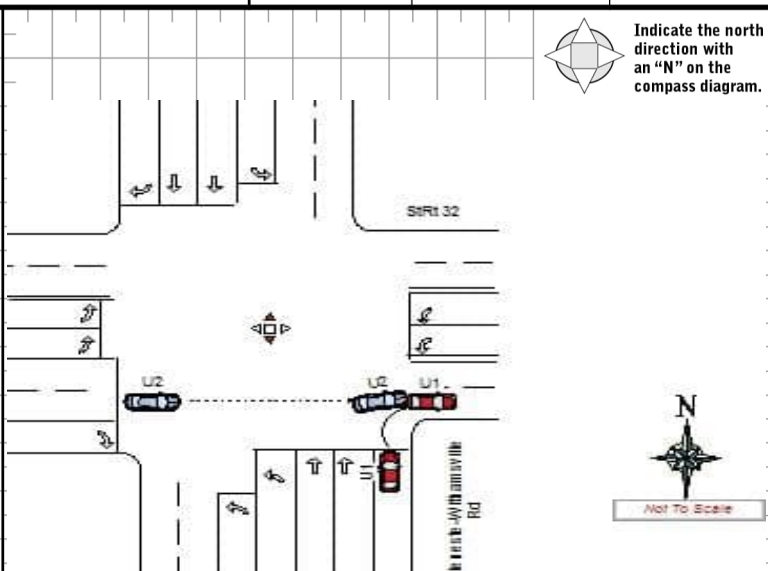




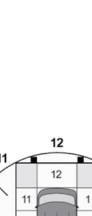
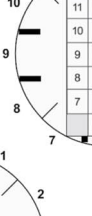
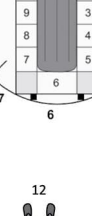

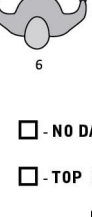

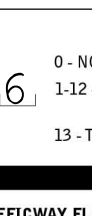
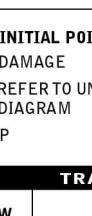
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

| | | | | | | | | |
|---|--|---|--|---|---|---|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY | LOCAL INFORMATION STATE ROUTE 32 | | 122012861 | | | |
| REPORTING AGENCY NAME* Union Township Police Dept. | | NCIC* 01316 | | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 02 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01 | | |
| COUNTY* 13 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3 | LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF) | | CRASH DATE / TIME* 12062022 1620 | | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5 | | |
| ROUTE TYPE CR | ROUTE NUMBER 0055 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME GLEN ESTE-WITHAMSVILLE | ROAD TYPE RD | LATITUDE DECIMAL DEGREES 39.094643 | | | |
| ROUTE TYPE SR | ROUTE NUMBER 0032 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) STATE ROUTE 32 | ROAD TYPE PI | LONGITUDE DECIMAL DEGREES -84.262995 | | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4 | | | | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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 2 | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | | |
| LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 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 01 | | 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 | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | | |
| WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 | | WEATHER 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 02 | | CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 1 | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 2 | SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2 |
| NARRATIVE On the listed date and time, officers responded to a two vehicle non-injury crash. Unit 1 made a right-hand turn on red without clearing the intersection causing unit 2 to strike it in a rear-end type collision. No injuries reported. | | | |  | | | | |
| CRASH REPORTED DATE / TIME 12062022 1620 | | DISPATCH DATE / TIME 12062022 1622 | | ARRIVAL DATE / TIME 12062022 1627 | | SCENE CLEARED DATE / TIME 12062022 1705 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0000 | OTHER INVESTIGATION TIME | TOTAL MINUTES 0043 | OFFICER'S NAME* Pangallo, Joseph II | | CHECKED BY OFFICER'S NAME* Williams, Eric J | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | |
| | | | | OFFICER'S BADGE NUMBER* 3 5 | | CHECKED BY OFFICER'S BADGE NUMBER* 8 5 | | |

