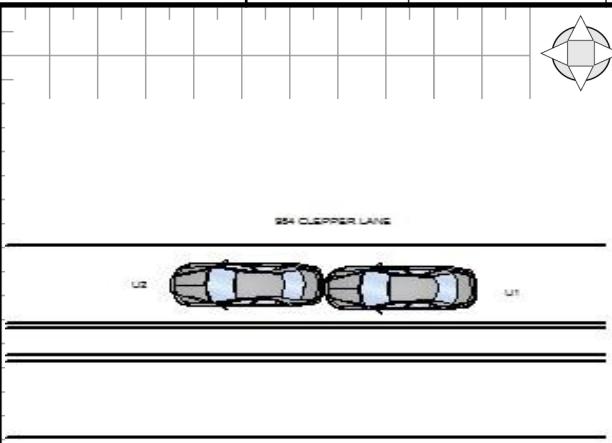
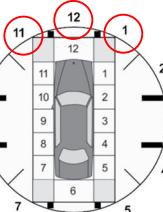
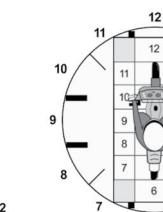
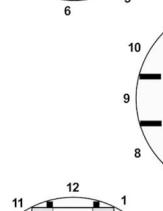
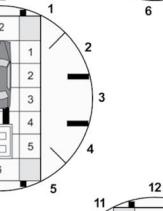
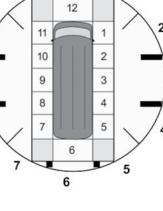
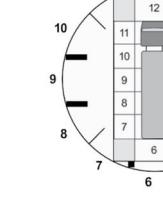
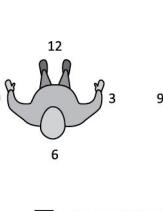
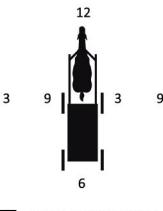
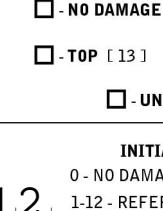
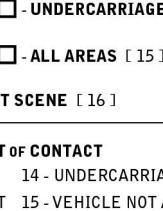


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION CLEPPER LANE			LOCAL REPORT NUMBER*				
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*			NCIC*	123019617			
					Union Township Police Dept.			01316	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*						CRASH DATE / TIME*			
13	3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	UNION (TOWNSHIP OF)						12142023 1850			
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	39.092361					
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES				
			984			-84.261070					
REFERENCE POINT		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	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	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	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 2 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - CROSSOVER 5 - BACKING 6 - ANGLE 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 AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2			
LIGHT CONDITION 4 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 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 1 and Unit 2 were traveling west on Clepper Ln. Unit 1 was unable to maintain a safe distance and struck the rear of Unit 2. Driver of Unit 1 transported by EMS for minor injuries.						 Indicate the north direction with an "N" on the compass diagram. 					
						<i>Not To Scale</i>					
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY			
12142023 1850		12142023 1851		12142023 1852		12142023 2010		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)			
0000		0030	0109	Hathorn, Joshua		MARSHALL, SCOTT					
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*					
				3	2	8	0				

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)		157 SWEET BRIAR DR BATAVIA Ohio 451035228																																					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																					
LP STATE <b>O H</b>	LICENSE PLATE # <b>KEJ7798</b>	VEHICLE IDENTIFICATION # <b>5YFBURHEXHP732302</b>	VEHICLE YEAR <b>2017</b>	VEHICLE MAKE <b>TOYOTA</b>																																			
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>FOUNDERS INSURANCE</b>	INSURANCE POLICY # <b>0AOH192379</b>	COLOR <b>SIL</b>	VEHICLE MODEL <b>Corolla</b>																																			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <b>Grays TOWING</b>																																				
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <b>01</b>	#OCCUPANTS <b>01</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"/> PLACARD																																			
UNIT TYPE <b>01</b>	# OF TRAILING UNITS																																						
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	AUTONOMOUS MODE LEVEL <b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																																			
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CARGO BODY TYPE <b>01</b>	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE																																						
VEHICLE DEFECTS	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT																																						
NON-MOTORIST LOCATION AT IMPACT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL																																						
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LOCAL REPORT NUMBER <b>123019617</b>		
DAMAGE		
DAMAGE SCALE		
<b>3</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
         		
<input type="checkbox"/> - NO DAMAGE <b>0</b> <input type="checkbox"/> - UNDERCARRIAGE <b>14</b> <input type="checkbox"/> - TOP <b>13</b> <input type="checkbox"/> - ALL AREAS <b>15</b> <input type="checkbox"/> - UNIT NOT AT SCENE <b>16</b>		
INITIAL POINT OF CONTACT		
<b>12</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>6</b>	
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 <b>2</b>	RAIL GRADE CROSSING <b>1</b>	
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 <b>3</b> TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>35</b>	DETECTED SPEED <b>1</b>	
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	35	
POSTED SPEED <b>35</b>		

