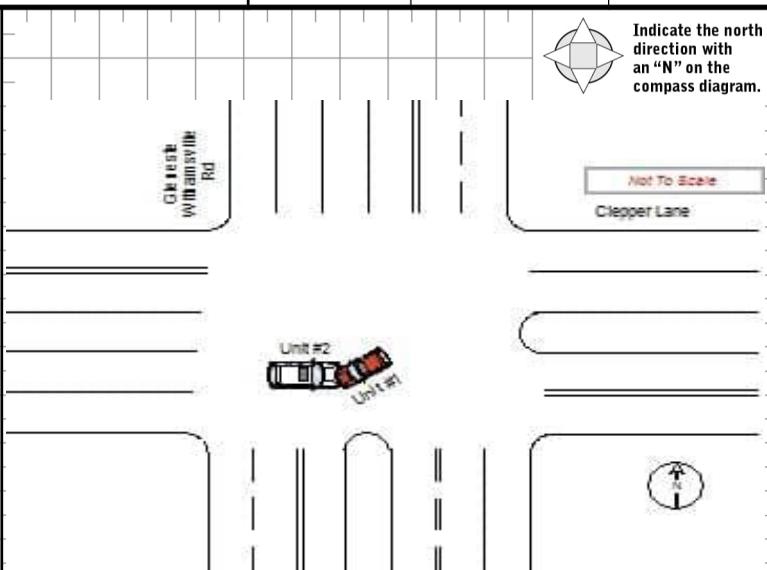


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION GLENESTE WITHMASVILLE/CLEPPER LN REPORTING AGENCY NAME* NCIC* Union Township Police Dept. 01316				LOCAL REPORT NUMBER* 122012871					
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)						HIT/SKIP 1-SOLVED 02 2-UNRESOLVED		NUMBER OF UNITS 01 UNIT IN ERROR 01 98-ANIMAL 99-UNKNOWN			
REFERENCE LOCATION ROUTE TYPE CR ROUTE NUMBER 0055 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME GLENESTE WITHMASVILLE				ROAD TYPE RD		LATITUDE DECIMAL DEGREES 39.092448		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
	REFERENCE ROUTE TYPE TR ROUTE NUMBER 0252 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) CLEPPER				ROAD TYPE LA		LONGITUDE DECIMAL DEGREES -84.263431					
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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <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 02 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 6 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-OTHER / UNKNOWN				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		LOCATION OF CRASH IN WORK ZONE 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 2 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			
LIGHT CONDITION 3 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 04 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN									
NARRATIVE Unit #2 was traveling eastbound on Clepper Lane through the light at Gleneste Withamsville Road. Unit #1 failed to yield while turning left and was struck by Unit #2 on the passenger side.										 Indicate the north direction with an "N" on the compass diagram.  Not To Scale Clepper Lane			
CRASH REPORTED DATE / TIME 12062022 2034		DISPATCH DATE / TIME 12062022 2034		ARRIVAL DATE / TIME 12062022 2037		SCENE CLEARED DATE / TIME 12062022 2100		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0026		OFFICER'S NAME* HAGGERTY, JESSICA		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C					
						OFFICER'S BADGE NUMBER* 1 9		CHECKED BY OFFICER'S BADGE NUMBER* 8 2					
										SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			

OWNER

VEHICLE

EVENT(s)

UNIT #

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

732 CLOUGH PIKE, CINCINNATI OHIO 452451885

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

0 OH HYD9042 3 G N C J L S B 1 L L 1 9 4 8 6 8 12 0 2 0 CHEVROLET

INSURANCE VERIFIED

INSURANCE COMPANY

Progressive Insurance

INSURANCE POLICY #

951321085

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

01

VEHICLE IDENTIFICATION #

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

VEHICLE MAKE

CHEVROLET

COLOR

RED

VEHICLE MODEL

TRAX

HAZARDOUS MATERIAL

MATERIAL RELEASED

CLAS #

PLACARD ID #

PLACARD

VEHICLE IDENTIFICATION #

US DOT #

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HAZARDOUS MATERIAL

MATERIAL RELEASED

CLAS #

PLACARD ID #

PLACARD

VEHICLE IDENTIFICATION #

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

OWNER

VEHICLE

EVENT(s)

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MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122012871

