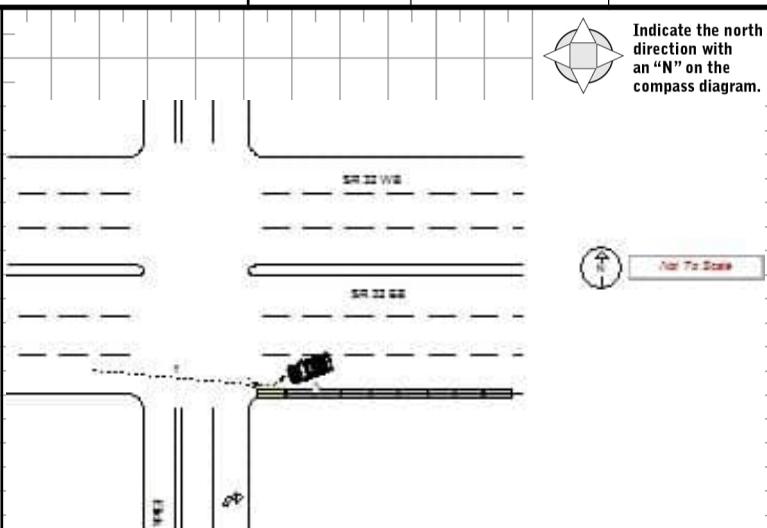


TRAFFIC CRASH REPORT

*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"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION UNION TWP CLERMONT COUNTY SR 32 AT ELLICK		LOCAL REPORT NUMBER* 122011891			
		REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316			
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 0032	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME SR 32	ROAD TYPE HW		
	ROUTE TYPE TR	ROUTE NUMBER 2297	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ELLICK LN	ROAD TYPE LA		
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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE		
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 PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE		
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- REAR-END 3- 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 checked="" type="checkbox"/> WORK ZONE RELATED <input checked="" 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 1 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		1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN	9- OTHER/UNKNOWN	1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN	
<p>NARRATIVE</p> <p>On the listed date and time unit one was traveling eastbound on SR 32 in the right lane near Elick Ln. The driver of unit one struck the work zone barrier on the right side. Unit one spun out in the road way but avoided striking out any additional vehicles. No injuries reported. The vehicle was disabled and towed by Grays to Holman Motors per the owners request.</p> <div style="text-align: right; margin-top: 10px;">  <p>Indicate the north direction with an "N" on the compass diagram.</p>  <p>Map diagram showing SR 32 WB and SR 32 EB with a work zone barrier and a vehicle icon.</p> </div>							
CRASH REPORTED DATE / TIME 11102022 0745		DISPATCH DATE / TIME 11102022 0751		ARRIVAL DATE / TIME 11102022 0802		SCENE CLEARED DATE / TIME 11102022 0830	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0039		OFFICER'S NAME* SHAW, CAMERON		CHECKED BY OFFICER'S NAME* Wagner, Richard J	
				OFFICER'S BADGE NUMBER* 1 6		CHECKED BY OFFICER'S BADGE NUMBER* 7 9	
<p>REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST</p> <p><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)</p>							

UNIT # 01	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)		4812 STONEYBROOK RD CINCINNATI OHIO 45244
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HKB6397	VEHICLE IDENTIFICATION # KL4CJESB3F12510894	VEHICLE YEAR 2015	VEHICLE MAKE Buick
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 092491804	COLOR BLK	VEHICLE MODEL Encore
TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/>		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/>

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

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 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
----------------------------	---	---	---	---

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	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
---------------------------	--	---	--	--	---

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	99 - OTHER / UNKNOWN
---------------------------	--	--	--	--	----------------------

NON-MOTORIST LOCATION AT IMPACT 00	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
---	--	---	---	---	--

ACTION 03	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 01 4 - STRUCK PRE-CRASH ACTIONS 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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
------------------	---	--	--	---	---

CONTRIBUTING CIRCUMSTANCES 99	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
--------------------------------------	---	---	--	--	---

