAST, FIRST, MIDDLE UNKNOWN					DATE OF BIRTH	AGE 000	GENDER U							
	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE										
	UNKNOWN, Ohio					INJURIES 5	INJURED TAKEN BY *****	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 99	<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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 9	ALCOHOL TEST 1 1 1	DRUG TEST(S) 1 1								
UNIT # 02	NAME: LAST, FIRST, MIDDLE GRIESINGER KIANA MARIA					DATE OF BIRTH 06182002	AGE 020	GENDER F								
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
201 N APPLE ST, GEORGETOWN, Ohio, 451211303					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 1 1 1	DRUG TEST(S) 1 1									
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											
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 KNOWN											
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS												
6 - NO APPARENT INJURY	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS												
7 - NO APPARENT INJURY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT APPLICABLE	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER												
8 - NO APPARENT INJURY	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS												
9 - NO APPARENT INJURY	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS												
10 - NO APPARENT INJURY	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY												
11 - NO APPARENT INJURY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT												
12 - NO APPARENT INJURY	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - LIMITED - OTHER	12 - LIMITED - OTHER												
13 - NO APPARENT INJURY	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
14 - NO APPARENT INJURY	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT APPLICABLE	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY												
15 - NO APPARENT INJURY	15 - NON-MOTORIST	15 - NOT APPLICABLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES												
16 - NO APPARENT INJURY	16 - OTHER / UNKNOWN	16 - NOT APPLICABLE	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR												
17 - NO APPARENT INJURY	17 - OTHER / UNKNOWN	17 - NOT APPLICABLE	17 - PROSTHETIC AID	17 - PROSTHETIC AID												
18 - NO APPARENT INJURY	18 - OTHER / UNKNOWN	18 - NOT APPLICABLE	18 - OTHER	18 - OTHER												
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	TEST STATUS												
1 - NOT TRANSPORTED /TREATED AT SCENE	2 - EMS	3 - POLICE	4 - OTHER / UNKNOWN	5 - OTHER / UNKNOWN	6 - OTHER / UNKNOWN	7 - OTHER / UNKNOWN										
SAFETY EQUIPMENT		TRAPPED	TEST STATUS													
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	12 - OTHER / UNKNOWN					
13 - TRAILING UNIT	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NON-MOTORIST	16 - OTHER / UNKNOWN	17 - OTHER / UNKNOWN	18 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN	22 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN					
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											
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 KNOWN											
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS												
6 - NO APPARENT INJURY	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS												
7 - NO APPARENT INJURY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT APPLICABLE	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER												
8 - NO APPARENT INJURY	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS												
9 - NO APPARENT INJURY	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS												
10 - NO APPARENT INJURY	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY												
11 - NO APPARENT INJURY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT												
12 - NO APPARENT INJURY	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - LIMITED - OTHER	12 - LIMITED - OTHER												
13 - NO APPARENT INJURY	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
14 - NO APPARENT INJURY	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT APPLICABLE	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY												
15 - NO APPARENT INJURY	15 - NON-MOTORIST	15 - NOT APPLICABLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES												
