

## 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"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION			LOCAL REPORT NUMBER* <b>122013129</b>		
		REPORTING AGENCY NAME* Union Township Police Dept.			NCIC* 01316		
COUNTY* <b>13</b>		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			HIT/SKIP 1-SOLVED 2-UNRESOLVED
REFERENCE LOCATION	ROUTE TYPE <b>SR</b>	ROUTE NUMBER <b>32</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES <b>39.094463</b>	CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY
	ROUTE TYPE <b>CR</b>	ROUTE NUMBER <b>55</b>	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES <b>-84.263130</b>	
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 CR - CIRCLE CT - COURT 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	
DISTANCE FROM REFERENCE <b>20</b>		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS				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 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 <b>2</b>	CONDITIONS <b>2</b>	SURFACE <b>2</b>
LIGHT CONDITION <b>1</b> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN		WEATHER <b>04</b> 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-SNOW 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 Unit 2 was turning left from westbound SR 32 to southbound Glen Este-Withamsville Rd. Unit 2 was turning right from eastbound SR 32 to southbound Glen Este-Withamsville Rd. Unit 1 failed to yield while turning right on red and struck Unit 2 in the right side.							
CRASH REPORTED DATE / TIME <b>12142022 0728</b>		DISPATCH DATE / TIME <b>12142022 0738</b>		ARRIVAL DATE / TIME <b>12142022 0738</b>		SCENE CLEARED DATE / TIME <b>12142022 0805</b>	
TOTAL TIME ROADWAY CLOSED <b>0000</b>		OTHER INVESTIGATION TIME <b>0027</b>		TOTAL MINUTES <b>0027</b>		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)	
OFFICER'S NAME* MAYNARD, RYAN		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C					
OFFICER'S BADGE NUMBER* 1 8 N D A		CHECKED BY OFFICER'S BADGE NUMBER* 8 2 N D A					

OWNER UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) MOWELL NICOLE EDNA			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) 7011 EDENTON PLEASANT PLAIN RD PLEASANT PLAIN OHIO 45162			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE O H	LICENSE PLATE # HJJ7711	VEHICLE IDENTIFICATION # 3G1BE6SMXHS15913523			VEHICLE YEAR 2017	VEHICLE MAKE CHEVROLET	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 1826439-SFP-35			COLOR ORG	VEHICLE MODEL CRUZE	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME			
<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.		HAZARDOUS MATERIAL 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							
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	
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 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN		
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		
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	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		
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 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		
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 99 - OTHER IMPROPER ACTION		
SEQUENCE OF EVENTS							
1 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 MOVABLE OBJECT		
2	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 BARRIER 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		
3	1	1	FIRST HARMFUL EVENT	MOST HARMFUL EVENT			

LOCAL REPORT NUMBER <b>122013129</b>	
<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<u>2</u>	1 - NONE      3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE      4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> 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 ]	
<b>INITIAL POINT OF CONTACT</b>	
0 - NO DAMAGE      14 - UNDERCARRIAGE	
<u>11</u>	1 -12 - REFER TO UNIT DIAGRAM      15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
13 - TOP	
<b>TRAFFIC</b>	
<b>TRAFFICWAY FLOW</b> 1 - ONE-WAY 2 - TWO-WAY <u>2</u>	<b>TRAFFIC CONTROL</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER <u>2</u> 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
<b># OF THROUGH LANES ON ROAD</b> <u>4</u>	<b>RAIL GRADE CROSSING</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <u>1</u>
<b>UNIT / NON-MOTORIST DIRECTION</b>	
FROM <u>4</u> TO <u>2</u>	
1 - NORTH      5 - NORTHEAST 2 - SOUTH      6 - NORTHWEST 3 - EAST      7 - SOUTHEAST 4 - WEST      8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>UNIT SPEED</b> <u>5</u>	<b>DETECTED SPEED</b> <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> <u>35</u>	

OWNER

VEHICLE

EVENT(s)

