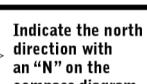
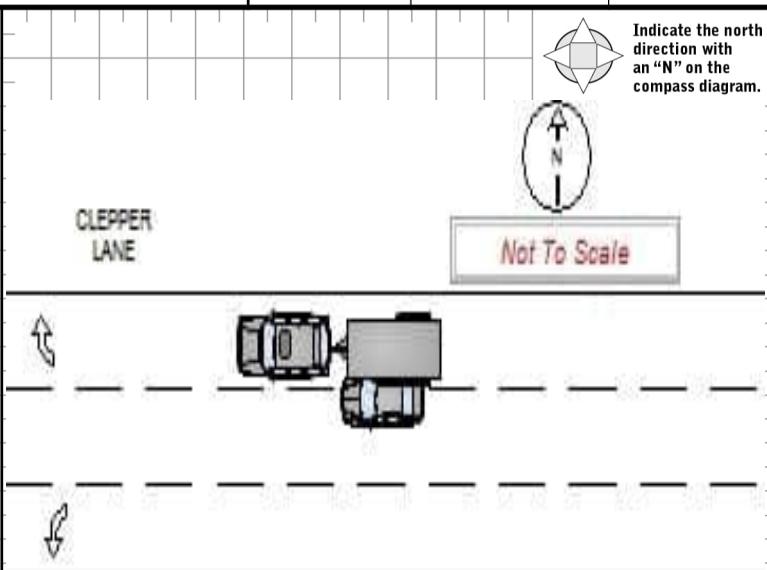


TRAFFIC CRASH REPORT

*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 CLEPPER LANE @ GLENESTE WITHAMSVILLE RD REPORTING AGENCY NAME* Union Township Police Dept. 01316		LOCAL REPORT NUMBER* 122011690			
COUNTY* 13 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				HIT/SKIP 1-SOLVED 02 2-UNRESOLVED		NUMBER OF UNITS 01 UNIT IN ERROR 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 39.092432		
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES 84.263443		
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	ROAD TYPE 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	CRASH DATE / TIME* 11052022 1919		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
							ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 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				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-HEAD-ON	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - 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	CONDITIONS 1	SURFACE 2		
LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 01 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 <p>Unit #2 was pulling a trailer, traveling W/B on Clepper Lane. Unit #1 was traveling directly beside Unit #2. Unit #1 attempted to make a lane change as Unit #2 was driving past them. Unit #1 did not see the trailer being pulled by Unit #2, striking the trailer in the side.</p>				 CLEPPER LANE  Not To Scale					
CRASH REPORTED DATE / TIME 11052022 1919		DISPATCH DATE / TIME 11052022 1927		ARRIVAL DATE / TIME 11052022 1932		SCENE CLEARED DATE / TIME 11052022 2020		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 0053	OFFICER'S NAME* TOROK, DYLAN		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C				
			OFFICER'S BADGE NUMBER* 1 2 £		CHECKED BY OFFICER'S BADGE NUMBER* 8 2 £				

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

1824 YELLOW PINE CT AMELIA OHIO 45102

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LIC. PLATE # JSK8794

VEHICLE IDENTIFICATION # 3F1AH1P017Z291R2119130

VEHICLE YEAR 2009

VEHICLE MAKE FORD

INSURANCE COMPANY GEICO

INSURANCE POLICY # 6030275157

COLOR WHI

VEHICLE MODEL FUSION

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

US DOT #

VEHICLE WEIGHT GVWR/GCWR

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

MATERIAL RELEASED

CLASS #

PLACARD ID #

PLACARD

UNIT TYPE

- 01 1 - PASSENGER CAR
- 2 - PASSENGER VAN (MINIVAN)
- 3 - SPORT UTILITY VEHICLE
- 4 - PICK UP
- 5 - CARGO VAN
- 6 - VAN (9-15 SEATS)
- 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?

