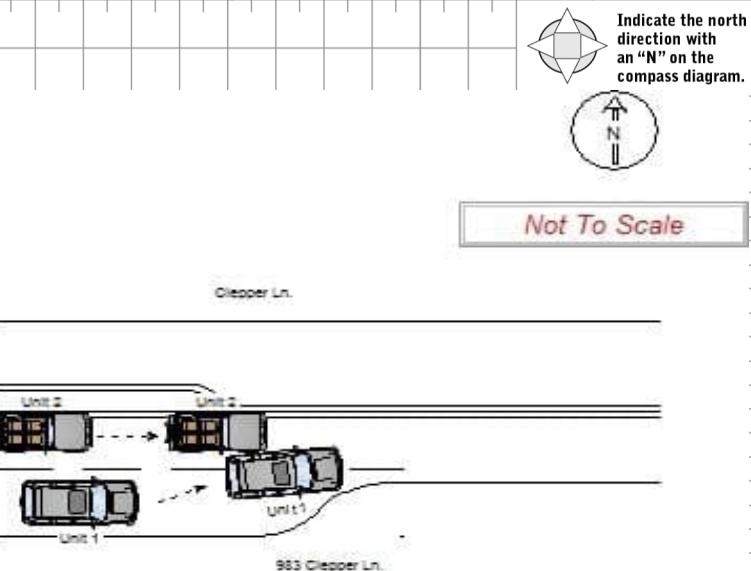


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION 983 CLEPPER LN		LOCAL REPORT NUMBER* 122013070		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Union Township Police Dept.		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02
COUNTY* 13	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 12122022 1704	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION ROUTE TYPE TR	ROUTE NUMBER 252	PREFIX 3	LOCATION ROAD NAME CLEPPER		ROAD TYPE LA	LATITUDE DECIMAL DEGREES 39.092252	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 983 CLEPPER LN		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.261193		
REFERENCE POINT 3	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	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				NUMBER OF APPROACHES 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 7 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON			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 2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 01 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE Unit 1 was travelling eastbound on Clepper Ln when Unit 1 merged into the left lane causing Unit 2 who was in their dedicated lane of travel to strike Unit 1.						 Not To Scale 		
CRASH REPORTED DATE / TIME 12122022 1704		DISPATCH DATE / TIME 12122022 1716		ARRIVAL DATE / TIME 12122022 1719		SCENE CLEARED DATE / TIME 12122022 1758		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)
TOTAL TIME ROADWAY CLOSED 0000	OTHER INVESTIGATION TIME	TOTAL MINUTES 0042	OFFICER'S NAME* LONG, JAKE		CHECKED BY OFFICER'S NAME* Combs, Rodney D			
			OFFICER'S BADGE NUMBER* 3 0		CHECKED BY OFFICER'S BADGE NUMBER* 8 1			

OWNER

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
MIKOLAY JULIETTE M		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
4307 LONG LAKE DR, BATAVIA OHIO 451034604		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # JJN1405	VEHICLE IDENTIFICATION # 1C4PJMX4MID198493	VEHICLE YEAR 2021	VEHICLE MAKE Jeep
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive Insurance	INSURANCE POLICY # 922067330	COLOR SIL	VEHICLE MODEL Cherokee
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 03	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				