**SEQUENCE OF EVENTS**

**1** 20 1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO/EQUIPMENT LOSS OR SHIFT

**3** 1 - FIRST HARMFUL EVENT

**4** 1 - COLLISION WITH FIXED OBJECT - STRUCK

**5** 1 - MOST HARMFUL EVENT

**6** 1 - POSTED SPEED

**7** 1 - DETECTED SPEED

**8** 1 - UNIT SPEED

**9** 1 - FROM 3 TO 2

**10** 1 - UNIT / NON-MOTORIST DIRECTION

**11** 1 - TRAFFICWAY FLOW

**12** 1 - TRAFFIC CONTROL

**13** 1 - RAIL GRADE CROSSING

**14** 1 - INITIAL POINT OF CONTACT

**15** 1 - DAMAGE

**16** 1 - DAMAGE SCALE

**17** 1 - DAMAGED AREA(S)

**18** 1 - NO DAMAGE

**19** 1 - TOP

**20** 1 - ALL AREAS

**21** 1 - UNIT NOT AT SCENE

**22** 1 - NO DAMAGE

**23** 1 - UNDERCARRIAGE

**24** 1 - ALL AREAS

**25** 1 - UNIT NOT AT SCENE

**26** 1 - NO DAMAGE

**27** 1 - UNDERCARRIAGE

**28** 1 - ALL AREAS

**29** 1 - UNIT NOT AT SCENE

**30** 1 - NO DAMAGE

**31** 1 - UNDERCARRIAGE

**32** 1 - ALL AREAS

**33** 1 - UNIT NOT AT SCENE

**34** 1 - NO DAMAGE

**35** 1 - UNDERCARRIAGE

**36** 1 - ALL AREAS

**37** 1 - UNIT NOT AT SCENE

**38** 1 - NO DAMAGE

**39** 1 - UNDERCARRIAGE

**40** 1 - ALL AREAS

**41** 1 - UNIT NOT AT SCENE

**42** 1 - NO DAMAGE

**43** 1 - UNDERCARRIAGE

**44** 1 - ALL AREAS

**45** 1 - UNIT NOT AT SCENE

**46** 1 - NO DAMAGE

**47** 1 - UNDERCARRIAGE

**48** 1 - ALL AREAS

**49** 1 - UNIT NOT AT SCENE

**50** 1 - NO DAMAGE

**51** 1 - UNDERCARRIAGE

**52** 1 - ALL AREAS

**53** 1 - UNIT NOT AT SCENE

**54** 1 - NO DAMAGE

**55** 1 - UNDERCARRIAGE

**56** 1 - ALL AREAS

**57** 1 - UNIT NOT AT SCENE

**58** 1 - NO DAMAGE

**59** 1 - UNDERCARRIAGE

**60** 1 - ALL AREAS

**61** 1 - UNIT NOT AT SCENE

**62** 1 - NO DAMAGE

**63** 1 - UNDERCARRIAGE

**64** 1 - ALL AREAS

**65** 1 - UNIT NOT AT SCENE

**66** 1 - NO DAMAGE

**67** 1 - UNDERCARRIAGE

**68** 1 - ALL AREAS

**69** 1 - UNIT NOT AT SCENE

**70** 1 - NO DAMAGE

**71** 1 - UNDERCARRIAGE

**72** 1 - ALL AREAS

**73** 1 - UNIT NOT AT SCENE

**74** 1 - NO DAMAGE

**75** 1 - UNDERCARRIAGE

**76** 1 - ALL AREAS

**77** 1 - UNIT NOT AT SCENE

**78** 1 - NO DAMAGE

**79** 1 - UNDERCARRIAGE

**80** 1 - ALL AREAS

**81** 1 - UNIT NOT AT SCENE

**82** 1 - NO DAMAGE

**83** 1 - UNDERCARRIAGE

**84** 1 - ALL AREAS

**85** 1 - UNIT NOT AT SCENE

**86** 1 - NO DAMAGE

**87** 1 - UNDERCARRIAGE

**88** 1 - ALL AREAS

**89** 1 - UNIT NOT AT SCENE

**90** 1 - NO DAMAGE

**91** 1 - UNDERCARRIAGE

**92** 1 - ALL AREAS

**93** 1 - UNIT NOT AT SCENE

**94** 1 - NO DAMAGE

**95** 1 - UNDERCARRIAGE

**96** 1 - ALL AREAS

**97** 1 - UNIT NOT AT SCENE

**98** 1 - NO DAMAGE

**99** 1 - UNDERCARRIAGE

**100** 1 - ALL AREAS

**101** 1 - UNIT NOT AT SCENE

**102** 1 - NO DAMAGE

**103** 1 - UNDERCARRIAGE

**104** 1 - ALL AREAS

**105** 1 - UNIT NOT AT SCENE

**106** 1 - NO DAMAGE

**107** 1 - UNDERCARRIAGE

**108** 1 - ALL AREAS

**109** 1 - UNIT NOT AT SCENE

**110** 1 - NO DAMAGE

**111** 1 - UNDERCARRIAGE

**112** 1 - ALL AREAS

**113** 1 - UNIT NOT AT SCENE

**114** 1 - NO DAMAGE

**115** 1 - UNDERCARRIAGE

**116** 1 - ALL AREAS

**117** 1 - UNIT NOT AT SCENE

**118** 1 - NO DAMAGE

**119** 1 - UNDERCARRIAGE

**120** 1 - ALL AREAS

**121** 1 - UNIT NOT AT SCENE

**122** 1 - NO DAMAGE

**123** 1 - UNDERCARRIAGE

**124** 1 - ALL AREAS

**125** 1 - UNIT NOT AT SCENE

**126** 1 - NO DAMAGE

**127** 1 - UNDERCARRIAGE

**128** 1 - ALL AREAS

**129** 1 - UNIT NOT AT SCENE

**130** 1 - NO DAMAGE

**131** 1 - UNDERCARRIAGE

**132** 1 - ALL AREAS

**133** 1 - UNIT NOT AT SCENE

**134** 1 - NO DAMAGE

**135** 1 - UNDERCARRIAGE

**136** 1 - ALL AREAS

**137** 1 - UNIT NOT AT SCENE

**138** 1 - NO DAMAGE

**139** 1 - UNDERCARRIAGE

**140** 1 - ALL AREAS

**141** 1 - UNIT NOT AT SCENE

**142** 1 - NO DAMAGE

**143** 1 - UNDERCARRIAGE

**144** 1 - ALL AREAS

**145** 1 - UNIT NOT AT SCENE

**146** 1 - NO DAMAGE

**147** 1 - UNDERCARRIAGE

**148** 1 - ALL AREAS

**149** 1 - UNIT NOT AT SCENE

**150** 1 - NO DAMAGE

**151** 1 - UNDERCARRIAGE

**152** 1 - ALL AREAS

**153** 1 - UNIT NOT AT SCENE

**154** 1 - NO DAMAGE

**155** 1 - UNDERCARRIAGE

**156** 1 - ALL AREAS

**157** 1 - UNIT NOT AT SCENE

**158** 1 - NO DAMAGE

**159** 1 - UNDERCARRIAGE

**160** 1 - ALL AREAS

**161** 1 - UNIT NOT AT SCENE

**162** 1 - NO DAMAGE

**163** 1 - UNDERCARRIAGE

**164** 1 - ALL AREAS

**165** 1 - UNIT NOT AT SCENE

**166** 1 - NO DAMAGE

**167** 1 - UNDERCARRIAGE

**168** 1 - ALL AREAS

**169** 1 - UNIT NOT AT SCENE

**170** 1 - NO DAMAGE

**171** 1 - UNDERCARRIAGE

**172** 1 - ALL AREAS

**173** 1 - UNIT NOT AT SCENE

**174** 1 - NO DAMAGE

**175** 1 - UNDERCARRIAGE

**176** 1 - ALL AREAS

**177** 1 - UNIT NOT AT SCENE

**178** 1 - NO DAMAGE

**179** 1 - UNDERCARRIAGE

**180** 1 - ALL AREAS

**181** 1 - UNIT NOT AT SCENE

**182** 1 - NO DAMAGE

**183** 1 - UNDERCARRIAGE

**184** 1 - ALL AREAS

**185** 1 - UNIT NOT AT SCENE

**186** 1 - NO DAMAGE

**187** 1 - UNDERCARRIAGE

**188** 1 - ALL AREAS

**189** 1 - UNIT NOT AT SCENE

**190** 1 - NO DAMAGE

**191** 1 - UNDERCARRIAGE

**192** 1 - ALL AREAS

**193** 1 - UNIT NOT AT SCENE

**194** 1 - NO DAMAGE

**195** 1 - UNDERCARRIAGE

**196** 1 - ALL AREAS

**197** 1 - UNIT NOT AT SCENE

**198** 1 - NO DAMAGE

**199** 1 - UNDERCARRIAGE

**200** 1 - ALL AREAS

**201** 1 - UNIT NOT AT SCENE

**202** 1 - NO DAMAGE

**203** 1 - UNDERCARRIAGE

**204** 1 - ALL AREAS

**205** 1 - UNIT NOT AT SCENE

**206** 1 - NO DAMAGE

**207** 1 - UNDERCARRIAGE

**208** 1 - ALL AREAS

**209** 1 - UNIT NOT AT SCENE

**210** 1 - NO DAMAGE

**211** 1 - UNDERCARRIAGE

**212** 1 - ALL AREAS

**213** 1 - UNIT NOT AT SCENE

**214** 1 - NO DAMAGE

**215** 1 - UNDERCARRIAGE

**216** 1 - ALL AREAS

**217** 1 - UNIT NOT AT SCENE

**218** 1 - NO DAMAGE

**219** 1 - UNDERCARRIAGE

**220** 1 - ALL AREAS

**221** 1 - UNIT NOT AT SCENE

**222** 1 - NO DAMAGE

**223** 1 - UNDERCARRIAGE

**224** 1 - ALL AREAS

**225** 1 - UNIT NOT AT SCENE

**226** 1 - NO DAMAGE

LOCAL REPORT NUMBER  
**122013129**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	MOVELL NICOLE EDNA					01181981	041	F		
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
7011 EDENTON PLEASANT PLAIN RD, PLEASANT PLAIN, Ohio, 45162											
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	
**				4511.12						0131651121420220751	
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	TYPE	STATUS	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	JONES JODI L					03291996	026	F			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
5154 CALEB HILL RD, HILLSBORO, Ohio, 45133											
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	TYPE	STATUS	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						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	TYPE	STATUS	RESULT SELECT UPTO 4	
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>		
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 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>DRUG TEST TYPE</b>						
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						
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</b>		<b>DRUG TEST TYPE</b>						
