

## TRAFFIC CRASH REPORT

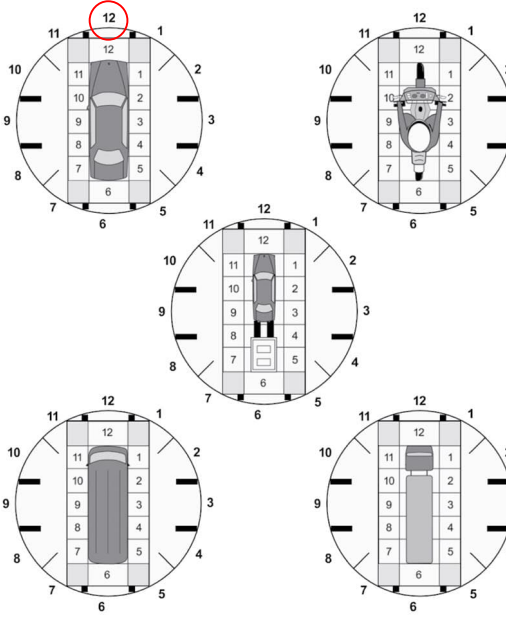
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION SR 32 AT GLENESTE WITHAMSVILLE		122011726		
COUNTY* 13		LOCALITY* 3	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
ROUTE TYPE SR		ROUTE NUMBER 32	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME SR 32	ROAD TYPE HW	CRASH DATE / TIME* 11062022 1636	
ROUTE TYPE CR		ROUTE NUMBER 55	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLENESTE-WITHAMSVILLE	ROAD TYPE RD	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4	
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		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	
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 01 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE On the listed date and time at the listed location, Unit 1 failed to stop causing Unit 1 to strike Unit 2 in the rear.							
CRASH REPORTED DATE / TIME 11062022 1636		DISPATCH DATE / TIME 11062022 1636		ARRIVAL DATE / TIME 11062022 1639		SCENE CLEARED DATE / TIME 11062022 1711	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0035		OFFICER'S NAME* Pangallo, Joseph II	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0035		OFFICER'S BADGE NUMBER* 3 5	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0035		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0035		CHECKED BY OFFICER'S BADGE NUMBER* 8 2	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0035		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 OOPS)	

LOCAL REPORT NUMBER  
122011726

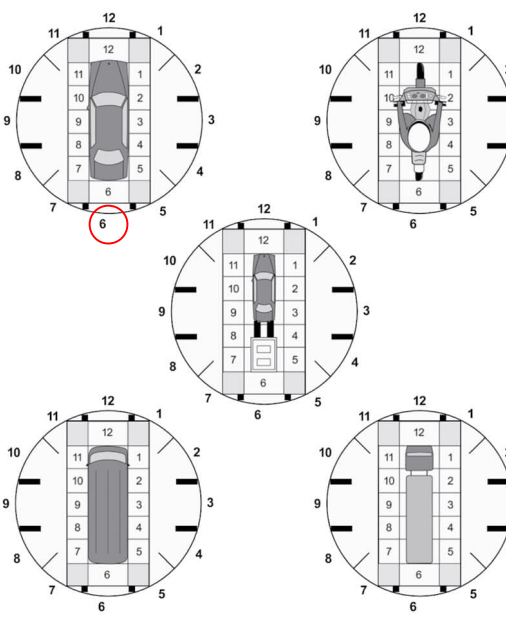
OWNER	UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) <b>WOEBER MATTHEW F</b>	OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) _____			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) <b>277 FOREST AVE BATAVIA Ohio 45103</b>					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____				
VEHICLE	LP STATE <b>OH</b>	LICENSE PLATE # <b>FDP9371</b>	VEHICLE IDENTIFICATION # <b>KNDJN2A210G1731511476</b>	VEHICLE YEAR <b>2016</b>	VEHICLE MAKE <b>Kia</b>	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>GEICO INSURANCE COMP</b>	INSURANCE POLICY # <b>4512207053</b>	COLOR <b>BLK</b>	VEHICLE MODEL <b>Soul</b>	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____	TOWED BY: COMPANY NAME _____		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>02</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # _____ PLACARD ID # _____		
	UNIT TYPE <b>01</b>		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			
	# OF TRAILING UNITS _____					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN		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			
	SPECIAL FUNCTION <b>01</b>		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
	CARGO BODY TYPE <b>01</b>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN 11 - DUMP			
	VEHICLE DEFECTS <b>00</b>		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT <b>00</b>		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS			
	ACTION <b>3</b>		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING <b>01</b> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 5 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS			
	CONTRIBUTING CIRCUMSTANCES <b>08</b>		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING			
	SEQUENCE OF EVENTS					
	EVENTS					
	1 <b>20</b> 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 <b>1</b> 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 <b>1</b> 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 <b>1</b> 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 5 <b>1</b> 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE					
	COLLISION WITH FIXED OBJECT - STRUCK					
	25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
	FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>					

DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>1</b>	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>5</b>	DETECTED SPEED
POSTED SPEED <b>55</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



