

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" 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				LOCAL INFORMATION BACH BUXTON RD AT STONE OAK REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122012071				
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 11142022 1816		CRASH SEVERITY 5					
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME BACH BUXTON		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.082788		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) STONE OAK		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.252743						
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		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA							
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		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				MANNER OF CRASH COLLISION/IMPACT 2 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 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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2		CONDITIONS 1		SURFACE 2					
LIGHT CONDITION 4 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				CONTOUR 9 - OTHER/UNKNOWN		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					
NARRATIVE Unit 1 failed to stop causing Unit 1 to strike Unit 2 in the rear.										Indicate the north direction with an "N" on the compass diagram.  Stone Oak Blvd					
CRASH REPORTED DATE / TIME 11142022 1816				DISPATCH DATE / TIME 11142022 1818				ARRIVAL DATE / TIME 11142022 1823				SCENE CLEARED DATE / TIME 11142022 1858			
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0040		OFFICER'S NAME* DISBENNITT, DEREK		CHECKED BY OFFICER'S NAME* Combs, Rodney D		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0040		OFFICER'S BADGE NUMBER* 2 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 1		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)															

OWNER

VEHICLE

EVENT(s)

LP STATE

UNIT #

OWNER ADDRESS:

COMMERCIAL CARRIER:

INSURANCE VERIFIED

INTERLOCK EQUIPPED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

VEHICLE DEFECTS

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)

3804 CHARTER OAK AMELIA, Ohio, 45102

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **LICENSE PLATE #** **VEHICLE IDENTIFICATION #** **VEHICLE YEAR** **VEHICLE MAKE**

INSURANCE COMPANY **INSURANCE POLICY #** **COLOR** **VEHICLE MODEL**

TYPE OF USE **US DOT #** **TOWED BY:** COMPANY NAME

INTERLOCK EQUIPPED **#OCCUPANTS** **VEHICLE WEIGHT GVWR/GCWR** **HAZARDOUS MATERIAL**

VEHICLE WEIGHT GVWR/GCWR **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**

VEHICLE WEIGHT GVWR/GCWR **PLACARD**

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** **15 - SEMI-TRACTOR** **21 - HEAVY EQUIPMENT** **26 - BICYCLE**

5 - CARGO VAN **BICYCLE** **16 - FARM EQUIPMENT** **22 - ANIMAL WITH RIDER OR** **27 - TRAIN**

6 - VAN (9-15 SEATS) **11 - ALL-TERRAIN VEHICLE** **17 - MOTORHOME** **ANIMAL-DRAWN VEHICLE** **99 - UNKNOWN OR HIT/SKIP**

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **AUTONOMOUS MODE LEVEL**

0 - NO AUTOMATION **3 - CONDITIONAL AUTOMATION** **9 - UNKNOWN**

1 - DRIVER ASSISTANCE **4 - HIGH AUTOMATION**

2 - PARTIAL AUTOMATION **5 - FULL AUTOMATION**

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**

1 - NO CARGO BODY TYPE **3 - VEHICLE TOWING ANOTHER** **5 - INTERMODAL CONTAINER** **8 - POLE** **12 - CONCRETE MIXER**

/ NOT APPLICABLE **MOTOR VEHICLE** **CHASSIS** **9 - CARGO TANK** **13 - AUTO TRANSPORTER**

2 - BUS **4 - LOGGING** **6 - CARGO VAN/ENCLOSED BOX** **10 - FLAT BED** **14 - GARBAGE/REFUSE**

7 - GRAIN/CHIPS/GRAVEL **11 - DUMP** **99 - OTHER / UNKNOWN**

1 - TURN SIGNALS **4 - BRAKES** **7 - WORN OR SLICK TIRES** **9 - MOTOR TROUBLE** **99 - OTHER / UNKNOWN**

2 - HEAD LAMPS **5 - STEERING** **8 - TRAILER EQUIPMENT** **10 - DISABLED FROM PRIOR**

3 - TAIL LAMPS **6 - TIRE BLOWOUT** **DEFECTIVE** **ACCIDENT**

1 - INTERSECTION - MARKED **3 - INTERSECTION - OTHER** **6 - BICYCLE LANE** **9 - MEDIAN/CROSSING ISLAND** **12 - FIRST RESPONDER**

