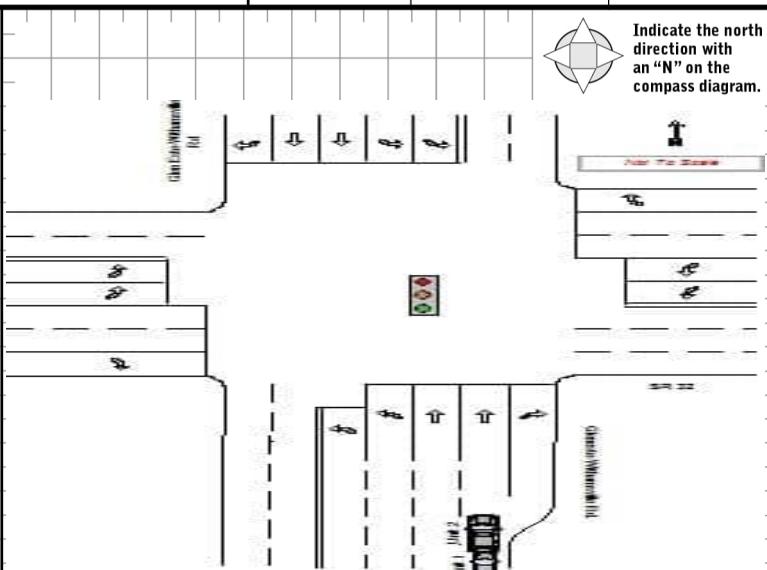


TRAFFIC CRASH REPORT

*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 GLENESTE-WITHAMSVILLE AT SR32		LOCAL REPORT NUMBER* 122013153		
<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* 12142022 1919	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION ROUTE TYPE CR	ROUTE NUMBER 55	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME GLENESTE-WITHAMSVILLE		ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.093914	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
		ROUTE TYPE SR	ROUTE NUMBER 32	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SR 32	ROAD TYPE HW		
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 DR - DRIVE HE - HEIGHTS	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" 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 4		
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 2 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - 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 2	SURFACE 2		
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	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 traveling northbound on Gleneste-Withamsville Rd. Unit 1 failed to stop and struck Unit 2 in the rear.								
								
CRASH REPORTED DATE / TIME 12142022 1919		DISPATCH DATE / TIME 12142022 1920		ARRIVAL DATE / TIME 12142022 1922		SCENE CLEARED DATE / TIME 12142022 2006	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME	TOTAL MINUTES 0046	OFFICER'S NAME* LONG, JAKE		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
				OFFICER'S BADGE NUMBER* 3 0		CHECKED BY OFFICER'S BADGE NUMBER* 8 2		

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

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

GOUGH LEAH

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

3821 VIEW ST CINCINNATI, Ohio, 45244

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE # **JWJ1466**

VEHICLE IDENTIFICATION # **1N1X1R12E4WZ116246**

VEHICLE YEAR **1998**

VEHICLE MAKE **Toyota**

INSURANCE COMPANY **State Farm**

INSURANCE POLICY # **2333321-SFP-35**

COLOR **RED**

VEHICLE MODEL **Corolla**

TYPE OF USE **COMMERCIAL**

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS **01**

UNIT TYPE **01**

PICK UP

4 - CARGO VAN

6 - VAN (9-15 SEATS)

BICYCLE

11 - ALL-TERRAIN VEHICLE (ATV/UTV)

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

8 - MOTORCYCLE 3-WHEELED

10 - MOPED OR MOTORIZED

9 - AUTOCYCLE

15 - SEMI-TRACTOR

14 - SINGLE UNIT TRUCK

16 - FARM EQUIPMENT

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 - ANIMAL-DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