16 - NO APPARENT INJURY	16 - OTHER / UNKNOWN	16 - NOT APPLICABLE	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR												
17 - NO APPARENT INJURY	17 - OTHER / UNKNOWN	17 - NOT APPLICABLE	17 - PROSTHETIC AID	17 - PROSTHETIC AID												
18 - NO APPARENT INJURY	18 - OTHER / UNKNOWN	18 - NOT APPLICABLE	18 - OTHER	18 - OTHER												
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS												
1 - NOT TRANSPORTED /TREATED AT SCENE	2 - EMS	3 - POLICE	4 - OTHER / UNKNOWN	5 - OTHER / UNKNOWN	6 - OTHER / UNKNOWN	7 - OTHER / UNKNOWN										
8 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	10 - OTHER / UNKNOWN	11 - OTHER / UNKNOWN	12 - OTHER / UNKNOWN	13 - OTHER / UNKNOWN	14 - OTHER / UNKNOWN										
15 - OTHER / UNKNOWN	16 - OTHER / UNKNOWN	17 - OTHER / UNKNOWN	18 - OTHER / UNKNOWN	19 - OTHER / UNKNOWN	20 - OTHER / UNKNOWN	21 - OTHER / UNKNOWN										
22 - OTHER / UNKNOWN	23 - OTHER / UNKNOWN	24 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	26 - OTHER / UNKNOWN	27 - OTHER / UNKNOWN	28 - OTHER / UNKNOWN										
29 - OTHER / UNKNOWN	30 - OTHER / UNKNOWN	31 - OTHER / UNKNOWN	32 - OTHER / UNKNOWN	33 - OTHER / UNKNOWN	34 - OTHER / UNKNOWN	35 - OTHER / UNKNOWN										
36 - OTHER / UNKNOWN	37 - OTHER / UNKNOWN	38 - OTHER / UNKNOWN	39 - OTHER / UNKNOWN	40 - OTHER / UNKNOWN	41 - OTHER / UNKNOWN	42 - OTHER / UNKNOWN										
43 - OTHER / UNKNOWN	44 - OTHER / UNKNOWN	45 - OTHER / UNKNOWN	46 - OTHER / UNKNOWN	47 - OTHER / UNKNOWN	48 - OTHER / UNKNOWN	49 - OTHER / UNKNOWN										
50 - OTHER / UNKNOWN	51 - OTHER / UNKNOWN	52 - OTHER / UNKNOWN	53 - OTHER / UNKNOWN	54 - OTHER / UNKNOWN	55 - OTHER / UNKNOWN	56 - OTHER / UNKNOWN										
57 - OTHER / UNKNOWN	58 - OTHER / UNKNOWN	59 - OTHER / UNKNOWN	60 - OTHER / UNKNOWN	61 - OTHER / UNKNOWN	62 - OTHER / UNKNOWN	63 - OTHER / UNKNOWN										
64 - OTHER / UNKNOWN	65 - OTHER / UNKNOWN	66 - OTHER / UNKNOWN	67 - OTHER / UNKNOWN	68 - OTHER / UNKNOWN	69 - OTHER / UNKNOWN	70 - OTHER / UNKNOWN										
71 - OTHER / UNKNOWN	72 - OTHER / UNKNOWN	73 - OTHER / UNKNOWN	74 - OTHER / UNKNOWN	75 - OTHER / UNKNOWN	76 - OTHER / UNKNOWN	77 - OTHER / UNKNOWN										
78 - OTHER / UNKNOWN	79 - OTHER / UNKNOWN	80 - OTHER / UNKNOWN	81 - OTHER / UNKNOWN	82 - OTHER / UNKNOWN	83 - OTHER / UNKNOWN	84 - OTHER / UNKNOWN										
85 - OTHER / UNKNOWN	86 - OTHER / UNKNOWN	87 - OTHER / UNKNOWN	88 - OTHER / UNKNOWN	89 - OTHER / UNKNOWN	90 - OTHER / UNKNOWN	91 - OTHER / UNKNOWN										
92 - OTHER / UNKNOWN	93 - OTHER / UNKNOWN	94 - OTHER / UNKNOWN	95 - OTHER / UNKNOWN	96 - OTHER / UNKNOWN	97 - OTHER / UNKNOWN	98 - OTHER / UNKNOWN										
99 - OTHER / UNKNOWN	100 - OTHER / UNKNOWN	101 - OTHER / UNKNOWN	102 - OTHER / UNKNOWN	103 - OTHER / UNKNOWN	104 - OTHER / UNKNOWN	105 - OTHER / UNKNOWN										
106 - OTHER / UNKNOWN	107 - OTHER / UNKNOWN	108 - OTHER / UNKNOWN	109 - OTHER / UNKNOWN	110 - OTHER / UNKNOWN	111 - OTHER / UNKNOWN	112 - OTHER / UNKNOWN										
113 - OTHER / UNKNOWN	114 - OTHER / UNKNOWN	115 - OTHER / UNKNOWN	116 - OTHER / UNKNOWN	117 - OTHER / UNKNOWN	118 - OTHER / UNKNOWN	119 - OTHER / UNKNOWN										
120 - OTHER / UNKNOWN	121 - OTHER / UNKNOWN	122 - OTHER / UNKNOWN	123 - OTHER / UNKNOWN	124 - OTHER / UNKNOWN	125 - OTHER / UNKNOWN	126 - OTHER / UNKNOWN										
127 - OTHER / UNKNOWN	128 - OTHER / UNKNOWN	129 - OTHER / UNKNOWN	130 - OTHER / UNKNOWN	131 - OTHER / UNKNOWN	132 - OTHER / UNKNOWN	133 - OTHER / UNKNOWN										
134 - OTHER / UNKNOWN	135 - OTHER / UNKNOWN	136 - OTHER / UNKNOWN	137 - OTHER / UNKNOWN	138 - OTHER / UNKNOWN	139 - OTHER / UNKNOWN	140 - OTHER / UNKNOWN										
141 - OTHER / UNKNOWN	142 - OTHER / UNKNOWN	143 - OTHER / UNKNOWN	144 - OTHER / UNKNOWN	145 - OTHER / UNKNOWN	146 - OTHER / UNKNOWN	147 - OTHER / UNKNOWN										
148 - OTHER / UNKNOWN	149 - OTHER / UNKNOWN	150 - OTHER / UNKNOWN	151 - OTHER / UNKNOWN	152 - OTHER / UNKNOWN	153 - OTHER / UNKNOWN	154 - OTHER / UNKNOWN										
155 - OTHER / UNKNOWN	156 - OTHER / UNKNOWN	157 - OTHER / UNKNOWN	158 - OTHER / UNKNOWN	159 - OTHER / UNKNOWN	160 - OTHER / UNKNOWN	161 - OTHER / UNKNOWN										
162 - OTHER / UNKNOWN	163 - OTHER / UNKNOWN	164 - OTHER / UNKNOWN	165 - OTHER / UNKNOWN	166 - OTHER / UNKNOWN	167 - OTHER / UNKNOWN	168 - OTHER / UNKNOWN										