CROSSWALK **4 - MIDBLOCK - MARKED** **7 - SHOULDER / ROADSIDE** **10 - DRIVEWAY ACCESS** **AT INCIDENT SCENE**

2 - INTERSECTION - UNMARKED **CROSSWALK** **8 - SIDEWALK** **11 - SHARED USE PATHS OR** **99 - OTHER / UNKNOWN**

5 - TRAVEL LANE - OTHER LOCATION

1 - NON-CONTACT **1 - STRAIGHT AHEAD** **7 - MAKING U-TURN** **13 - NEGOTIATING A CURVE** **18 - APPROACHING**

2 - NON-COLLISION **2 - BACKING** **8 - ENTERING TRAFFIC LANE** **OR LEAVING VEHICLE**

3 - STRIKING **01 3 - CHANGING LANES** **9 - LEAVING TRAFFIC LANE** **14 - ENTERING OR CROSSING**

4 - STRUCK **PRE-CRASH 4 - OVERTAKING/PASSING** **10 - PARKED** **SPECIFIED LOCATION**

5 - BOTH STRIKING & STRUCK **5 - MAKING RIGHT TURN** **11 - SLOWING OR STOPPED** **19 - STANDING**

6 - MAKING LEFT TURN **IN TRAFFIC** **12 - DRIVERLESS** **20 - OTHER NON-MOTORIST**

9 - OTHER / UNKNOWN **13 - WORKING** **17 - PUSHING VEHICLE** **18 - APPROACHING**

1 - NONE **7 - LEFT OF CENTER** **13 - IMPROPER START FROM A** **17 - VISION OBSTRUCTION** **21 - LYING IN ROADWAY**

2 - FAILURE TO YIELD **8 - FOLLOWING TOO CLOSE / ACDA** **PARKED POSITION** **18 - OPERATING DEFECTIVE** **22 - NOT DISCERNIBLE**

3 - RAN RED LIGHT **9 - IMPROPER LANE CHANGE** **14 - STOPPED OR PARKED** **EQUIPMENT** **23 - OPENING DOOR INTO**

4 - RAN STOP SIGN **10 - IMPROPER PASSING** **ILLEGALLY** **19 - LOAD SHIFTING/FALLING/** **ROADWAY**

5 - UNSAFE SPEED **11 - DROVE OFF ROAD** **15 - SWERVING TO AVOID** **SPILLING** **99 - OTHER IMPROPER ACTION**

6 - IMPROPER TURN **12 - IMPROPER BACKING** **16 - WRONG WAY** **20 - IMPROPER CROSSING**

1 - OVERTURN/ROLLOVER **6 - EQUIPMENT FAILURE** **11 - CROSS CENTERLINE -** **16 - RAILWAY VEHICLE** **22 - WORK ZONE MAINTENANCE**

2 - FIRE/EXPLOSION **7 - SEPARATION OF UNITS** **OPPOSITE DIRECTION OF** **EQUIPMENT**

3 - IMMERSION **8 - RAN OFF ROAD RIGHT** **TRAVEL** **17 - ANIMAL - FARM**

4 - JACKKNIFE **9 - RAN OFF ROAD LEFT** **12 - DOWNHILL RUNAWAY** **18 - ANIMAL - DEER**

5 - CARGO / EQUIPMENT LOSS OR SHIFT **10 - CROSS MEDIAN** **13 - OTHER NON-COLLISION** **19 - ANIMAL - OTHER**

11 - PEDESTRIAN **14 - PEDESTRIAN** **20 - MOTOR VEHICLE IN** **21 - PARKED MOTOR VEHICLE**

15 - PEDALCYCLE **21 - PARKED MOTOR VEHICLE** **24 - OTHER MOVEABLE OBJECT**

25 - IMPACT ATTENUATOR / CRASH CUSHION **31 - GUARDRAIL END** **37 - TRAFFIC SIGN POST** **43 - CURB** **50 - WORK ZONE MAINTENANCE**

