

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input 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 OLDR 74 @ 947 REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122012204		
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 11182022 1617			UNIT IN ERROR 02 01 98-ANIMAL 99-UNKNOWN		
REFERENCE LOCATION ROUTE TYPE CR 1-CITY ROUTE NUMBER 0171 2-VILLAGE PREFIX 1-NORTH 3-TOWNSHIP	LOCATION ROAD NAME CINCINNATI-BATAVIA				ROAD TYPE PI			LATITUDE DECIMAL DEGREES 39.100890			CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
	REFERENCE ROUTE TYPE CR 1-CITY ROUTE NUMBER 0171 2-VILLAGE PREFIX 1-NORTH 3-TOWNSHIP	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 947 (CINCINNATI-BATAVIA PIKE)				ROAD TYPE PL			LONGITUDE DECIMAL DEGREES -84.263115				
REFERENCE POINT 1 - INTERSECTION 3 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		ROUTE TYPE 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 6 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 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		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE <p>UNIT #2 WAS TRAVELING E/B ON CINCINNATI-BATAVIA PIKE IN THE RIGHT LANE. UNIT #1 WAS TRAVELING W/B ON CINCINNATI-BATAVIA PIKE AND HAD SLOWED TO A STOP FOR THE ENTRANCE TO 947. TRAFFIC IN THE LEFT LANE E/B HAD STOPPED. UNIT #1 PROCEEDED TO MAKE THE LEFT TURN, NOT SEEING UNIT #2. UNIT #2 STRUCK UNIT #1 CAUSING DISABLING DAMAGE. THE DRIVER OF UNIT #1 WAS CITED FOR FAILURE TO YIELD WHEN MAKING A LEFT TURN AND FAILURE TO</p>													
CRASH REPORTED DATE / TIME 11182022 1617			DISPATCH DATE / TIME 11182022 1630			ARRIVAL DATE / TIME 11182022 1633			SCENE CLEARED DATE / TIME 11182022 1733				
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0063		OFFICER'S NAME* Lutson, Chad		CHECKED BY OFFICER'S NAME* Williams, Eric J		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
OFFICER'S BADGE NUMBER* 1 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 5		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)									

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

MOST HARMFUL EVENT

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

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

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

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

TYPE OF USE

US DOT #

VEHICLE WEIGHT GVWR/GCWR

HAZARDOUS MATERIAL

MATERIAL RELEASED

CLASS #

PLACARD ID #

PLACARD

INTERLOCK DEVICE EQUIPPED

#OCCUPANTS

01

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

28 - ANIMAL-DRAWN VEHICLE

99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

03

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

3 - CONDITIONAL AUTOMATION

9 - UNKNOWN

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0

0 - NO AUTOMATION

1 - 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

01

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

00

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

99 - OTHER / UNKNOWN

00

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

7 - SHOULDER / ROADSIDE

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR TRAILS

99 - OTHER / UNKNOWN

4

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING 06 3 - CHANGING LANES

4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING

5 - BOTH STRIKING & STRUCK 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 - DRIVING REVERSE

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING SPECIFIED LOCATION

15 - WALKING, RUNNING, JOGGING, PLAYING

16 - WORKING

17 - PUSHING VEHICLE

99 - OTHER / UNKNOWN

02

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

20

1 - OVERTURN/ROLLOVER

2 - FIRE/EXPLOSION

3 - IMMERSION

4 - JACKKNIFE

5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

14 - PEDESTRIAN

15 - PEDALCYCLE

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18 - ANIMAL - DEER

19 - ANIMAL - OTHER

20 - MOTOR VEHICLE IN TRANSPORT

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

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

55 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK

4

1 - FIRST HARMFUL EVENT

1 - MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

4

1 - NONE

2 - MINOR DAMAGE

3 - FUNCTIONAL DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

12

1 - NO DAMAGE [0]

2 - UNDERCARRIAGE [14]

3 - TOP [13]

4 - ALL AREAS [15]

5 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

05

0 - NO DAMAGE

14 - UNDERCARRIAGE

1 - 12 - REFER TO UNIT DIAGRAM

15 - VEHICLE NOT AT SCENE

99 - UNKNOWN

13 - TOP

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)
PIXLEY PATRICIA ANN		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
4380 EASTGATE BLVD APT. 407 CINCINNATI, Ohio, 45245		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # BB10WX	VEHICLE IDENTIFICATION # 3A14F1Y518B96T347337		VEHICLE YEAR 120006	VEHICLE MAKE CHRYSLER
INSURANCE <input checked="" type="checkbox"/> VERIFIED	INSURANCE COMPANY RICHMOND INSURANCE AG	INSURANCE POLICY # 5074484800		COLOR SIL	VEHICLE MODEL PT Cruiser
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 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 0					