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	SEEBOHM JOAN M					1 1 2 7 1 9 4 8	074	F			
ADDRESS: STREET,CITY,STATE, ZIP		732 CLOUGH PIKE, CINCINNATI, Ohio, 452451885					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	DOT-COMPLIANT MC HELMET	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 0131619120620222050			
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 DRYER BRITTANY NICHOLE					DATE OF BIRTH 0 1 2 3 1 9 9 0	AGE 032	GENDER F	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET,CITY,STATE, ZIP		3881 MAGNOLIA DR, AMELIA, Ohio, 45102					OFFENSE DESCRIPTION			CITATION NUMBER		
INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	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 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 0.00	GENDER	CONTACT PHONE - INCLUDE AREA CODE		
ADDRESS: STREET,CITY,STATE, ZIP							OFFENSE DESCRIPTION			CITATION NUMBER		
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 <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		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 TEST					
INJURED TAKEN BY		6- SECOND - RIGHT SIDE	9- 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)	EJECTION	7- EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE	7- OTHER	7- URINE					
2- EMS		8- THIRD - MIDDLE	1- NOT EJECTED	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	8- OTHER	8- BREATH					
3- POLICE		9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	9- LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN	9- OTHER	9- OTHER TEST					
9- OTHER / UNKNOWN		10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	10- LIMITED TO DAYLIGHT ONLY	10- APPARENTLY NORMAL	10- APPARENTLY NORMAL	10- NEGATIVE RESULTS					
SAFETY EQUIPMENT		4- NOT APPLICABLE	4- NOT APPLICABLE	11- LIMITED TO EMPLOYMENT	11- PHYSICAL IMPAIRMENT	11- PHYSICAL IMPAIRMENT	11- OTHER TEST					
1- NONE USED		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	12- LIMITED - OTHER	12- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	12- EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	12- OTHER TEST					
2- SHOULDER BELT ONLY USED		12- PASSENGER IN UNENCLOSED CARGO AREA	1- NOT TRAPPED	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- OTHER TEST					
3- LAP BELT ONLY USED		13- TRAILING UNIT	2- EXTRICATED BY MECHANICAL MEANS	14- MILITARY VEHICLES ONLY	14- MILITARY VEHICLES ONLY	14- MILITARY VEHICLES ONLY	14- OTHER TEST					
4- SHOULDER & LAP BELT USED		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3- FREED BY NON-MECHANICAL MEANS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- OTHER TEST					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		15- NON-MOTORIST	F- FEMALE	16- OUTSIDE MIRROR	16- OUTSIDE MIRROR	16- OUTSIDE MIRROR	16- OTHER TEST					
6- CHILD RESTRAINT SYSTEM - REAR FACING		99- OTHER / UNKNOWN	M- MALE	17- PROSTHETIC AID	17- PROSTHETIC AID	17- PROSTHETIC AID	17- OTHER TEST					
7- BOOSTER SEAT			U- OTHER / UNKNOWN	18- OTHER	18- OTHER	18- OTHER	18- OTHER TEST					
8- HELMET USED							19- OTHER TEST					
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							20- OTHER TEST					
10- REFLECTIVE CLOTHING							21- OTHER TEST					
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY							22- OTHER TEST					
99- OTHER / UNKNOWN							23- OTHER TEST					

OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER
 122012871

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 BLAIR KENNEDY				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	49 CEDARWOOD DR, AMELIA, Ohio, 45102				11052010 012 F				
OCCUPANT	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
	5	1			04	03	01	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 BLAIR WILLIAM				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	49 CEDARWOOD DR, AMELIA, Ohio, 45102				11202012 010 M				
OCCUPANT	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
	5	1			04	06	01	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION			AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 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 - 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 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			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
INJURED TAKEN BY								EJECTION		
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		
GENDER								TRAPPED		
F - FEMALE M - MALE U - OTHER / UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	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

122012871

Traffic Crash/Non-Injury

12/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22-12871	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	Glen Estc Wt & Upper Ln.	

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

I, Brittany Dyer hereby make this voluntary statement to HAEGERTY At Accident Scene

- 1) What time did the accident happen? 8:35pm
- 2) What road were you traveling on? 6000 Upper Ln.
- 3) What direction were you traveling?
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 10 mph? Going through light
- 6) What is the speed limit?
- 7) Is there anything you could have done to avoid the accident? NO - I tried. Wt outside
- 8) Is the address on your license correct? YES or NO If no, please list the correct address below.
49 Cedarwood Dr. Amelia, OH 45102
- 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 2015 GMC Acadia

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Brittany Dyer</u>	<u>49 Cedarwood Dr. Amelia, OH 45102</u>	<u>Driver</u>
<u>Kennedi Blair</u>	<u>49 Cedarwood Dr. Amelia, OH 45102</u>	<u>Passenger</u>
<u>William Blair</u>	<u>49 Cedarwood Dr. Amelia, OH 45102</u>	<u>BackSeat pass.</u>

12) Describe what happened?

I was going to cross over Glen Estc Withamsville coming from Wal Mart area to Clermont Upper Ln. As I was in the intersection the light turned yellow and the car across from me turned left onto GE Wt Rd. and hit me.

Insurance Company Progressive Policy# 958837333

Signature X

Brittany Dyer

OFFICER'S SIGNATURE	X <u>Officer - Brittany Dyer</u>	UNIT NO.	PAGE NO.
HSY 7002 T (OSP)		2	2

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012871

Traffic Crash/Non-Injury

12/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-12871	Union Township Police Department	12/06/2022
IN COUNTY OF Clermont	CRASH LOCATION	GE/ CLEPPER

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

I, Joan M. Seebahn, hereby make this voluntary statement to HAGGERTY At Accident Scene

- 1) What time did the accident happen? 8: PM
- 2) What road were you traveling on? Glen Este Withamsville Rd
- 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? 5 MPH
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? _____
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.
732 Clough Pike Apt #111 Cinti, OH 45245
- 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 2020 Chevy Trax
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Joan M. Seebahn</u>	<u>Above</u>	<u>Driver</u>

12) Describe what happened?

Going west on Clepper. At intersection of Glen Este Withamsville light was green. Opposing traffic did not move, so I went ahead & made a left turn and an SUV started heading straight towards my front end passenger side.

Insurance Company Progressive Policy# _____

Signature X

Joan M. Seebahn

OFFICER'S SIGNATURE	X OFC M Haggerty	UNIT NO.	PAGE NO.
		1	1