30 - SAFETY SERVICE PATROL

1 - NO AUTOMATION

2 - DRIVER ASSISTANCE

3 - PARTIAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

1 - NO CARGO BODY TYPE / NOT APPLICABLE

2 - BUS

3 - ELECTRONIC RIDE SHARING

8 - BUS - SHUTTLE

4 - SCHOOL TRANSPORT

9 - BUS - OTHER

5 - BUS - TRANSIT/COMMUTER

10 - AMBULANCE

1 - TURN SIGNALS

4 - BRAKES

2 - HEAD LAMPS

5 - STEERING

3 - TAIL LAMPS

6 - TIRE BLOWOUT

1 - INTERSECTION - MARKED CROSSWALK

3 - INTERSECTION - OTHER

2 - INTERSECTION - UNMARKED CROSSWALK

4 - MIDBLOCK - MARKED

5 - MIDBLOCK - UNMARKED

7 - SHOULDER / ROADSIDE

6 - SIDEWALK

8 - SIDEWALK

5 - TRAVEL LANE - OTHER LOCATION

6 - TRAVEL LANE - OTHER LOCATION

1 - NON-CONTACT

2 - NON-COLLISION

3 - STRIKING **01**

3 - CHANGING LANES

4 - STRUCK PRE-CRASH ACTIONS

4 - OVERTAKING/PASSING

5 - BOTH STRIKING & STRUCK

5 - MAKING RIGHT TURN

6 - MAKING LEFT TURN

6 - MAKING LEFT TURN

7 - OTHER/ UNKNOWN

7 - OTHER/ UNKNOWN

1 - OVERTURN/ROLLOVER

6 - EQUIPMENT FAILURE

2 - FIRE/EXPLOSION

7 - SEPARATION OF UNITS

3 - IMMERSION

8 - RAN OFF ROAD RIGHT

4 - JACKKNIFE

9 - RAN OFF ROAD LEFT

5 - CARGO / EQUIPMENT LOSS OR SHIFT

10 - CROSS MEDIAN

1 - IMPACT ATTENUATOR / CRASH CUSHION

31 - GUARDRAIL END

26 - BRIDGE OVERHEAD STRUCTURE

32 - PORTABLE BARRIER

27 - BRIDGE PIER OR ABUTMENT

33 - MEDIAN CABLE BARRIER

28 - BRIDGE PARAPET

34 - MEDIAN GUARDRAIL

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE BARRIER

30 - GUARDRAIL FACE

36 - MEDIAN OTHER BARRIER

1 - OVERTURN/ROLLOVER

6 - EQUIPMENT FAILURE

2 - FIRE/EXPLOSION

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3 - IMMERSION

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3 - IMMERSION

8 - RAN OFF ROAD RIGHT

4 - JACKKNIFE

OWNER

VEHICLE

EVENT(s)

LP STATE

UNIT #

OWNER ADDRESS:

COMMERCIAL CARRIER:

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

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

MILLER YOLONDA LEE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

404 N PLEASANT ST GEORGETOWN, Ohio, 45121

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE #

INSURANCE COMPANY

INSURANCE POLICY #

TYPE OF USE

INTERLOCK DEVICE EQUIPPED

#OCCUPANTS

US DOT #

VEHICLE WEIGHT GVWR/GCWR

MATERIAL RELEASED

PLACARD

VEHICLE YEAR

VEHICLE MODEL

COLOR

HAZARDOUS MATERIAL

CLASS #

PLACARD ID #

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

AUTONOMOUS MODE LEVEL

1 - YES 2 - NO 3 - OTHER/ UNKNOWN

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

1 - NONE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - SCHOOL TRANSPORT

5 - BUS - TRANSIT/ COMMUTER

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - TAIL LAMPS

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - MIDBLOCK - MARKED CROSSWALK

