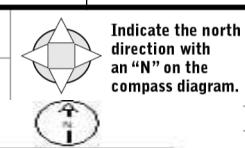
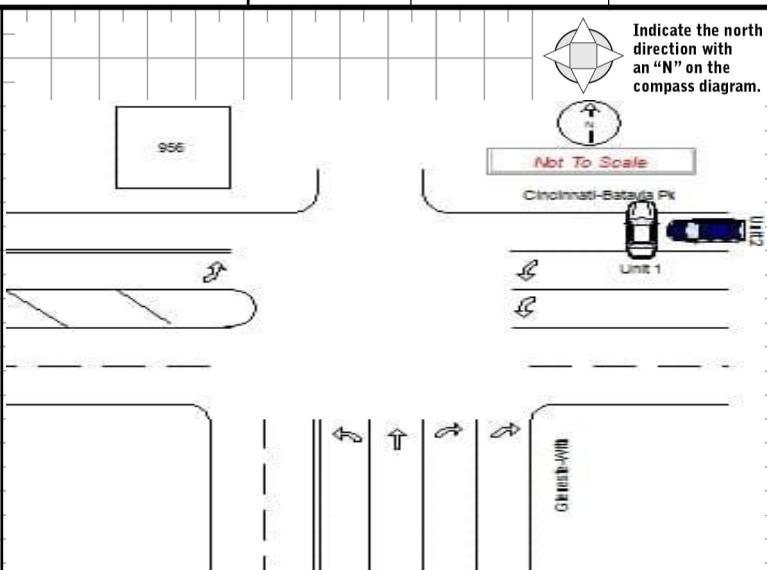


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input 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> 978 OLD 74 <b>REPORTING AGENCY NAME*</b> Union Township Police Dept. <b>NCIC*</b> 01316				<b>LOCAL REPORT NUMBER*</b> <b>122011547</b>			
<b>COUNTY*</b> 13 <b>LOCALITY*</b> 3 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				<b>CRASH DATE / TIME*</b> 11022022 1608				<b>UNIT IN ERROR</b> 02 01 98-ANIMAL 99-UNKNOWN			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.100086				
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.260689				
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	CRASH SEVERITY					
1- INTERSECTION 2- MILE POST 3- HOUSE #		1-NORTH 2-SOUTH 3-EAST 4-WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	INTERSECTION RELATED						
150		2 1-MILES 2-FEET 3-YARDS			<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						
NUMBER OF APPROACHES				ROADWAY							
				<input type="checkbox"/> ROADWAY DIVIDED							
<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 9- CROSSOVER 10- DRIVEWAY/ALLEY ACCESS 11- RAILWAY GRADE CROSSING 12- SHARED USE PATHS OR TRAILS 13- BIKE LANE 14- TOLL BOOTH 99- OTHER / UNKNOWN				<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				DIRECTION OF TRAVEL		MEDIAN TYPE	
								1-NORTH 2-SOUTH 3-EAST 4-WEST		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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA				CONTOUR	CONDITIONS	SURFACE	
								1	1	2	
								1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER/UNKNOWN	1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN	1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN	
<b>LIGHT CONDITION</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> 01 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL									
<b>NARRATIVE</b> <p>On the listed date and time unit 1 attempted to turn left into 978 Old 74. Unit 2 was traveling west and unit 1 failed to yield to traffic when turning left causing a crash.</p>										 Indicate the north direction with an "N" on the compass diagram. <b>Not To Scale:</b> Cincinnati-Batavia Pk 	
<b>CRASH REPORTED DATE / TIME</b> 11022022 1608		<b>DISPATCH DATE / TIME</b> 11022022 1610		<b>ARRIVAL DATE / TIME</b> 11022022 1616		<b>SCENE CLEARED DATE / TIME</b> 11022022 1645		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
<b>TOTAL TIME ROADWAY CLOSED</b> 0000		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> 0035		<b>OFFICER'S NAME*</b> Koszo, Alexander		<b>CHECKED BY OFFICER'S NAME*</b> Wagner, Richard J			
						<b>OFFICER'S BADGE NUMBER*</b> 1 7 E T I		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 7 9 E T I			