169 - OTHER / UNKNOWN	170 - OTHER / UNKNOWN	171 - OTHER / UNKNOWN	172 - OTHER / UNKNOWN	173 - OTHER / UNKNOWN	174 - OTHER / UNKNOWN	175 - OTHER / UNKNOWN										
176 - OTHER / UNKNOWN	177 - OTHER / UNKNOWN	178 - OTHER / UNKNOWN	179 - OTHER / UNKNOWN	180 - OTHER / UNKNOWN	181 - OTHER / UNKNOWN	182 - OTHER / UNKNOWN										
183 - OTHER / UNKNOWN	184 - OTHER / UNKNOWN	185 - OTHER / UNKNOWN	186 - OTHER / UNKNOWN	187 - OTHER / UNKNOWN	188 - OTHER / UNKNOWN	189 - OTHER / UNKNOWN										
190 - OTHER / UNKNOWN	191 - OTHER / UNKNOWN	192 - OTHER / UNKNOWN	193 - OTHER / UNKNOWN	194 - OTHER / UNKNOWN	195 - OTHER / UNKNOWN	196 - OTHER / UNKNOWN										
197 - OTHER / UNKNOWN	198 - OTHER / UNKNOWN	199 - OTHER / UNKNOWN	200 - OTHER / UNKNOWN	201 - OTHER / UNKNOWN	202 - OTHER / UNKNOWN	203 - OTHER / UNKNOWN										
204 - OTHER / UNKNOWN	205 - OTHER / UNKNOWN	206 - OTHER / UNKNOWN	207 - OTHER / UNKNOWN	208 - OTHER / UNKNOWN	209 - OTHER / UNKNOWN	210 - OTHER / UNKNOWN										
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LOCAL REPORT NUMBER  
**122011270**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>03 FINLEY CHERUB NOEL</b>					DATE OF BIRTH <b>09231997</b>	AGE <b>025</b>	GENDER <b>F</b>		
	ADDRESS: STREET,CITY,STATE,ZIP <b>4323 LONG LAKE DR, BATAVIA, Ohio, 451034611</b>					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES <b>5</b>	INJURED TAKEN BY <b>FINLEY CHERUB NOEL</b>	EMS AGENCY (NAME) <b></b>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <b></b>		SAFETY EQUIPMENT USED <b>04</b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
	OL STATE <b>**</b>	OPERATOR LICENSE NUMBER <b></b>		OFFENSE CHARGED <b></b>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b></b>		CITATION NUMBER		
	OL CLASS	ENDORSEMENT SELECT UP TO 2 <b></b>	RESTRICTION SELECT UP TO 3 <b></b>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST <b>1 1</b>	DRUG TEST(S) <b>1 1</b>			
	UNIT #	NAME: LAST, FIRST, MIDDLE <b></b>					DATE OF BIRTH <b></b>	AGE <b>000</b>	GENDER		
	ADDRESS: STREET,CITY,STATE,ZIP <b></b>					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES <b></b>	INJURED TAKEN BY <b></b>	EMS AGENCY (NAME) <b></b>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <b></b>		SAFETY EQUIPMENT USED <b></b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b></b>	AIR BAG USAGE <b></b>	EJECTION <b></b>	TRAPPED <b></b>
	OL STATE	OPERATOR LICENSE NUMBER <b></b>		OFFENSE CHARGED <b></b>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b></b>		CITATION NUMBER		
	OL CLASS	ENDORSEMENT SELECT UP TO 2 <b></b>	RESTRICTION SELECT UP TO 3 <b></b>	DRIVER DISTRACTED BY <b></b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b></b>	ALCOHOL TEST <b></b>	DRUG TEST(S) <b></b>			
UNIT #	NAME: LAST, FIRST, MIDDLE <b></b>					DATE OF BIRTH <b></b>	AGE <b>000</b>	GENDER			
ADDRESS: STREET,CITY,STATE,ZIP <b></b>					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES <b></b>	INJURED TAKEN BY <b></b>	EMS AGENCY (NAME) <b></b>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <b></b>		SAFETY EQUIPMENT USED <b></b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b></b>	AIR BAG USAGE <b></b>	EJECTION <b></b>	TRAPPED <b></b>	
OL STATE	OPERATOR LICENSE NUMBER <b></b>		OFFENSE CHARGED <b></b>		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION <b></b>		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2 <b></b>	RESTRICTION SELECT UP TO 3 <b></b>	DRIVER DISTRACTED BY <b></b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b></b>	ALCOHOL TEST <b></b>	DRUG TEST(S) <b></b>				
INJURIES	SEATING POSITION <b></b>	AIR BAG <b></b>	OL CLASS <b></b>	OL RESTRICTION(S) <b></b>	DRIVER DISTRACTION <b></b>	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	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					
EJECTION <b></b>					OL ENDORSEMENT <b></b>	ALCOHOL TEST TYPE					
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					
TRAPPED <b></b>					DRUG TEST TYPE						
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					
GENDER <b></b>					CONDITION						
F - FEMALE M - MALE U - OTHER / UNKNOWN					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 - 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					
DRUG TEST RESULT(S)					DRUG TEST RESULT(S)						
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