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

SPECIAL FUNCTION 01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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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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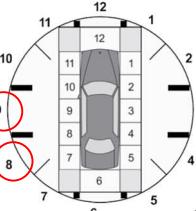
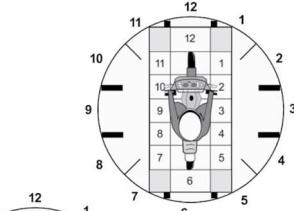
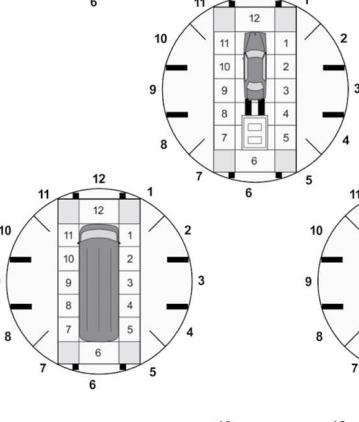
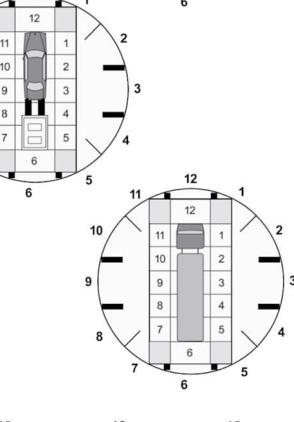
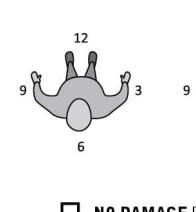
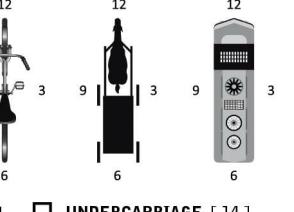
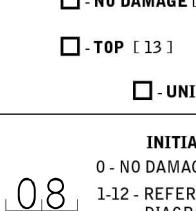
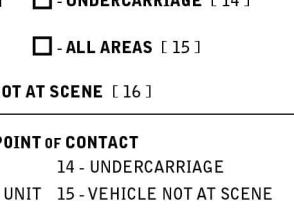
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 03 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 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 09	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	EVENTS				
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	

COLLISION WITH FIXED OBJECT - STRUCK					
4 - IMPACT ATTENUATOR / CRASH CUSHION 5 - BRIDGE OVERHEAD STRUCTURE 6 - BRIDGE PIER OR ABUTMENT 7 - BRIDGE PARAPET 8 - BRIDGE RAIL 9 - 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	

1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
08	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW 2	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED 15	DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1 -
POSTED SPEED 35	

OWNER

VEHICLE

EVENT(s)

UNIT # **02**

LP STATE **OH**

INSURANCE VERIFIED **ALLSTATE**

UNIT TYPE **03**

SPECIAL FUNCTION **01**

CARGO BODY TYPE **01**

NON-MOTORIST LOCATION AT IMPACT **00**

ACTION **03**

CONTRIBUTING CIRCUMSTANCES **01**

SEQUENCE OF EVENTS **20**

COLLISION WITH FIXED OBJECT - STRUCK **4**

40-1 FIRST HARMFUL EVENT **1**

40-2 MOST HARMFUL EVENT **1**

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

PERKINS JENNIFER ANN

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

1267 AVIAN WAY AMELIA Ohio 45102

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **02**

LICENSE PLATE # **JEX4413**

VEHICLE IDENTIFICATION # **1C4HJXEN4LW156783**

VEHICLE YEAR **2010**

VEHICLE MAKE **Jeep**

INSURANCE VERIFIED **ALLSTATE**

INSURANCE COMPANY **ALLSTATE**

INSURANCE POLICY # **826683673**

COLOR **GRY**

VEHICLE MODEL **Wrangler**

TYPE OF USE **COMMERCIAL**

US DOT # **1**

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED **NO**

OCCUPANTS **01**

VEHICLE WEIGHT GVWR/GCWR **1**

HAZARDOUS MATERIAL **NO**

2 - ≤10K LBS.

MATERIAL RELEASED **NO**

3 - 10,001 - 26K LBS.

CLASS # **NO**

4 - >26K LBS.