[illegible]

| | |
|--|--|
| DAMAGE SCALE <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> 2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 5 - UNKNOWN </div> </div> | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 10px;">           </div> | |
| <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div> | |
| INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> 06 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="text-align: center;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div> | |
| TRAFFIC | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2 | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 2 |
| # OF THROUGH LANES ON ROAD 4 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1 |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 2 TO 3 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST </div> <div style="text-align: center;"> 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div> | |
| UNIT SPEED 50 | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |

122012861

| | | | |
|-------|--|---|--|
| OWNER | UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SPARKS TERI ANN | 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) 389 SENECA DR BATAVIA OHIO 45103 | | |
| | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ | | |
| | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____ | | |

| | | | | | |
|---------|--|--|--|---|---------------------------|
| VEHICLE | LP STATE OH | LICENSE PLATE # TERIGRL | VEHICLE IDENTIFICATION # 1G11AK1512F165179199 | VEHICLE YEAR 2005 | VEHICLE MAKE Chevrolet |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY THE GENERAL INSURANCE | INSURANCE POLICY # OH9580989 | COLOR DBU | VEHICLE MODEL COBALT |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # _____ | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| | TYPE OF USE | | TOWED BY: COMPANY NAME | | |
| | <input type="checkbox"/> PASSENGER CAR | | HAZARDOUS MATERIAL | | |
| | <input type="checkbox"/> PASSENGER VAN (MINIVAN) | | <input type="checkbox"/> MATERIAL RELEASED | | |
| | <input type="checkbox"/> SPORT UTILITY VEHICLE | | <input type="checkbox"/> PLACARD | | |
| | <input type="checkbox"/> PICK UP | | CLASS # PLACARD ID # | | |
| | <input type="checkbox"/> CARGO VAN | | _____ | | |

| | | | | | | |
|---|---|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| VEHICLE | UNIT TYPE | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN / SKATER |
| | UNIT TYPE | 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) |
| | | 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST |
| | | 4 - PICK UP | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT | 26 - BICYCLE |
| | | 5 - CARGO VAN | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN |
| | | 6 - VAN (9-15 SEATS) | | 17 - MOTORHOME | 99 - UNKNOWN OR HIT/SKIP | |
| | # OF TRAILING UNITS | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | | | | |
| | 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | | | |
| | AUTONOMOUS MODE LEVEL | | | | | |
| 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER | | | | | | |

| | | | | | | |
|---------|------------------|---|--|----------------------------------|----------------------------|-----------------------|
| VEHICLE | 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 |
| | | | | | | |

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|---------|---------------------------------|---------------------------------------|----------------------------------|---------------------------------|-----------------------------------|--|
| VEHICLE | 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 | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| | | 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | 99 - OTHER / UNKNOWN |
| | | | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | |
| | | | | | | |
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|---------|-------------------|----------------------------|------------------------|------------------------------------|--|--|
| VEHICLE | ACTION | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE |
| | | 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING |
| | | 3 - STRIKING | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST |
| | | 4 - STRUCK | 4 - OVERTAKING/PASSING | 10 - PARKED | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| | | 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN |
| | PRE-CRASH ACTIONS | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | | | |
| | | 9 - OTHER / UNKNOWN | | | | |
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| VEHICLE | CONTRIBUTING CIRCUMSTANCES | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| | | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| | | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| | | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| | | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| | SEQUENCE OF EVENTS | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |
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|---------------------------------------|--|--|--|
| DAMAGE | | | |
| DAMAGE SCALE | | | |
| 1 - NONE 3 - FUNCTIONAL DAMAGE | | | |
| 2 - MINOR DAMAGE 4 - DISABLING DAMAGE | | | |
| 9 - UNKNOWN | | | |

| | | | |
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| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | |
| | | | |
| <input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] | | | |
| <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] | | | |
| <input type="checkbox"/> UNIT NOT AT SCENE [16] | | | |