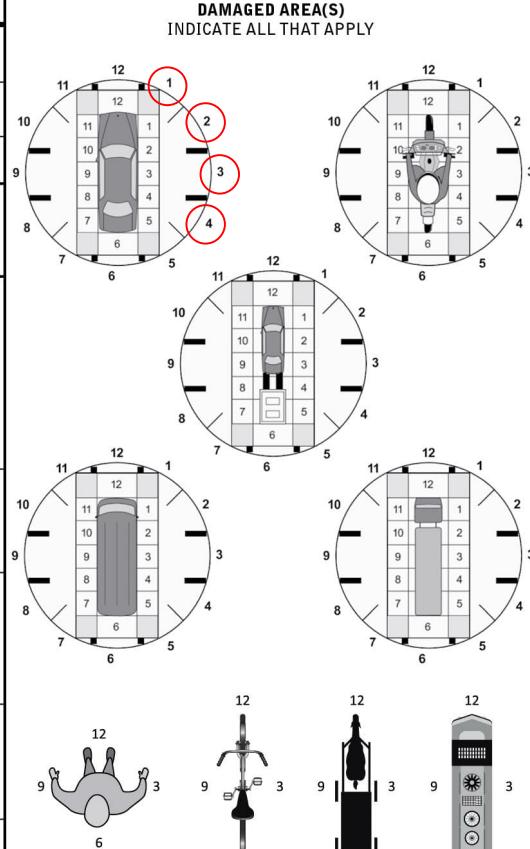
SEQUENCE OF EVENTS 51	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 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
------------------------------	--	--	---	---	---

COLLISION WITH FIXED OBJECT - STRUCK 45	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
--	--	--	---	--	--

FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1
------------------------------	-----------------------------

LOCAL REPORT NUMBER **122011891**

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



INITIAL POINT OF CONTACT		
01	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

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

UNIT SPEED 30	DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1
POSTED SPEED 55	

LOCAL REPORT NUMBER
122011891

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 STEIGERWALD CAROLE G					DATE OF BIRTH 10091946	AGE 076	GENDER F	
	ADDRESS: STREET,CITY,STATE, ZIP 4812 STONEYBROOK RD, CINCINNATI, Ohio, 45244						CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 5	INJURED TAKEN BY 1	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 4511.202	LOCAL CODE 	OFFENSE DESCRIPTION Failure To Control		CITATION NUMBER 074048			
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 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 			
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 	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 #	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 	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 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				
INJURED TAKEN BY 	EJECTION 	OL ENDORSEMENT 	DRUG TEST TYPE 							
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	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							
SAFETY EQUIPMENT 	TRAPPED 	CONDITION 								
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 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	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 TYPE 									
HSY8306 OH1M 1/19 [760-1500]	PAGE 3 OF 3									

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122011891

Traffic Crash/Non-Injury

11/14/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-11891	<u>Union Township Police Department</u>	M 11 D 10 Y 2020
IN COUNTY OF	CRASH LOCATION	
Clermont	S.R. 32	

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

I, Carole Steigerwald Hereby make this voluntary statement to Officer Shaw At Accident Scene

- 1) What time did the accident happen? 7:45
- 2) What road were you traveling on? 32 E
- 3) What direction were you traveling? E
- 4) Were you injured? YES or NO If yes, explain: Chest bruised - seat belt
- 5) What was your speed before the crash? 25-30
- 6) What is the speed limit? 40
- 7) Is there anything you could have done to avoid the accident? sunglasses
- 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 10 NO. If you have passengers, were they wearing their seat belt? YES or NO

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 Buick encore 2013

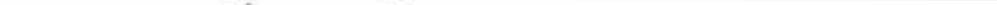
11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
me		

12) Describe what happened?

Sun rose - missed road divider + hit it continuing three intersection heading east from eastgate to between

Insurance Company *All State* **Policy #** *1234567890*

Signature X 

OFFICER'S SIGNATURE	X OFC. CEN 16	UNIT NO.	1	PAGE NO.
---------------------	---------------	----------	---	----------