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

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011270

## Traffic Crash/Non-Injury/Incident Report

10/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-11270</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 10 D 26 Y 22</u>
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <u>GLEN ESTIE - WITHAM VILLE ROAD</u>	

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

I, KIANA GRIESINGER Hereby make this voluntary statement to OFC. PEARCY At Accident Scene

1) What time did the accident happen? 2:17pm

2) What road were you traveling on? Gleneste Withamsville Rd

3) What direction were you traveling? South

4) Were you injured? YES or NO If yes, explain: Just hit my head

5) What was your speed before the crash? Stoped

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 2018 Chevy Cruze

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 2018 Chevy Cruze

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened? *PHONE //*

Me and the girl in front of me was stoped at fight, and theS guy ~~is~~ hit my back end then I hit her.

### Insurance Company

All State

Policy# 826454973

Signature X

ure X  *Keeler Grayson*

UNIT # 2	OFFICER'S SIGNATURE X 	UNIT NO. 51	PAGE NO. 1 / 1
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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011270

Traffic Crash/Non-Injury/Incident Report

10/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-11270	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 10 D 26 Y 22
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>GLEN ESTE - WITHAMSVILLE ROAD</u>	

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

I, Cherub Finley Hereby make this voluntary statement to OFC. PEAKY At Accident Scene

- 1) What time did the accident happen? 2:17 pm
- 2) What road were you traveling on? Gleneste Withamsville RD
- 3) What direction were you traveling? Toward Clepper
- 4) Were you injured? YES or NO If yes, explain: Back, Neck/ head from going forward to back knee from
- 5) What was your speed before the crash? 0 (Stopped) Bracing (previous injury)
- 6) What is the speed limit? \_\_\_\_\_
- 7) Is there anything you could have done to avoid the accident? NO I WAS STOPPED AT RED LIGHT
- 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 2003 Toyota Rav 4
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened? PHONE # [REDACTED]

I was stopped at a red light. Girl in black car was hit by man w/ long brown hair in Blue SUV [REDACTED] Chevy. When she was hit, she also hit me. [REDACTED] I called 911 and the man in blue car said he was pulling into golden corral to get out of road & drove off. Me & girl in black car stayed checked by ambulance & filled out reports.

Insurance Company State Farm Policy# 2215503-SFP-35

Signature X

Cherub N Finley

UNIT #3	OFFICER'S SIGNATURE <u>X A. [Signature]</u>	UNIT NO. <u>51</u>	PAGE NO. <u>111</u>
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