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

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|-----------------|--|------------------------------|--|
| TRAFFIC | | | |
| TRAFFICWAY FLOW | | TRAFFIC CONTROL | |
| 1 - ONE-WAY | | 1 - ROUNDABOUT 4 - STOP SIGN | |
| 2 - TWO-WAY | | 2 - SIGNAL 5 - YIELD SIGN | |
| | | 3 - FLASHER 6 - NO CONTROL | |

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|----------------------------|-------------------------------|
| # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING |
| 4 | 1 - NOT INVOLVED |
| | 2 - INVOLVED-ACTIVE CROSSING |
| | 3 - INVOLVED-PASSIVE CROSSING |

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

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

| | | | | | | |
|-------------------|---------------------------------|---------------------------------------|----------------------------------|------------------------------------|--|--|
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| | | 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS | 99 - OTHER / UNKNOWN |
| | | | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK | 11 - SHARED USE PATHS OR TRAILS | |
| | | | | | | |
| | | | | | | |
| | ACTION | 1 - NON-CONTACT | 1 - STRAIGHT AHEAD | 7 - MAKING U-TURN | 13 - NEGOTIATING A CURVE | 18 - APPROACHING OR LEAVING VEHICLE |
| | | 2 - NON-COLLISION | 2 - BACKING | 8 - ENTERING TRAFFIC LANE | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING |
| | | 3 - STRIKING | 3 - CHANGING LANES | 9 - LEAVING TRAFFIC LANE | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST |
| | | 4 - STRUCK | 4 - OVERTAKING/PASSING | 10 - PARKED | 16 - WORKING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| | | 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN |
| PRE-CRASH ACTIONS | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | | | | |
| | 9 - OTHER / UNKNOWN | | | | | |
| | | | | | | |
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|----------|----------------------------|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| EVENT(S) | CONTRIBUTING CIRCUMSTANCES | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY |
| | | 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT | 22 - NOT DISCERNIBLE |
| | | 3 - RAN RED LIGHT | 9 - IMPROPER LANE CHANGE | 15 - SWERVING TO AVOID | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| | | 4 - RAN STOP SIGN | 10 - IMPROPER PASSING | 16 - WRONG WAY | 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION |
| | | 5 - UNSAFE SPEED | 11 - DROVE OFF ROAD | | | |
| | SEQUENCE OF EVENTS | 6 - IMPROPER TURN | 12 - IMPROPER BACKING | | | |
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|------------------------------|--|----------------------------------|--|---------------------------------|---|--|
| EVENT(S) | EVENTS | | | | | |
| | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT | |
| | 2 - FIRE/EXPLOSION | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY | 17 - ANIMAL - FARM | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE | |
| | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | 24 - OTHER MOVABLE OBJECT | |
| | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | | |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | | |
| | | | | 21 - PARKED MOTOR VEHICLE | | |
| | COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END | 37 - TRAFFIC SIGN POST | 43 - CURB | 50 - WORK ZONE MAINTENANCE EQUIPMENT | |
| | 26 - BRIDGE OVERHEAD STRUCTURE | 32 - PORTABLE BARRIER | 38 - OVERHEAD SIGN POST | 44 - DITCH | 51 - WALL | |
| 27 - BRIDGE PIER OR ABUTMENT | 33 - MEDIAN CABLE BARRIER | 39 - LIGHT / LUMINARIES SUPPORT | 45 - EMBANKMENT | 52 - BUILDING | | |
| 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE | 46 - FENCE | 53 - TUNNEL | | |
| 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX | 54 - OTHER FIXED OBJECT | | |
| 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | 42 - CULVERT | 48 - TREE | 99 - OTHER / UNKNOWN | | |