OWNER

UNIT # <b>01</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)
PRIDEMORE CHARLES E		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
4510 SHEPHERDS WAY BATAVIA Ohio 45103		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>K Y</b>	LICENSE PLATE # <b>936DYG</b>	VEHICLE IDENTIFICATION # <b>2M1E1H175W04X669193</b>		VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Mercury</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>Liberty Mutual</b>	INSURANCE POLICY # <b>AOS2814398344009</b>		COLOR <b>WHI</b>	VEHICLE MODEL <b>Grand Marquis</b>
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"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS <b>01</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE <b>01</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS <b>01</b>	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	AUTONOMOUS MODE LEVEL <b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN
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SPECIAL FUNCTION <b>01</b>	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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE <b>01</b>	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
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VEHICLE DEFECTS <b>00</b>	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
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NON-MOTORIST LOCATION AT IMPACT <b>00</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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
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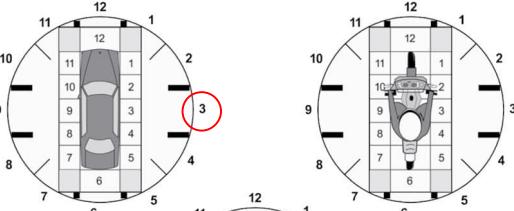
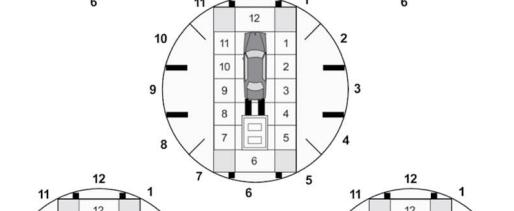
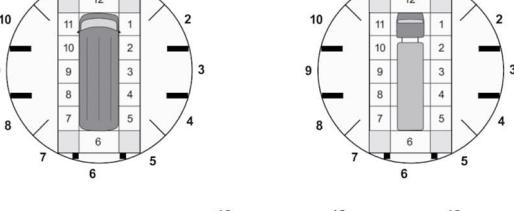
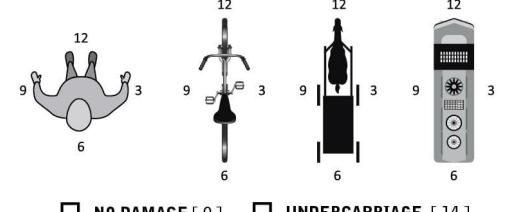
ACTION <b>4</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>06</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - 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
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CONTRIBUTING CIRCUMSTANCES <b>02</b>	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
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SEQUENCE OF 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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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COLLISION WITH FIXED OBJECT - STRUCK <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	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
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FIRST HARMFUL EVENT <b>1</b>	MOST HARMFUL EVENT <b>1</b>
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DAMAGE		
DAMAGE SCALE		
<b>3</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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>03</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 - 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

UNIT / NON-MOTORIST DIRECTION	
FROM <b>4</b> TO <b>1</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <b>1</b>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>40</b>	

OWNER

VEHICLE

EVENT(s)

**SEQUENCE OF EVENTS**

**1** 20 1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO/EQUIPMENT LOSS OR SHIFT

**3** 1 - IMPACT ATTENUATOR / CRASH CUSHION  
2 - BRIDGE OVERHEAD STRUCTURE  
5 - BRIDGE PIER OR ABUTMENT  
6 - BRIDGE PARAPET  
7 - BRIDGE RAIL  
30 - GUARDRAIL FACE

**4** 1 - GUARDRAIL END  
2 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER

**5** 1 - RAN RED LIGHT  
2 - RAN STOP SIGN  
3 - UNSAFE SPEED  
6 - IMPROPER TURN

**6** 1 - DROVE OFF ROAD  
2 - IMPROPER BACKING

**1** 1 - FIRST HARMFUL EVENT

**1** 1 - MOST HARMFUL EVENT

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)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		4617 HALLANDALE DR BATAVIA OHIO 45103
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>OH</b>	LICENSE PLATE # <b>HYV2144</b>	VEHICLE IDENTIFICATION # <b>KNDM51C18K65315686</b>		VEHICLE YEAR <b>120119</b>	VEHICLE MAKE <b>Kia</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GEICO INSURANCE COMP</b>	INSURANCE POLICY # <b>4224496630</b>		COLOR <b>BLU</b>	VEHICLE MODEL <b>Sedona</b>
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"/> HIT/SKIP UNIT <b>01</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

UNIT TYPE <b>02</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS					

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <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 <b>01</b>	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	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL					