PLACARD ID # **NO**

1 - PASSENGER CAR

7 - MOTORCYCLE 2-WHEELED

12 - GOLF CART

13 - SNOWMOBILE

18 - LIMO (LIVERY VEHICLE)

14 - SINGLE UNIT TRUCK

19 - BUS (16+ PASSENGERS)

15 - SEMI-TRACTOR

20 - OTHER VEHICLE

16 - FARM EQUIPMENT

21 - HEAVY EQUIPMENT

17 - MOTORHOME

22 - ANIMAL WITH RIDER OR

11 - ALL-TERRAIN VEHICLE (ATV/UTV)

ANIMAL-DRAWN VEHICLE

10 - MOVED OR MOTORIZED

23 - PEDESTRIAN / SKATER

9 - AUTOCYCLE

24 - WHEELCHAIR (ANY TYPE)

8 - MOTORCYCLE 3-WHEELED

25 - OTHER NON-MOTORIST

7 - AUTO CYCLE

26 - BICYCLE

6 - MOTORCYCLE 4-WHEELED

27 - TRAIN

5 - CARGO VAN

99 - UNKNOWN OR HIT/SKIP

4 - PICK UP

OF TRAILING UNITS **0**

3 - SPORT UTILITY VEHICLE

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

2 - PASSENGER VAN (MINIVAN)

0 - NO AUTOMATION

1 - PASSENGER VAN (MINIVAN)

1 - DRIVER ASSISTANCE

0 - NO AUTOMATION

3 - CONDITIONAL AUTOMATION

1 - NO AUTOMATION

9 - UNKNOWN

0 - NO AUTOMATION

1 - PARTIAL AUTOMATION

2 - PARTIAL AUTOMATION

4 - HIGH AUTOMATION

3 - FULL AUTOMATION

5 - FULL AUTOMATION

1 - NONE

1 - FIRE

2 - TAXI

11 - FARM

3 - ELECTRONIC RIDE SHARING

21 - MAIL CARRIER

8 - BUS - SHUTTLE

12 - MILITARY

9 - BUS - OTHER

17 - MOWING

10 - MOVED OR MOTORIZED

18 - SNOW REMOVAL

11 - ALL-TERRAIN VEHICLE (ATV/UTV)

19 - TOWING

12 - GOLF CART

20 - SAFETY SERVICE PATROL

13 - SNOWMOBILE

14 - PUBLIC UTILITY

15 - SINGLE UNIT TRUCK

16 - FARM EQUIPMENT

17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)

19 - SEMI-TRACTOR

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

28 - AUTO CYCLE

OF TRAILING UNITS **0**

29 - CARGO VAN

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

30 - PICK UP

0 - NO AUTOMATION

1 - PASSENGER VAN (MINIVAN)

1 - DRIVER ASSISTANCE

0 - NO AUTOMATION

3 - CONDITIONAL AUTOMATION

1 - NO AUTOMATION

9 - UNKNOWN

0 - NO AUTOMATION

1 - PARTIAL AUTOMATION

2 - PARTIAL AUTOMATION

4 - HIGH AUTOMATION

3 - FULL AUTOMATION

5 - FULL AUTOMATION

1 - NONE

1 - FIRE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - BUS - SHUTTLE

5 - BUS - OTHER

6 - MOVED OR MOTORIZED

7 - AUTO CYCLE

8 - CARGO VAN

9 - PASSENGER VAN (MINIVAN)

10 - PICK UP

11 - SPORT UTILITY VEHICLE

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

16 - HEAVY EQUIPMENT

17 - FARM EQUIPMENT

18 - MOTORHOME

19 - LIMO (LIVERY VEHICLE)

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - AUTO CYCLE

99 - UNKNOWN OR HIT/SKIP

29 - CARGO VAN

OF TRAILING UNITS **0**

30 - PICK UP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - NONE

1 - FIRE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - BUS - SHUTTLE

5 - BUS - OTHER

6 - MOVED OR MOTORIZED

7 - AUTO CYCLE

8 - CARGO VAN

9 - PASSENGER VAN (MINIVAN)

10 - PICK UP

11 - SPORT UTILITY VEHICLE

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

16 - HEAVY EQUIPMENT

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19 - LIMO (LIVERY VEHICLE)

