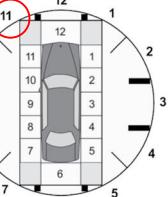
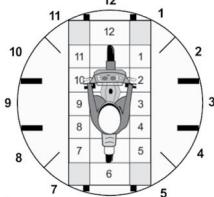
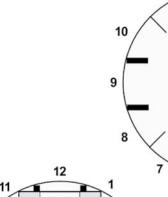
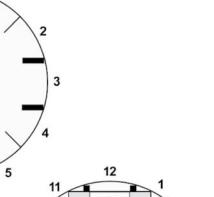
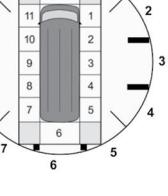
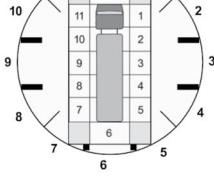
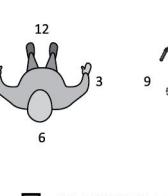
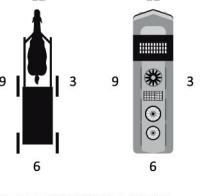


## TRAFFIC CRASH REPORT

\*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 CLEPPER LANE @ SAMS CLUB		LOCAL REPORT NUMBER*					
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	123019585				
				Union Township Police Dept.		01316	HIT/SKIP	NUMBER OF UNITS			
						1 - SOLVED 2 - UNSOLVED	02	UNIT IN ERROR			
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*				
13		3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		UNION (TOWNSHIP OF)			12142023 1132				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES				
	TR	252		CLEPPER	LA	39.093453	5				
REFERENCE ROUTE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES				
				815		84.267502	1				
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	CRASH SEVERITY					
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		E 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	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	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED					
25		3 1 - MILES 2 - FEET 3 - YARDS				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
NUMBER OF APPROACHES			ROADWAY								
			<input type="checkbox"/> ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE		
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				8 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - HEAD-ON			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		
				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							
<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		LOCATION OF CRASH IN WORK ZONE	
								1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	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
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		01 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 - LIGHT CONDITION	2 - WEATHER	
NARRATIVE											
<p>Unit 1 was turning right onto Clepper Lane, EB, from the private access road of Sam's Club. Unit 1 made a wide turn and drove outside of her marked lane striking Unit 2. Unit 2 was stopped on Clepper Lane waiting to turn left.</p> <p>Indicate the north direction with an "N" on the compass diagram.</p>											
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
12142023 1132		12142023 1138		12142023 1142		12142023 1225		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OODPS)			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*				
					SMITH, ALEXANDER		Bullock, Chad				
0000		0047		2 5	OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*				
					A C T		7 7	A C T			

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	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)		2968 CRANE SCHOOL HOUSE RD BETHEL OHIO 45106																																						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																						
LP STATE <b>O H</b>	LICENSE PLATE # <b>JBB7928</b>	VEHICLE IDENTIFICATION # <b>1F M F K 1 6 5 7 8 L A 1 4 8 6 7</b>	VEHICLE YEAR <b>2008</b>	VEHICLE MAKE <b>FORD</b>																																				
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>THE GENERAL</b>	INSURANCE POLICY # <b>920H6609068</b>	COLOR <b>GRY</b>	VEHICLE MODEL <b>Expedition MAX</b>																																				
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 <b>02</b>		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"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD																																					
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LOCAL REPORT NUMBER <b>123019585</b>	
DAMAGE	
DAMAGE SCALE	
<b>2</b>	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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	
<b>11</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>4</b>
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
	5 - YIELD SIGN
	3 - FLASHER
	6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>1</b>	RAIL GRADE CROSSING
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <b>2</b> TO <b>5</b>	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <b>10</b>	DETECTED SPEED <b>1</b>
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED <b>25</b>	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
02	GEAN HOLDINGS LLC	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		
554 WATER ST CHARDON, Ohio, 44024		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	GPV5428	1G1ZD15S19NF160858	2022	Chevrolet
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
	LIBERTY MUTUAL	AOV28161536175	GRY	Malibu

TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		
INTERLOCK DEVICE EQUIPPED	#OCCUPANTS	HAZARDOUS MATERIAL
<input type="checkbox"/>	01	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD

UNIT TYPE	VEHICLE WEIGHT GVWR/GCWR			
01	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - MOTORCYCLE 3-WHEELED 3 - SPORT UTILITY VEHICLE 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	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	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
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CARGO BODY TYPE	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	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
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ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	01 3 - CHANGING LANES PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - 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	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	EVENTS				
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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

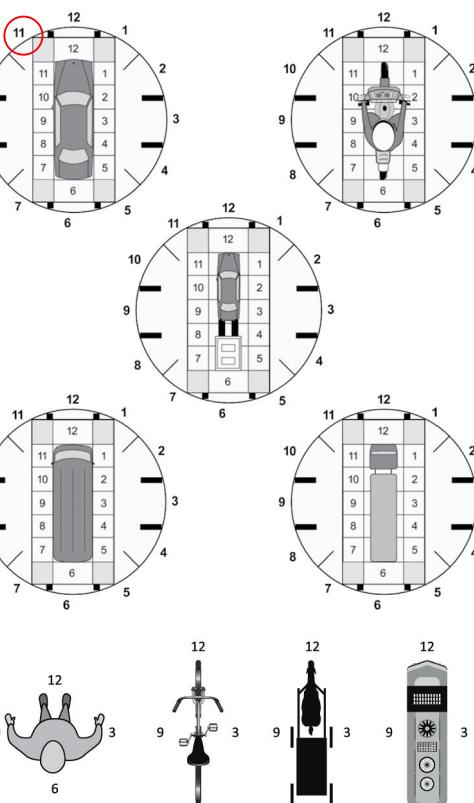
COLLISION WITH FIXED OBJECT - STRUCK					
41	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - 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