CARGO BODY TYPE <b>01</b>	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
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VEHICLE DEFECTS <b>00</b>	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
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NON-MOTORIST LOCATION AT IMPACT <b>00</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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
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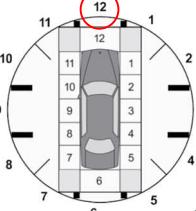
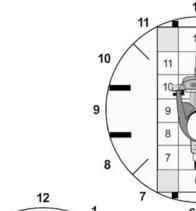
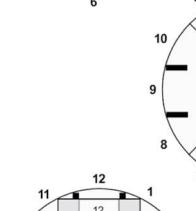
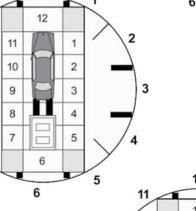
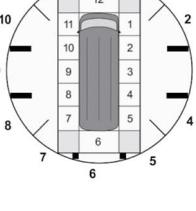
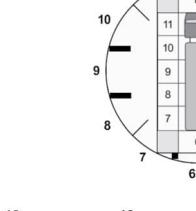
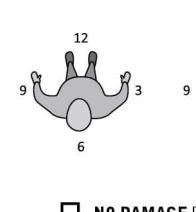
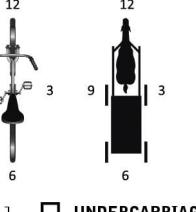
ACTION <b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>01</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 16 - WORKING 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <b>01</b>	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
--------------------------------------	---	---	--	--	---

EVENTS					
<b>1</b> 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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	

COLLISION WITH FIXED OBJECT - STRUCK					
<b>4</b> 1 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 5 - BRIDGE PIER OR ABUTMENT 27 - BRIDGE PARAPET 28 - 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	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	

POSTED SPEED					
<b>1</b> 1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	45	40	1	

DAMAGE		
DAMAGE SCALE		
<b>3</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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>12</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 - 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

UNIT / NON-MOTORIST DIRECTION	
FROM <b>3</b> TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <b>40</b>		DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>45</b>		



## **MOTORIST / Non-MOTORIST**

**LOCAL REPORT NUMBER**

122011547

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
		ALEXANDER JESSICA D				07301977		045	F				
ADDRESS: STREET, CITY, STATE, ZIP													
4617 HALLANDALE DR, BATAVIA, Ohio, 45103													
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 UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
				<input type="checkbox"/> OTHER DRUG									
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
01	PRIDEMORE CHARLES E				05201950		072	M					
ADDRESS: STREET, CITY, STATE, ZIP													
4510 SHEPHERDS WAY, BATAVIA, Ohio, 45103													
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			
★ ★				4511.42						0131617110220221623			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
				<input type="checkbox"/> OTHER DRUG									
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
02	ALEXANDER JESSICA D				07301977		045	F					
ADDRESS: STREET, CITY, STATE, ZIP													
4617 HALLANDALE DR, BATAVIA, Ohio, 45103													
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 UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
			1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	
				<input type="checkbox"/> OTHER DRUG									
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- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS									
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7- EXCEPT TRACTOR-TRAILER									
	8- THIRD - MIDDLE			8- INTERMEDIATE LICENSE RESTRICTIONS									
	9- THIRD - RIGHT SIDE			9- LEARNER'S PERMIT RESTRICTIONS									
	10- SLEEPER SECTION OF TRUCK CAB			10- LIMITED TO DAYLIGHT ONLY									
	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11- LIMITED TO EMPLOYMENT									
	12- PASSENGER IN UNENCLOSED CARGO AREA			12- LIMITED - OTHER									
	13- TRAILING UNIT			13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)									
	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14- MILITARY VEHICLES ONLY									
	15- NON-MOTORIST			15- MOTOR VEHICLES WITHOUT AIR BRAKES									
	99- OTHER / UNKNOWN			16- OUTSIDE MIRROR									
				17- PROSTHETIC AID									
				18- OTHER									
INJURED TAKEN BY		EJECTION		OL ENDORSEMENT	TRAPPED		GENDER		CONDITION		DRUG TEST TYPE		
1- NOT TRANSPORTED /TREATED AT SCENE	1- NOT EJECTED	H- HAZMAT	1- NOT TRAPPED	H- HAZMAT	1- NOT DISTRACTED	1- NONE							
2- EMS	2- PARTIALLY EJECTED	M- MOTORCYCLE	2- EXTRICATED BY MECHANICAL MEANS	M- MOTORCYCLE	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED							
3- POLICE	3- TOTALLY EJECTED	P- PASSENGER	3- FREED BY NON-MECHANICAL MEANS	P- PASSENGER	3- CORRECTIVE LENSES								
9- OTHER / UNKNOWN	4- NOT APPLICABLE	N- TANKER		N- TANKER	4- FARM WAIVER								
		Q- MOTOR SCOOTER		Q- MOTOR SCOOTER	5- EXCEPT CLASS A BUS								
		R- THREE-WHEEL MOTORCYCLE		R- THREE-WHEEL MOTORCYCLE	6- EXCEPT CLASS A & CLASS B BUS								
		S- SCHOOL BUS		S- SCHOOL BUS	7- TALKING ON HAND-HELD COMMUNICATION DEVICE								
		T- DOUBLE & TRIPLE TRAILERS		T- DOUBLE & TRIPLE TRAILERS	8- TALKING ON HAND-HELD COMMUNICATION DEVICE								
		X- TANKER / HAZMAT		X- TANKER / HAZMAT	9- OTHER / UNKNOWN								
SAFETY EQUIPMENT		TRAPPED		GENDER		EJECTION		CONDITION		DRUG TEST TYPE			
1- NONE USED	1- NOT TRAPPED	F- FEMALE	1- APPARENTLY NORMAL	1- NONE									
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS	M- MALE	2- PHYSICAL IMPAIRMENT	2- BLOOD									
3- LAP BELT ONLY USED	3- FREED BY NON-MECHANICAL MEANS	U- OTHER / UNKNOWN	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3- URINE									
4- SHOULDER & LAP BELT USED			4- ILLNESS	4- BREATH									
5- CHILD RESTRAINT SYSTEM - FORWARD FACING			5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	5- OTHER									
6- CHILD RESTRAINT SYSTEM - REAR FACING			6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6- AMPHETAMINES									
7- BOOSTER SEAT			9- 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									
TEST STATUS		DRUG TEST TYPE		TEST STATUS		DRUG TEST TYPE		TEST STATUS		DRUG TEST RESULT(S)			
1- NONE GIVEN		2- TEST REFUSED		3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4- TEST GIVEN, RESULTS KNOWN		5- TEST GIVEN, RESULTS UNKNOWN		1- AMPHETAMINES			
2- TEST REFUSED		3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4- TEST GIVEN, RESULTS KNOWN		5- TEST GIVEN, RESULTS UNKNOWN		6- OTHER		2- BARBITURATES			
3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		4- TEST GIVEN, RESULTS KNOWN		5- TEST GIVEN, RESULTS UNKNOWN		6- OTHER		7- OTHER		3- BENZODIAZEPINES			
4- TEST GIVEN, RESULTS KNOWN		5- TEST GIVEN, RESULTS UNKNOWN		6- OTHER		7- OTHER		8- OTHER		4- CANNABINOID			
5- TEST GIVEN, RESULTS UNKNOWN		6- OTHER		7- OTHER		8- OTHER		9- OTHER / UNKNOWN		5- COCAINE			
6- OTHER		7- OTHER		8- OTHER		9- OTHER / UNKNOWN		10- OTHER		6- OPIATES / OPIOIDS			
7- OTHER		8- OTHER		9- OTHER / UNKNOWN		10- OTHER		11- OTHER		7- OTHER			
8- OTHER		9- OTHER / UNKNOWN		10- OTHER		11- OTHER		12- OTHER		8- NEGATIVE RESULTS			