01 2 - YES 1 - NO 0 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

9 - UNKNOWN

10 - OTHER / UNKNOWN

11 - FARM

12 - MILITARY

13 - POLICE

14 - PUBLIC UTILITY

15 - CONSTRUCTION EQUIPMENT

16 - SNOW REMOVAL

17 - TOWING

18 - MAIL CARRIER

19 - OTHER / UNKNOWN

20 - SAFETY SERVICE PATROL

21 - APPROACHING OR LEAVING VEHICLE

22 - STANDING

23 - OTHER NON-MOTORIST

24 - WORKING

25 - DISABLED VEHICLE

26 - PUSHING VEHICLE

27 - LYING IN ROADWAY

28 - NOT DISCERNIBLE

29 - OPENING DOOR INTO ROADWAY

30 - LOAD SHIFTING/FALLING/SPILLING

31 - OTHER IMPROPER ACTION

32 - OTHER IMPROPER ACTION

33 - OTHER IMPROPER ACTION

34 - OTHER IMPROPER ACTION

35 - OTHER IMPROPER ACTION

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37 - OTHER IMPROPER ACTION

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207 - OTHER IMPROPER ACTION

OWNER

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
SMITH L TODD		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
1130 HAYWARD CIR, MILFORD OHIO 451508025		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HTN4977	VEHICLE IDENTIFICATION # 1F1M5K81D82HGD16304	VEHICLE YEAR 2017	VEHICLE MAKE FORD
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY LIBERTY MUTUAL	INSURANCE POLICY # A0V28154715840	COLOR WHI	VEHICLE MODEL EXPLORER
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 01	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 03	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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VEHICLE 1	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
2	0	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING
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CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
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VEHICLE DEFECTS 00	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
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NON-MOTORIST LOCATION AT IMPACT 00	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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
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ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 01 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - 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
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CONTRIBUTING CIRCUMSTANCES 01	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING
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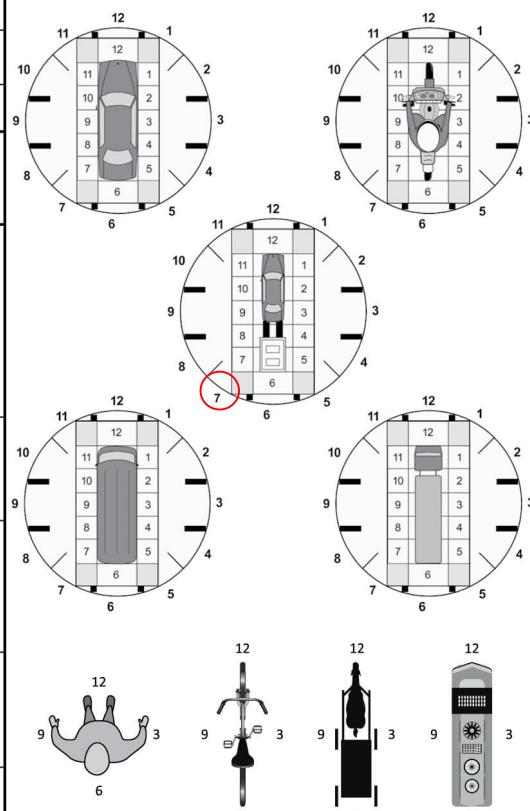
SEQUENCE OF EVENTS 20	EVENTS			
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY 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				
4	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

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL 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	
07	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP
14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	

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

UNIT SPEED 20	DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1
POSTED SPEED 35	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER		
	01	SCHLUETER ASHTON MICHAEL						01062006	016	M		
	ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
	1824 YELLOW PINE CT, AMELIA, Ohio, 45102											
	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	<input type="checkbox"/>	01	1	1	1
	OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
	**				4511.39			Improper Turn/Fail To Signal Turn		073173		
	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	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER			
02	SMITH L TODD						06141971	051	M			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
1130 HAYWARD CIR, MILFORD, Ohio, 451508025												
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	<input type="checkbox"/>	01	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**												
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UPTO 4
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER			
							000	000	M			
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	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS UNKNOWN		
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		6 - BLOOD		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - URINE		
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH		
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		5 - OTHER		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY					
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMPLOYMENT					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER					
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		14 - MILITARY VEHICLES ONLY					
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		F - FEMALE		X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		M - MALE				16 - OUTSIDE MIRROR					
6 - CHILD RESTRAINT SYSTEM - REAR FACING			U - OTHER / UNKNOWN				17 - PROSTHETIC AID					
7 - BOOSTER SEAT							18 - OTHER					
8 - HELMET USED												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												
10 - REFLECTIVE CLOTHING												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99 - OTHER / UNKNOWN												

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011690

Traffic Crash/Non-Injury

11/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22-11690	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	Clepper @ Glenester-Withamsville Rd	

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

I, Todd Smith hereby make this voluntary statement to police At Accident Scene

- 1) What time did the accident happen? 7:00 pm
- 2) What road were you traveling on? Clepper Ln
- 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? 25-30
- 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 2017 Ford Explorer

11) List all the occupants below:

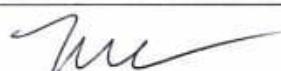
Name	Address (street, city, zip)	Seating Position
<u>Max Smith</u>	<u>1130 Hayward Dr Milford OH 45150</u>	<u>Pass. Front</u>

12) Describe what happened?

I was going west on Clepper Ln as I passed the other car he tried to pull into my lane behind my car and hit the trailer I was pulling

Insurance Company Liberty Mutual Policy# AOV28154715840

Signature X



OFFICER'S SIGNATURE	<u>X</u> <u>D. J. Rash</u>	UNIT NO.	PAGE NO.
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011690

Traffic Crash/Non-Injury

11/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-11690	<u>Union Township Police Department</u>	<u>11/5/22</u> M D Y
IN COUNTY OF	CRASH LOCATION	
Clermont	<u>Clepper Ln @ 6E W. Monroe Rd</u>	

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

I, Ashton Schlueter, hereby make this voluntary statement to PO Tavor At Accident Scene

- 1) What time did the accident happen? 7:20 pm
- 2) What road were you traveling on? Clepper Ln
- 3) What direction were you traveling? On Clepper Ln trying to turn on Gleneste Withamville Rd
- 4) Were you injured? YES or NO. If yes, explain: _____
- 5) What was your speed before the crash? I was going 20 mph
- 6) What is the speed limit? 35 mph
- 7) Is there anything you could have done to avoid the accident? Yes
- 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 2009 Ford Fusion

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?
Was On Clepper Ln I was trying to turn into the right turning Lane and I saw the car in my mirror pass and I tried to get over and did not see that he was pulling a trailer with him and hit the trailer.

WCHJ 11th

Tricia Schlueter 

Insurance Company Geico Policy# 6030275157

Signature X

Ashton Schlueter

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