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER  
123019585

DAMAGE  
DAMAGE SCALE  
2  
1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

INITIAL POINT OF CONTACT  
11  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

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

# OF THROUGH LANES ON ROAD  
1  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

RAIL GRADE CROSSING  
1  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
1  
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

POSTED SPEED  
25

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	MEURER PATRICIA ANN					05041963	060	F		
ADDRESS: STREET,CITY,STATE, ZIP		2968 CRANE SCHOOL HOUSE RD, BETHEL, Ohio, 45106					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	<b>ALCOHOL TEST</b> STATUS 1 TYPE 1 VALUE 1	<b>DRUG TEST(S)</b> STATUS 1 TYPE 1 RESULT SELECT UP TO 4 1			
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02		MAROIS KERI LYNN					10221987	036	F		
ADDRESS: STREET,CITY,STATE, ZIP		921 MARKET ST LOT 7, NEW RICHMOND, Ohio, 45157					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
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UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
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	<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		
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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- TALKING ON HANDS-FREE COMMUNICATION DEVICE	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
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 KNOWN			
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- TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6- SECOND - RIGHT SIDE		9- DEPLOYMENT UNKNOWN		6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- PASSENGER			
1- NOT TRANSPORTED /TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		7- EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE	7- OTHER DISTRACTION OUTSIDE THE VEHICLE				
2- EMS	8- THIRD - MIDDLE		1- NOT EJECTED		8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	8- OTHER / UNKNOWN				
3- POLICE	9- THIRD - RIGHT SIDE		2- PARTIALLY EJECTED		9- LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN					
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB		3- TOTALLY EJECTED		10- LIMITED TO DAYLIGHT ONLY						
SAFETY EQUIPMENT		4- NOT APPLICABLE		4- NOT APPLICABLE		11- LIMITED TO EMPLOYMENT					
1- NONE USED	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		12- LIMITED - OTHER						
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA		1- NOT TRAPPED		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
3- LAP BELT ONLY USED	13- TRAILING UNIT		2- EXTRICATED BY MECHANICAL MEANS		14- MILITARY VEHICLES ONLY						
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3- FREED BY NON-MECHANICAL MEANS		15- MOTOR VEHICLES WITHOUT AIR BRAKES						
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST		F- FEMALE		16- OUTSIDE MIRROR						
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN		M- MALE		17- PROSTHETIC AID						
7- BOOSTER SEAT			U- OTHER / UNKNOWN		18- OTHER						
8- HELMET USED			GENDER								
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			F- FEMALE								
10- REFLECTIVE CLOTHING			M- MALE								
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY			U- OTHER / UNKNOWN								
99- OTHER / UNKNOWN											



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
123019585

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 01 MEURER RAYMOND C JR				DATE OF BIRTH 03061961	AGE 062	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 227 S UNION STREET, BETHEL, Ohio, 45106				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			1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		7 - 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 EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER			F - FEMALE M - MALE U - OTHER / UNKNOWN		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 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

123019585

Traffic Crash/Non-Injury

12/15/2023 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-19585	Union Township Police Department	M 12 D14 Y23
IN COUNTY OF Clermont	CRASH LOCATION	Clepper Ln O'Sam's Club

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

I, Patricia Meurer hereby make this voluntary statement to Ofc. A. Smith At:

What time did the accident happen? \_\_\_\_\_

- 1) What road were you traveling on? Clepper Lane
- 2) What direction were you traveling? East
- 3) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 0 10
- 5) What is the speed limit? 35
- 6) Is there anything you could have done to avoid the accident? yes
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.

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

9) Vehicle Year / Make/ Model 2008 Ford Expedition

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Raymond Meurer	227 South Union St. Bethel, Oh 45101	passenger

11) Describe what happened I was stopped at the stop sign by Sam, turned right and went a little to far to and hit the car. in the lane

Insurance Company The General

Policy# 92-01-4609068

Signature X

Patricia Meurer

PHONE X

XXXXXXXXXX

OFFICER'S SIGNATURE

X Patricia Meurer Off. A. Gilless

UNIT NO.

1

PAGE NO.

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019585

Traffic Crash/Non-Injury

12/15/2023 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-19585	Union Township Police Department	M 12 D 14 Y 23
IN COUNTY OF Clermont	CRASH LOCATION	Clepper by Sams club

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

I, Keri Marois Hereby make this voluntary statement to Ofc. A. Smith At:

What time did the accident happen? 11:20 am

- 1) What road were you traveling on? Clepper
- 2) What direction were you traveling? \_\_\_\_\_
- 3) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 0 mph
- 5) What is the speed limit? 25 mph
- 6) Is there anything you could have done to avoid the accident? NO
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.

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

9) Vehicle Year / Make/ Model Rental car 2022 Chevy Malibu

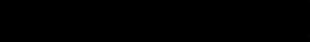
10) List all the occupants below:

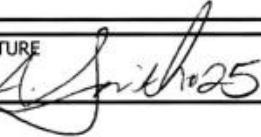
Name	Address (street, city, zip)	Seating Position
<u>Keri Marois</u>	<u>921 Market St Lot 7 New Richmond</u>	<u>drivers</u>

11) Describe what happened I was stopped on clepper trying to make a left hand turn when the SUV was trying to turn right, they came into my lane & hit my drivers side.

Insurance Company liberty mutual Policy# AOV28161534175

Signature X

  
PHONE X 

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
 <u>X</u> <u>Ofc. A. Smith 25</u>	<u>2</u>	<u>1</u>