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
02	LATHAM JORDAN DIXON ROBINSON LATHAM	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		
604 GEORGIA DR BETHEL Ohio 45106		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H	JEE9083	4T1B11H K3JU657690		2018	Toyota
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
				GRY	Camry
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE			
<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		01	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #
				<input type="checkbox"/> PLACARD	PLACARD ID #

UNIT TYPE	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?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / 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	11 - CHANGING LANES PRE-CRASH ACTIONS 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	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	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				
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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

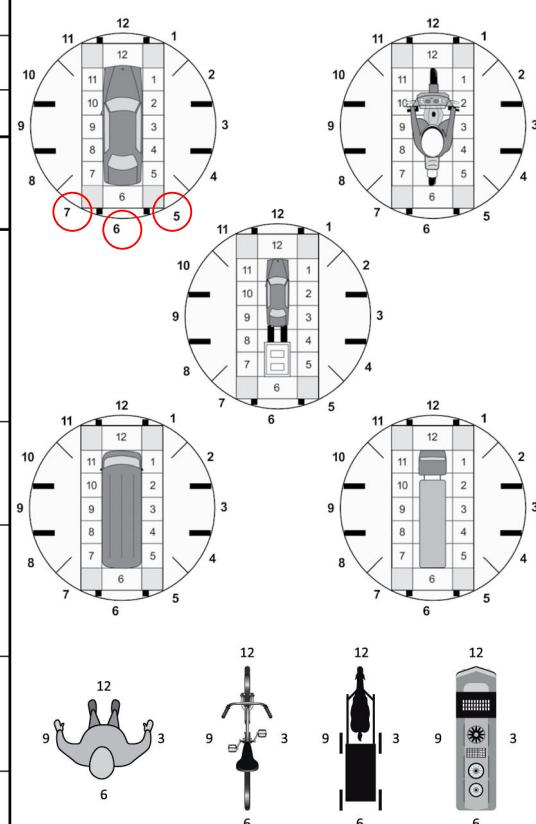
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER 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
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1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER  
123019617

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

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

TRAFFIC  
TRAFFICWAY FLOW  
1 - ONE-WAY  
2 - TWO-WAY  
TRAFFIC CONTROL  
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

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

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

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER						
	01	TRIVETT SCOTT JAMES					04011992	031	M						
ADDRESS: STREET,CITY,STATE, ZIP 157 SWEET BRIAR DR, BATAVIA, Ohio, 451035228															
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					
3	2	UNION TOWNSHIP FIRE DEPT	Clermont Mercy Hospital BATAVIA		04		01	4	1	1					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
**	4511.21A					Assured Clear Distance Ahead		ECITE							
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)								
			2	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1 .	1	1	RESULT SELECT UP TO 4						
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER							
02	LATHAM JORDAN DIXON ROBINSON					04151998	025	M							
ADDRESS: STREET,CITY,STATE, ZIP 604 GEORGIA DR, BETHEL, Ohio, 45106															
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					
5					04		01	1	1	1					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
**	*****														
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 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	1	RESULT SELECT UP TO 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED					
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER							
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				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	RESULT SELECT UP TO 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										
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	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 - TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY										6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	7 - EXCEPT TRACTOR-TRAILER	8 - INTERMEDIATE LICENSE RESTRICTIONS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - SECOND - RIGHT SIDE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJECTED	H - HAZMAT	6 - PASSENGER	1 - NONE									
2 - EMS	8 - THIRD - MIDDLE	8 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD									
3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE									
9 - OTHER / UNKNOWN			4 - NOT APPLICABLE	N - TANKER	9 - OTHER / UNKNOWN	4 - BREATH									
SAFETY EQUIPMENT										Q - MOTOR SCOOTER	R - THREE-WHEEL MOTORCYCLE	S - SCHOOL BUS	T - DOUBLE & TRIPLE TRAILERS	X - TANKER / HAZMAT	5 - OTHER
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	1 - APPARENTLY NORMAL	1 - BLOOD										
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - PHYSICAL IMPAIRMENT	3 - URINE										
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4 - OTHER										
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	4 - NOT APPLICABLE	4 - NOT APPLICABLE	4 - ILLNESS	1 - AMPHETAMINES										
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN			5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	2 - BARBITURATES										
6 - CHILD RESTRAINT SYSTEM - REAR FACING				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - BENZODIAZEPINES										
7 - BOOSTER SEAT				9 - OTHER / UNKNOWN	4 - CANNABINOID										
8 - HELMET USED					5 - COCAINE										
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					6 - OPIATES / OPIOIDS										
10 - REFLECTIVE CLOTHING					7 - OTHER										
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					8 - NEGATIVE RESULTS										
99 - OTHER / UNKNOWN															