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122012861

| | | | | | | | | | | | | |
|-------------------------|---|--|-------------------|---------------------------|--|--|-----------------------------|--|------------------------|--|---------------|--------------|
| MOTORIST / NON-MOTORIST | UNIT # 01 | NAME: LAST, FIRST, MIDDLE SYLVIA SCOTT ANDREW | | | | DATE OF BIRTH 04211995 | | | | AGE 027 | GENDER M | |
| | ADDRESS: STREET, CITY, STATE, ZIP 157 SUNRISE CT, BATAVIA, Ohio, 451037510 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 01 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| | OL STATE ** | OPERATOR LICENSE NUMBER ***** | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | |

| | | | | | | | | | | | | |
|-------------------------|--|--|-------------------|---------------------------|--|--|-----------------------------|--|------------------------|--|---------------|--------------|
| MOTORIST / NON-MOTORIST | UNIT # 02 | NAME: LAST, FIRST, MIDDLE SPARKS TERI ANN | | | | DATE OF BIRTH 08011994 | | | | AGE 028 | GENDER F | |
| | ADDRESS: STREET, CITY, STATE, ZIP 389 SENECA DR, BATAVIA, Ohio, 45103 | | | | | 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 | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS TYPE VALUE 1 1 . | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 | | |

| | | | | | | | | | | | | |
|-------------------------|-----------------------------------|----------------------------|-------------------|----------------------|--|--|-----------------------|--|------------------|---|----------|---------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | | | | AGE 000 | GENDER | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |

| INJURIES | SEATING POSITION | AIR BAG | OL CLASS | OL RESTRICTION(S) | DRIVER DISTRACTION | TEST STATUS |
|--|---|---|---|---|--|--|
| 1 - FATAL 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 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 | 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 | ALCOHOL 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 | | GENDER | DRUG TEST TYPE | | |
| 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 | | F - FEMALE M - MALE U - OTHER / UNKNOWN | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | |
| | | | | CONDITION | DRUG TEST RESULT(S) | |
| | | | | 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 | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | |

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012861

Traffic Crash/Non-Injury

12/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|--|--|----------------------------------|
| LOCAL REPORT NUMBER 22-12861 | REPORTING AGENCY Union Township Police Department | DATE OF CRASH 12/20/22 |
| IN COUNTY OF Clermont | CRASH LOCATION ST 32 Glenesty | |

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

I, Scott & Sylvia Hereby make this voluntary statement to Officer Pangallo At Accident Scene

- 1) What time did the accident happen? 4:25 PM
- 2) What road were you traveling on? ST 32
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 30
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? N/A
- 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 2012 Honda Fit
- 11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|---------------------------|--------------------------------|------------------|
| <u>Scott & Sylvia</u> | <u>157 Sunrise Court 45103</u> | <u>Driver</u> |
| | | |
| | | |
| | | |
| | | |

12) Describe what happened?

Turned right on ST 32 light was red. did not
pick up speed fast enough and was hit from
Behind

Insurance Company Progressive Policy# 955745704

Signature X

Scott & Sylvia

OFFICER'S SIGNATURE

X [Signature] Pangallo

UNIT NO.

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PAGE NO.

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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122012861

Traffic Crash/Non-Injury

12/07/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|---|---|-------------------------------------|
| LOCAL REPORT NUMBER <u>22-12861</u> | REPORTING AGENCY <u>Union Township Police Department</u> | DATE OF CRASH <u>12 DEC Y 22</u> |
| IN COUNTY OF <u>Clermont</u> | CRASH LOCATION <u>East bound 32</u> | |

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

I, Teri Sparks Hereby make this voluntary statement to Off Pangallo At Accident Scene

- 1) What time did the accident happen? 4:20pm
- 2) What road were you traveling on? East bound St Rt 32
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO If yes, explain: NO
- 5) What was your speed before the crash? 50 mph
- 6) What is the speed limit? 55 mph
- 7) Is there anything you could have done to avoid the accident? yes
- 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 2005 Chevy Cobalt
- 11) List all the occupants below:

| Name | Address (street, city, zip) | Seating Position |
|------|-----------------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

12) Describe what happened?

I was driving east bound on St Rt 32 when the other driver pulled out in front of me. I hit my brakes to slow down, as well as, tried to go around him, but didn't clear it

Insurance Company The general Policy# OH9580989

Signature X

Teri Sparks

OFFICER'S SIGNATURE

X

Pangallo

UNIT NO.

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