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - AUTO CYCLE

99 - UNKNOWN OR HIT/SKIP

29 - CARGO VAN

OF TRAILING UNITS **0**

30 - PICK UP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - NONE

1 - FIRE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - BUS - SHUTTLE

5 - BUS - OTHER

6 - MOVED OR MOTORIZED

7 - AUTO CYCLE

8 - CARGO VAN

9 - PASSENGER VAN (MINIVAN)

10 - PICK UP

11 - SPORT UTILITY VEHICLE

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19 - LIMO (LIVERY VEHICLE)

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - AUTO CYCLE

99 - UNKNOWN OR HIT/SKIP

29 - CARGO VAN

OF TRAILING UNITS **0**

30 - PICK UP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - NONE

1 - FIRE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - BUS - SHUTTLE

5 - BUS - OTHER

6 - MOVED OR MOTORIZED

7 - AUTO CYCLE

8 - CARGO VAN

9 - PASSENGER VAN (MINIVAN)

10 - PICK UP

11 - SPORT UTILITY VEHICLE

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

15 - SEMI-TRACTOR

16 - HEAVY EQUIPMENT

17 - FARM EQUIPMENT

18 - MOTORHOME

19 - LIMO (LIVERY VEHICLE)

</div

LOCAL REPORT NUMBER
122013070

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	01	MIKOLAY JULIETTE MAGDALEN					06071963	059	F	
ADDRESS: STREET,CITY,STATE, ZIP	4307 LONG LAKE DR, BATAVIA, Ohio, 451034604					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
5	1				04	01	1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**			4511.33			Failure To Stay In Marked Lanes		0131630121220221735		
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	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02	PERKINS JENNIFER ANN					05111979	043	F		
ADDRESS: STREET,CITY,STATE, ZIP	1267 AVIAN WAY, AMELIA, Ohio, 45102					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
5	1				04	01	1	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	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						000	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	1	1	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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		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		1 - NONE	
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		2 - BLOOD	
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE	
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		4 - BREATH	
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY			5 - OTHER	
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

122013070

Traffic Crash/Non-Injury

12/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13070	Union Township Police Department	12/13/2022
IN COUNTY OF	CRASH LOCATION	
Clermont	983 Clepper Ln.	

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

I, Jennifer Perkins, hereby make this voluntary statement to PO Long at Accident Scene.

- 1) What time did the accident happen? 5p
- 2) What road were you traveling on? Clepper
- 3) What direction were you traveling? towards Bach Buxton
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 20
- 6) What is the speed limit? 25 then 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 Jeep Wrangler 2020

11) List all the occupants below:

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

12) Describe what happened?

I was in the inner lane going towards Bach Buxton, she was in the lane that ends, the SUV in front of her merged in front of me. I realized she was coming at me too & went in the middle turn lane & hit my brake & honk but then she hit my front fender with her door

Insurance Company Allstate Policy# 826683673

Signature X



OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X Jennifer Long</u>	30	1

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013070

Traffic Crash/Non-Injury

12/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13070	Union Township Police Department	12 D 12 Y 2022
IN COUNTY OF	CRASH LOCATION	
Clermont	983 Clepper Ln	

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

I, Juliette Mikolay hereby make this voluntary statement to PC Long At Accident Scene

- 1) What time did the accident happen? 5:00 pm
- 2) What road were you traveling on? Clepper
- 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? 15 miles
- 6) What is the speed limit? 35
- 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.

- 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 2021 Jeep Cherokee
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Juliette Mikolay</u>	<u>4307 Longlake Dr Batavia OH 45103</u>	<u>Driver</u>

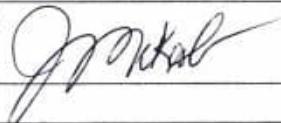
12) Describe what happened?
Merges into left lane when the front of Vehicle scraped the side of the car.

Right lane ending was merging into the left lane half way into the lane the other vehicles front of jeep scraped the side of my jeep.

Insurance Company Progressive

Policy# 92206733D

Signature X



OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X John Zg</u>	<u>30</u>	<u>1</u>