26 - BRIDGE OVERHEAD STRUCTURE **32 - PORTABLE BARRIER** **38 - OVERHEAD SIGN POST** **44 - DITCH** **EQUIPMENT**

27 - BRIDGE PIER OR ABUTMENT **33 - MEDIAN CABLE BARRIER** **39 - LIGHT / LUMINARIES** **45 - EMBANKMENT** **51 - WALL**

28 - BRIDGE PARAPET **34 - MEDIAN GUARDRAIL** **SUPPORT** **46 - FENCE** **52 - BUILDING**

29 - BRIDGE RAIL **35 - MEDIAN CONCRETE BARRIER** **40 - UTILITY POLE** **47 - MAILBOX** **53 - TUNNEL**

30 - GUARDRAIL FACE **36 - MEDIAN OTHER BARRIER** **41 - OTHER POST, POLE OR SUPPORT** **48 - TREE** **54 - OTHER FIXED OBJECT**

42 - CULVERT **49 - FIRE HYDRANT** **99 - OTHER / UNKNOWN**

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

LOCAL REPORT NUMBER
122012071

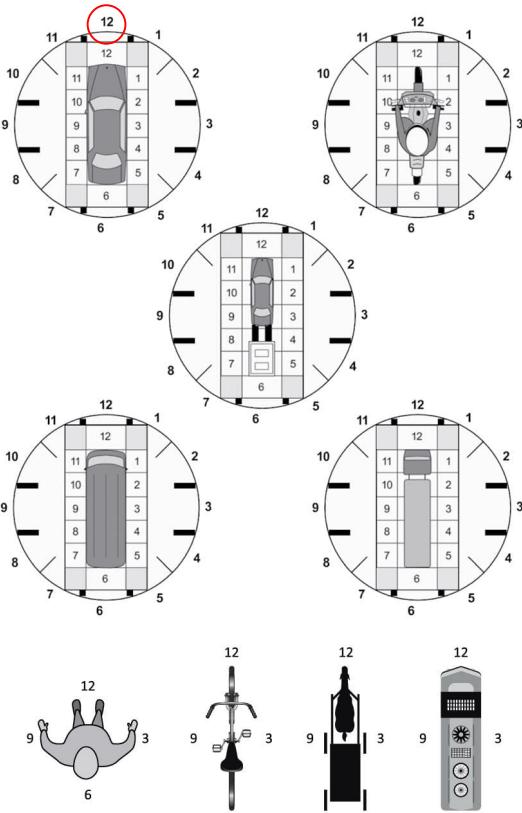
DAMAGE

DAMAGE SCALE

3 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR 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

12 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**
2 1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD **RAIL GRADE CROSSING**
1 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED **DETECTED SPEED**
45 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
45

OWNER

VEHICLE

EVENT(s)

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

POSTED SPEED

FIRST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

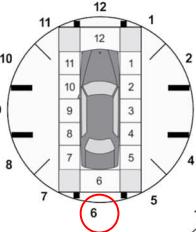
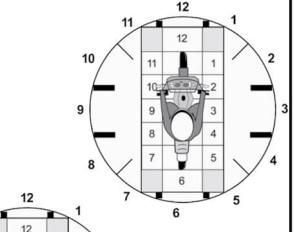
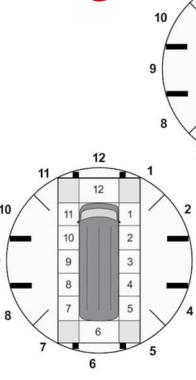
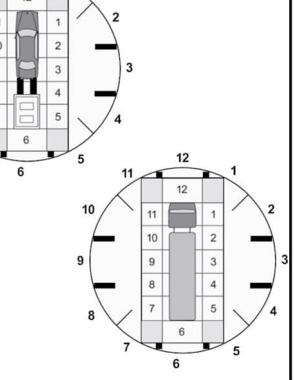
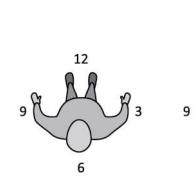
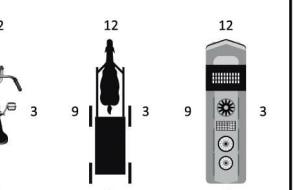
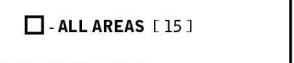
UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		2613 SPRING ST BETHEL, Ohio, 45106
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # HOB9180	VEHICLE IDENTIFICATION # 4S3GKA1K69J1617120		VEHICLE YEAR 2018	VEHICLE MAKE Subaru																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Liberty Mutual	INSURANCE POLICY # AOV28189589445	COLOR WHI	VEHICLE MODEL Impreza																															
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																
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# OF TRAILING UNITS 01																																			