VEHICLE 2	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
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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	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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	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
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ACTION 3	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	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES 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	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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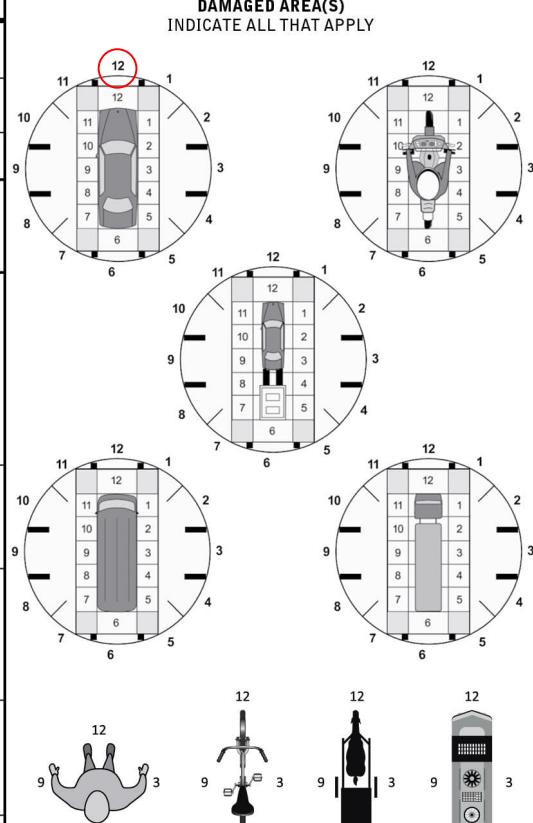
SEQUENCE OF EVENTS 20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1
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DAMAGE
LOCAL REPORT NUMBER
122012204

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



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- 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 **2** TRAFFIC CONTROL **6**
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD **2** RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
2 - 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 **30** DETECTED SPEED **1**
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED **45**

LOCAL REPORT NUMBER
122012204

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	SAMS BRITTNEY NICOLE					06011992	030	F			
ADDRESS: STREET,CITY,STATE, ZIP		4308 BATAVIA MEADOWS DR APT 10, 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	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE **		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.42	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER 013161111820221652			
OL CLASS		ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 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 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UPTO 4
UNIT # 02		NAME: LAST, FIRST, MIDDLE PIXLEY PATRICIA ANN					DATE OF BIRTH 02041941	AGE 081	GENDER F	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET,CITY,STATE, ZIP		4380 EASTGATE BLVD APT. 407, CINCINNATI, Ohio, 45245					CITATION NUMBER					
INJURIES 5		INJURED TAKEN BY EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	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 UPTO 2	RESTRICTION SELECT UPTO 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 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UPTO 4
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	GENDER	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET,CITY,STATE, ZIP							CITATION NUMBER					
INJURIES		INJURED TAKEN BY EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	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 UPTO 2	RESTRICTION SELECT UPTO 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 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UPTO 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- 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	CONDITION		ALCOHOL TEST STATUS 1		TYPE 1	VALUE 1	DRUG TEST TYPE 1- NONE 2- BLOOD 3- URINE 4- BREATH 5- OTHER		
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- 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) 1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOID 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS						
SAFETY EQUIPMENT		TRAPPED	F- FEMALE M- MALE U- OTHER / UNKNOWN	GENDER		DRUG TEST RESULT(S) 1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOID 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS						
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		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12- PASSENGER IN UNENCLOSED CARGO AREA 13- TRAILING UNIT 14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15- NON-MOTORIST 99- OTHER / UNKNOWN	CONDITION		DRUG TEST RESULT(S) 1- AMPHETAMINES 2- BARBITURATES 3- BENZODIAZEPINES 4- CANNABINOID 5- COCAINE 6- OPIATES / OPIOIDS 7- OTHER 8- NEGATIVE RESULTS							

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012204

Traffic Crash/Non-Injury

11/21/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-12204	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 11 D 18 Y 22
IN COUNTY OF Clermont	CRASH LOCATION <u>OLD SR 74 @ 947</u>	

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

I, Brittney Scans hereby make this voluntary statement to P.O. Lutson At Accident Scene

1) What time did the accident happen? 4:30 pm
2) What road were you traveling on? West Bound Main St RT 74, Glen Este in Cincinnati Rd
3) What direction were you traveling? West Bound
4) Were you injured? YES or NO If yes, explain: _____
5) What was your speed before the crash? Making left turn
6) What is the speed limit? 35
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 2009 Kia Sportage
11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I was making a left turn and didn't see her coming. She hit the right back end of the vehicle

Insurance Company Acceptance Policy# NSOH-118115

Signature X



HSY 7002 T (OSP)	OFFICER'S SIGNATURE X <u>POL Clark Jr.</u>	UNIT NO. 1	PAGE NO. 1
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012204

Traffic Crash/Non-Injury

11/21/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-12204	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 11 D 18 Y 22
IN COUNTY OF Clermont	CRASH LOCATION OLD SR 74 @ 947	

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

I, + Hereby make this voluntary statement to P.O. Watson At Accident Scene

- 1) What time did the accident happen? about 4:25pm
- 2) What road were you traveling on? old 74
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 30
- 6) What is the speed limit? 35
- 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 2006 Chrysler PT Cruiser

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I was driving east on 74 toward the Glen Este with Millie intersection. at the stop intersection to the CV pharmacy let the car shot across in front of me. my car hit hers. she made a left turn in front of me and I was not able to stop.

Insurance Company _____ Policy# _____

Signature X

Patricia A. Pusley Nov. 18, 2022

OFFICER'S SIGNATURE X <i>PO Cleary Jut</i>	UNIT NO. 2	PAGE NO. 1
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