122011726

OWNER	UNIT # <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) PAYNE BARBARA A		OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) _____		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) 272 BUDIG DR ABERDEEN, Ohio, 45101					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____			
VEHICLE	LP STATE <b>OH</b>	LICENSE PLATE # FUA5654	VEHICLE IDENTIFICATION # 1G16D1F15EY15B10111310861		VEHICLE YEAR 2011	VEHICLE MAKE Cadillac
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY RICHMOND INSURANCE AC	INSURANCE POLICY # 5310616200		COLOR SIL	VEHICLE MODEL CTS
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>02</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 CLASS # _____ PLACARD ID # _____
	UNIT TYPE <b>01</b>		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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	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		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			
	SPECIAL FUNCTION <b>01</b>		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
	CARGO BODY TYPE <b>01</b>		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN			
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EVENT(S)	NON-MOTORIST LOCATION AT IMPACT <b>00</b>		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS			
	ACTION <b>4</b>		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING <b>11</b> 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS			
	CONTRIBUTING CIRCUMSTANCES <b>01</b>		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 6 - IMPROPER TURN 12 - IMPROPER BACKING			
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	COLLISION WITH FIXED OBJECT - STRUCK					
	25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
	FIRST HARMFUL EVENT <b>1</b>		MOST HARMFUL EVENT <b>1</b>			

DAMAGE	
DAMAGE SCALE	
1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ] <input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ] <input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>1</b>	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>0</b>	DETECTED SPEED
POSTED SPEED <b>55</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
122011726

MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE WOEBER MATTHEW F				DATE OF BIRTH 11151982				AGE 039	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 277 FOREST AVE, BATAVIA, Ohio, 45103					CONTACT PHONE - INCLUDE AREA CODE							
	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 4511.21A	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Assured Clear Distance Ahead		CITATION NUMBER 0131630110620221653					
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 STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
MOTORIST / NON-MOTORIST	UNIT # 02	NAME: LAST, FIRST, MIDDLE PAYNE BARBARA A				DATE OF BIRTH 02161962				AGE 060	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 272 BUDIG DR, ABERDEEN, Ohio, 45101					CONTACT PHONE - INCLUDE AREA CODE							
	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 STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1			
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE 000	GENDER		
	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			
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		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		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		OL ENDORSEMENT		7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE	
2 - EMS		8 - THIRD - MIDDLE		1 - NOT EJECTED		H - HAZMAT		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD	
3 - POLICE		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE	
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		P - PASSENGER		10 - LIMITED TO DAYLIGHT ONLY		CONDITION		4 - BREATH	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		N - TANKER		11 - LIMITED TO EMPLOYMENT		1 - APPARENTLY NORMAL		5 - OTHER	
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		Q - MOTOR SCOOTER		12 - LIMITED - OTHER		2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS		14 - MILITARY VEHICLES ONLY		4 - ILLNESS		2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN				X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID		9 - OTHER / UNKNOWN		DRUG TEST RESULT(S)	
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED												2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
122011726

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	STEWART KAYDEN	07232012	010	U
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
277 FOREST AVE, BATAVIA, Ohio, 45103				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				04
		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE
			03	01
		EJECTION	TRAPPED	
		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	PAYNE STEPHEN R	11191956	065	M
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
272 BUDIG DR, ABERDEEN, Ohio, 45101				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
5				04
		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE
			01	01
		EJECTION	TRAPPED	
		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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	
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)
F - FEMALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA
M - MALE				13 - TRAILING UNIT
U - OTHER / UNKNOWN				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
				15 - NON-MOTORIST
				99 - OTHER / UNKNOWN
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011726

Traffic Crash/Non-Injury

11/07/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-11726</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>11/06/2022</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>WB SR 32 at Glouster - Withamsville</u>	

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

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

- 1) What time did the accident happen? 4:35
- 2) What road were you traveling on? 32
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain: Jurd are necks
- 5) What was your speed before the crash? Setting
- 6) What is the speed limit? 0
- 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 Cadillac CTS 2011
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Stephen Payne	272 Budig Dr. Aberdeen, Ohio	Passenger
	S.P. 606-584-1466	
	B.P. 606-407-5933	

12) Describe what happened?

Sitting at Traffic light to turn Left. Got hit from behind

Insurance Company Richmond Insurance Policy# 53-106-162-00

Signature X

Barbara Payne

11-6-22

OFFICER'S SIGNATURE

X

UNIT NO.

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PAGE NO.

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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011726

Traffic Crash/Non-Injury

11/07/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <b>22-11726</b>	REPORTING AGENCY <b>Union Township Police Department</b>	DATE OF CRASH <b>M 11 D 6 Y 2022</b>
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <b>WB SR 32 at Glen este - W. thansville</b>	

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

I, Matt Warner Hereby make this voluntary statement to UTPD At Accident Scene

- 1) What time did the accident happen? 4:36 PM (Est)
- 2) What road were you traveling on? 32 (West)
- 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? less than 5 mph
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? Paid more/better attention
- 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 Rio soul 2016
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Kayden Skarwood	277 Forest Ave. Batavia, OH 45103	Passenger

### 12) Describe what happened?

sitting at traffic light on 32W in turn lane going towards  
White Castle. I thought the light had turned Green & when I realized  
the car in front of me had a moment, I slammed on brake, but rear ended  
car in front. I got out to make sure everyone was ok (minor damage to  
both cars) & called C.C. dispatch (transfer to UTPD). Explained to dispatch  
what happened (minor rear end collision) & location w/ no minor injuries.  
UTPD arrived shortly after.

Insurance Company GEICO Policy# 4512-20-70-53

Signature X

OFFICER'S SIGNATURE

**X** [Signature]

UNIT NO.

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PAGE NO.

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