4 - MIDBLOCK - UNMARKED CROSSWALK

5 - TURN SIGNALS

6 - HEADLIGHTS

7 - TURN SIGNALS

8 - HEADLIGHTS

9 - TURN SIGNALS

10 - HEADLIGHTS

11 - TURN SIGNALS

12 - HEADLIGHTS

13 - TURN SIGNALS

14 - HEADLIGHTS

15 - TURN SIGNALS

16 - HEADLIGHTS

17 - TURN SIGNALS

18 - HEADLIGHTS

19 - TURN SIGNALS

20 - HEADLIGHTS

21 - TURN SIGNALS

22 - HEADLIGHTS

23 - TURN SIGNALS

24 - HEADLIGHTS

25 - TURN SIGNALS

26 - HEADLIGHTS

27 - TURN SIGNALS

28 - HEADLIGHTS

29 - TURN SIGNALS

30 - HEADLIGHTS

1 - OVERTURN/ ROLLOVER

2 - FIRE/ EXPLOSION

3 - IMMERSION

4 - JACKKNIFE

5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - IMPROPER TURN

7 - LEFT OF CENTER

8 - FOLLOWING TOO CLOSE / ACDA

9 - RAN RED LIGHT

10 - IMPROPER PASSING

11 - DROVE OFF ROAD

12 - IMPROPER BACKING

13 - IMPROPER START FROM A PARKED POSITION

14 - STOPPED OR PARKED ILLEGALLY

15 - SWERVING TO AVOID

16 - WRONG WAY

17 - VISION OBSTRUCTION

18 - OPERATING DEFECTIVE EQUIPMENT

19 - LOAD SHIFTING/ FALLING/ SPILLING

20 - IMPROPER CROSSING

21 - LYING IN ROADWAY

22 - NOT DISCERNIBLE

23 - OPENING DOOR INTO ROADWAY

24 - OTHER IMPROPER ACTION

25 - APPROACHING OR LEAVING VEHICLE

26 - STANDING

27 - WORKING

28 - PUSHING VEHICLE

29 - OTHER/ UNKNOWN

30 - APPROACHING OR LEAVING VEHICLE

31 - STANDING

32 - WORKING

33 - PUSHING VEHICLE

34 - OTHER/ UNKNOWN

35 - APPROACHING OR LEAVING VEHICLE

36 - STANDING

37 - WORKING

38 - PUSHING VEHICLE

39 - OTHER/ UNKNOWN

40 - APPROACHING OR LEAVING VEHICLE

41 - STANDING

42 - WORKING

43 - PUSHING VEHICLE

44 - OTHER/ UNKNOWN

45 - APPROACHING OR LEAVING VEHICLE

46 - STANDING

47 - WORKING

48 - PUSHING VEHICLE

49 - OTHER/ UNKNOWN

50 - APPROACHING OR LEAVING VEHICLE

51 - STANDING

52 - WORKING

53 - PUSHING VEHICLE

54 - OTHER/ UNKNOWN

55 - APPROACHING OR LEAVING VEHICLE

56 - STANDING

57 - WORKING

58 - PUSHING VEHICLE

59 - OTHER/ UNKNOWN

60 - APPROACHING OR LEAVING VEHICLE

61 - STANDING

62 - WORKING

63 - PUSHING VEHICLE

64 - OTHER/ UNKNOWN

65 - APPROACHING OR LEAVING VEHICLE

66 - STANDING

67 - WORKING

68 - PUSHING VEHICLE

69 - OTHER/ UNKNOWN

70 - APPROACHING OR LEAVING VEHICLE

71 - STANDING

72 - WORKING

73 - PUSHING VEHICLE

74 - OTHER/ UNKNOWN

75 - APPROACHING OR LEAVING VEHICLE

76 - STANDING

77 - WORKING

78 - PUSHING VEHICLE

79 - OTHER/ UNKNOWN

80 - APPROACHING OR LEAVING VEHICLE

81 - STANDING

82 - WORKING

83 - PUSHING VEHICLE

84 - OTHER/ UNKNOWN

85 - APPROACHING OR LEAVING VEHICLE

86 - STANDING

87 - WORKING

88 - PUSHING VEHICLE

89 - OTHER/ UNKNOWN

90 - APPROACHING OR LEAVING VEHICLE

91 - STANDING

92 - WORKING

93 - PUSHING VEHICLE

94 - OTHER/ UNKNOWN

95 - APPROACHING OR LEAVING VEHICLE

96 - STANDING

97 - WORKING

98 - PUSHING VEHICLE

99 - OTHER/ UNKNOWN

100 - APPROACHING OR LEAVING VEHICLE

101 - STANDING

102 - WORKING

103 - PUSHING VEHICLE

104 - OTHER/ UNKNOWN

105 - APPROACHING OR LEAVING VEHICLE

106 - STANDING

107 - WORKING

108 - PUSHING VEHICLE

109 - OTHER/ UNKNOWN

110 - APPROACHING OR LEAVING VEHICLE

111 - STANDING

112 - WORKING

113 - PUSHING VEHICLE

114 - OTHER/ UNKNOWN

115 - APPROACHING OR LEAVING VEHICLE

116 - STANDING

117 - WORKING

118 - PUSHING VEHICLE

119 - OTHER/ UNKNOWN

120 - APPROACHING OR LEAVING VEHICLE

121 - STANDING

122 - WORKING

123 - PUSHING VEHICLE

124 - OTHER/ UNKNOWN

125 - APPROACHING OR LEAVING VEHICLE

126 - STANDING

127 - WORKING

128 - PUSHING VEHICLE

129 - OTHER/ UNKNOWN

130 - APPROACHING OR LEAVING VEHICLE

131 - STANDING

132 - WORKING

133 - PUSHING VEHICLE

134 - OTHER/ UNKNOWN

135 - APPROACHING OR LEAVING VEHICLE

136 - STANDING

137 - WORKING

138 - PUSHING VEHICLE

139 - OTHER/ UNKNOWN

140 - APPROACHING OR LEAVING VEHICLE

141 - STANDING

142 - WORKING

143 - PUSHING VEHICLE

144 - OTHER/ UNKNOWN

145 - APPROACHING OR LEAVING VEHICLE

146 - STANDING

147 - WORKING

148 - PUSHING VEHICLE

149 - OTHER/ UNKNOWN

150 - APPROACHING OR LEAVING VEHICLE

151 - STANDING

152 - WORKING

153 - PUSHING VEHICLE

154 - OTHER/ UNKNOWN

155 - APPROACHING OR LEAVING VEHICLE

156 - STANDING

157 - WORKING

158 - PUSHING VEHICLE

159 - OTHER/ UNKNOWN

160 - APPROACHING OR LEAVING VEHICLE

161 - STANDING

162 - WORKING

163 - PUSHING VEHICLE

164 - OTHER/ UNKNOWN

165 - APPROACHING OR LEAVING VEHICLE

166 - STANDING

167 - WORKING

168 - PUSHING VEHICLE

169 - OTHER/ UNKNOWN

170 - APPROACHING OR LEAVING VEHICLE

171 - STANDING

172 - WORKING

173 - PUSHING VEHICLE

174 - OTHER/ UNKNOWN

175 - APPROACHING OR LEAVING VEHICLE

176 - STANDING

177 - WORKING

178 - PUSHING VEHICLE

179 - OTHER/ UNKNOWN

180 - APPROACHING OR LEAVING VEHICLE

181 - STANDING

182 - WORKING

183 - PUSHING VEHICLE

184 - OTHER/ UNKNOWN

185 - APPROACHING OR LEAVING VEHICLE

LOCAL REPORT NUMBER
122013153

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	GOUGH LEAH					09051986	036	F		