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						
					<b>CONDITION</b>						
					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						
					<b>DRUG TEST RESULT(S)</b>						
					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
122013129

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 JONES KENLEY				DATE OF BIRTH 02012017	AGE 005	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 5154 CALEB HILL RD, HILLSBORO, Ohio, 45133				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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 03	AIR BAG USAGE 01	EJECTION 1	TRAPPED 1
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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
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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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
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

122013129

Traffic Crash/Non-Injury

12/16/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22-13129	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	Rt. 50 <sup>32</sup> on to Glen Este	

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

I, Nicole Mowell hereby make this voluntary statement to OFC. MANNERS At Accident Scene

- 1) What time did the accident happen? 7:30 AM
- 2) What road were you traveling on? Rt 50 / Glen Este
- 3) What direction were you traveling? right
- 4) Were you injured? YES or NO. If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 0
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? yes - not turn on red
- 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 2017 Chevy Chase
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Nicole Mowell</u>		<u>driver</u>

12) Describe what happened?

It was ~~at~~ stopped at red light to turn  
stopped, but then turn on Glen  
to follow the car in front of  
me and ~~it~~ was side swiped by  
car turning right ~~at~~ on the  
other side

Insurance Company State Farm Policy# 1826439-SF7-35

Signature X

Nicole Mowell



OFFICER'S SIGNATURE	<u>X OFC. [Signature] #18</u>	UNIT NO.	PAGE NO.
HSY 7002 T (OSP)		1	1 of 1

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013129

Traffic Crash/Non-Injury

12/16/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-13129</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 14 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>GLEN ESTE-WINHAMSVILLE RD / SR 32</u>	

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

I, Jodi Jones hereby make this voluntary statement to Off. Maynard At Accident Scene

- 1) What time did the accident happen? 0720
- 2) What road were you traveling on? Turning left off 32
- 3) What direction were you traveling? \_\_\_\_\_
- 4) Were you injured? NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 10 mph
- 6) What is the speed limit? 55 to a 35 once turned
- 7) Is there anything you could have done to avoid the accident? I don't believe so
- 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 Nissan Rogue 2018

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Kenley Jones</u>	<u>5154 Caleb Hill Rd. Hillsboro, OH 45133</u>	<u>Passenger</u>

12) Describe what happened?

I turned left off of 32, once signaled. As I turned on to this road by White Castle that I don't know the name of, the right side of my car was hit. The bottom passenger doors were dented.

Insurance Company Progressive Policy# 945601869

Signature X

Jodi Jones



OFFICER'S SIGNATURE	<u>X Off. J. Jones #18</u>	UNIT NO.	PAGE NO.
		<u>2</u>	<u>1 of 1</u>