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011547

Traffic Crash/Non-Injury

11/03/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-11547</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 11 D 2 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>978 Old 74</u>	

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

I, Jessica Alexander hereby make this voluntary statement to Officer Koszo #17 At Accident Scene

- 1) What time did the accident happen? 4:00 pm.
- 2) What road were you traveling on? Old 74
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 40
- 6) What is the speed limit? 45
- 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) Make of Vehicle KIA Model Sedona Color Blue Year 2019 License Plate HYY 2144
- 11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>N/A</u>				

- 12) Describe what happened?  
I was going straight on Old 74 toward a green light-by UDE. A car turned in front of me turning left from the opposite direction right in front of me. I hit the brakes hard but couldn't get stopped in time. The other car was turning into Marco's Pizza

Vehicle Owner Name/address \_\_\_\_\_

Insurance Company Geico

Policy Number 4224 49 66 30

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

Signature X

Jessica Alexander

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011547

Traffic Crash/Non-Injury

11/03/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-11547</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>11/03/2022</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>978 Old 74</u>	

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

I, Charles Pridemore hereby make this voluntary statement to Officer Koszo #17 At Accident Scene

- 1) What time did the accident happen? Turning into Eastgate Oaks
- 2) What road were you traveling on? Old 74
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 1 mile per hour
- 6) What is the speed limit? 35 mph
- 7) Is there anything you could have done to avoid the accident? NO
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.
  
- 9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Make of Vehicle Mercury Model Grand Color White Year 2004 License Plate 936 NYG
- 11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position

- 12) Describe what happened? Turning into Marco P. 22d on Eastgate Oaks off Old 74. Car stopped allowing me to turn when a VAN came out as we were. Ran into me.

Vehicle Owner Name/address <u>Thursten Pridemore</u>	Insurance Company <u>Liberty Mutual</u> Policy Number <u>A05 281 439834 4009</u>
13) Home phone: _____	Work phone: <u>██████████</u> Cell Phone: <u>██████████</u>
Signature X <u>Charles Pridemore</u>	

OFFICER'S SIGNATURE <u>X PO K</u>	UNIT NO. <u>1</u>	PAGE NO. <u>1</u>
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