ADDRESS: STREET,CITY,STATE, ZIP 3821 VIEW ST, CINCINNATI, Ohio, 45244											
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	<input type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**				4511.21A		Assured Clear Distance Ahead			0131630121420221951		
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	STATUS TYPE VALUE	STATUS	TYPE	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	MILLER CHRISTOPHER E					07081979	043	M			
ADDRESS: STREET,CITY,STATE, ZIP 404 N PLEASANT ST, GEORGETOWN, Ohio, 45121											
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	<input type="checkbox"/>	01	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	STATUS TYPE VALUE	STATUS	TYPE	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
							000				
ADDRESS: STREET,CITY,STATE, ZIP											
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
							<input type="checkbox"/>				
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	STATUS TYPE VALUE	STATUS	TYPE	RESULT SELECT UPTO 4	
INJURIES	SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - 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		DRUG 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						
					1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN						
					DRUG TEST RESULT(S)						
					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS						

OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER
 122013153

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u>02</u> MILLER YOLONDA LEE				DATE OF BIRTH	AGE	GENDER		
					09251951	071	F			
	ADDRESS: STREET, CITY, STATE, ZIP 404 N PLEASANT ST, GEORGETOWN, Ohio, 45121				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
	<u>5</u>	<u>1</u>			<u>04</u>	<u>03</u>	<u>01</u>	<u>1</u>	<u>1</u>	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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
	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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
	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	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

122013153

Traffic Crash/Non-Injury

12/15/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13153	Union Township Police Department	12/14/2022
IN COUNTY OF	CRASH LOCATION	
Clermont	Gleneste - Withamsville at SR 32	

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

I, Leah V. Gough hereby make this voluntary statement to PC Long At Accident Scene

- 1) What time did the accident happen? around 7:18 pm
- 2) What road were you traveling on? Gleneste / 32 - in front of WC
- 3) What direction were you traveling? North bound
- 4) Were you injured? YES or NO If yes, explain: Not Sure yet
- 5) What was your speed before the crash? Not much, coming from stop light
- 6) What is the speed limit? 40 mph
- 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 1998 Toyota Corolla

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

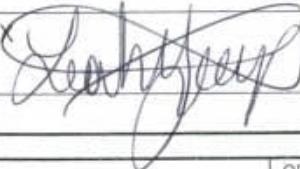
12) Describe what happened?

Turning left from stoplight by Chipotle in outside lane so that I can turn right into Applebees once through man intersection of 32 and Gw road. Traffic is moving, man intersection light is green, and a car is in my lane not moving (he claims, as he needs to get over), and no time to stop. I slammed into the back of him as no car should be stopped in moving traffic because they realized they needed to be over.

Insurance Company State Farm

Policy# 2333321-SFP-35

Signature X



OFFICER'S SIGNATURE

X Jan Y

UNIT NO.

30

PAGE NO.

1

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013153

Traffic Crash/Non-Injury

12/15/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13153	Union Township Police Department	12/15/2022
IN COUNTY OF	CRASH LOCATION	
Clermont	Glenester Withamsville at SR 32	

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

I, Chris Miller hereby make this voluntary statement to PO Long At Accident Scene

- 1) What time did the accident happen? 7:20
- 2) What road were you traveling on? Glenester withamsville
- 3) What direction were you traveling? North
- 4) Were you injured? NO If yes, explain:
- 5) What was your speed before the crash? NC
- 6) What is the speed limit? 35
- 7) Is there anything you could have done to avoid the accident? NO
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.

9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

10) Vehicle Year / Make/ Model 2013 / Kia / SUV

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Yolonda Miller</u>	<u>404 N Pleasant St</u>	<u>Passenger</u>

12) Describe what happened? I was stoped trying to get in the turn lane and was struck from behind,

Insurance Company Allstate Policy# 980097304

Signature X

Chris Miller

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