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

NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER CROSSWALK 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN	
ACTION		1 - NON-CONTACT 1 - STRIKING 11 3 - STRIKING 4 - NON-COLLISION 5 - STRIKING ACTIONS 5 - MAKING RIGHT TURN & STRUCK 6 - MAKING LEFT TURN 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 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION
CONTRIBUTING CIRCUMSTANCES		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 24 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS					
EVENTS					
1	20	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
2		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
3		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
4		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - BY A MOTORVEHICLE
5		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - MOTORVEHICLE IN TRANSPORT	25 - BY OTHER MOVABLE OBJECT
6				21 - PARKED MOTOR VEHICLE	
COLLISION WITH FIXED OBJECT - STRUCK					
4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
6		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT
1		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	51 - WALL
2		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	52 - BUILDING
3		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	53 - TUNNEL
DETECTED SPEED					
POSTED SPEED 45					

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122012071

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	ALLEN-SCHULER AMBERLY ANN					04052004	018	F		
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
3804 CHARTER OAK, 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						04		01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**				4511.21A		Assured Clear Distance Ahead			0131630111420221836		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				8	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS TYPE VALUE	STATUS TYPE	RESULT SELECT UPTO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	BRICKER CHRISTOPHER LOGAN					03022000	022	M			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
2613 SPRING ST, BETHEL, Ohio, 45106											
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 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 TYPE VALUE	STATUS TYPE	RESULT SELECT UPTO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						000	000				
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 TYPE VALUE	STATUS TYPE	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 - TEST GIVEN, RESULTS UNKNOWN		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 - OTHER		
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		9 - 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				X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				GENDER	16 - OUTSIDE MIRROR					
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE	17 - PROSTHETIC AID					
7 - BOOSTER SEAT					M - MALE	18 - OTHER					
8 - HELMET USED					U - OTHER / UNKNOWN						
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

122012071

Traffic Crash/Non-Injury

11/15/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-12071	Union Township Police Department	11/14/2022
IN COUNTY OF Clermont	CRASH LOCATION	Bach Buxton Rd at Stone Oak Blvd

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

I, Christopher Hereby make this voluntary statement to PO Long At Accident Scene

- 1) What time did the accident happen? 5:45 6 pm
- 2) What road were you traveling on? Bach Buxton
- 3) What direction were you traveling? South Bound
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? Stationary
- 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.
2613 Spring Street Bethel Oh 45106
- 9) Were you wearing your seat belt? YES or NO If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model 2018 Subaru Impreza

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Christopher	2613 Spring Street Bethel Oh 45106	Driver

12) Describe what happened?

Sitting in traffic at red light and was rear ended

Insurance Company Liberty Mutual Policy# AOV28189589445

Signature X

Tom B

	OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
	X	30	1

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012071

Traffic Crash/Non-Injury

11/15/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-12071	Union Township Police Department	11/14/22 M D Y
IN COUNTY OF Clermont	CRASH LOCATION	Bach Buxton Road at Stone Oak Blvd

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

I, Amberly Allen-Schuler hereby make this voluntary statement to PO Long At Accident Scene

- 1) What time did the accident happen? 6 p.m.
- 2) What road were you traveling on? Bach Buxton southbound
- 3) What direction were you traveling? South
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 45 mph
- 6) What is the speed limit? 45 mph
- 7) Is there anything you could have done to avoid the accident? not look away from road
- 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 Toyota Corolla 2010

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I looked away from the road to see Christmas lights, and when I looked back at the road, traffic was stopped very close to me.

Insurance Company Safe Co Policy# K3629619

Signature X

Amberly Allen-Schuler

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X g</u>	70	1