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019617

Traffic Crash/Injury

12/15/2023 OH2/OH3

## OHIO CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

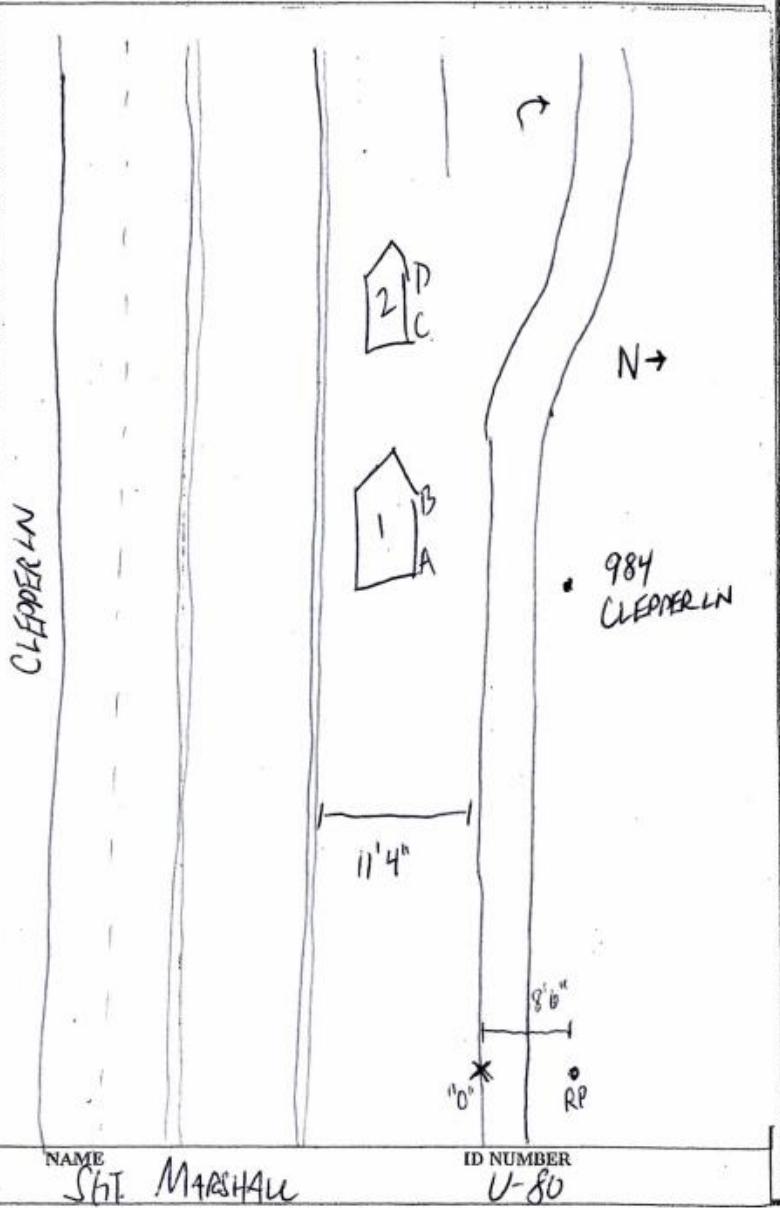
OH2

LOCAL REPORT NUMBER	23-19617	REPORTING AGENCY	UNION TWP POLICE	DATE OF CRASH			
IN COUNTY OF	CLERMONT	CRASH LOCATION	984 CLEPPER LANE	M 12 D 14 Y 2023			
WEATHER CONDITIONS	Clear <input checked="" type="checkbox"/>	Cloudy <input type="checkbox"/>	Rain <input type="checkbox"/>	Drizzle <input type="checkbox"/>	Snow <input type="checkbox"/>	Fog <input type="checkbox"/>	Other <input checked="" type="checkbox"/> NIGHT
ROAD CONDITIONS	Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Standing <input type="checkbox"/>	Water <input type="checkbox"/>	Other <input type="checkbox"/>

### COORDINATE DIAGRAM MEASUREMENT FORM

REFERENCE POINT (RP)  
 DESCRIPTION / LOCATION UTILITY POLE # C41067RT / 6C440C EAST OF CRASH  
 BASELINE DESCRIPTION  
 LOCATION WHITE FOG LINE ON NORTHSIDE OF ROADWAY  
 REFERENCE POINT (RP) TO  
 BASELINE ORIGIN ("0" POINT) RP 8'6" NORTH OF BASELINE DIRECTION FROM (RP)  
 TO ORIGIN ("0" POINT) NORTH

"0" POINT TO	N	E	S	W
A	108'1"	6'2"		
B	176'7"	5'4"		
C	201'9"	6'2"		
D	211'2"	6'2"		
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
X				
Y				
Z				
AA				
BB				
CC				
DD				
EE				
FF				



DATE COMPLETED

12-14-23

TIME COMPLETED

1915

NAME

Sgt. MARSHALL

ID NUMBER

U-80

## ***Union Township Police Dept.***

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019617

## Traffic Crash/Injury

12/15/2023 OH2/OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
23-19617			M 12 D 14 Y 23
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION	984 Clepper Ln	

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

I, Scott Trippett Hereby make this voluntary statement to PO Hathorn At:

What time did the accident happen? 7 pm

- 1) What road were you traveling on? CLIPPER
- 2) What direction were you traveling? \_\_\_\_\_
- 3) Were you injured? YES or NO. If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 30 PM
- 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 2017 Corolla TOYOTA
- 10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Scott Truett	157 Sweetbriar Dr	Driver

11) Describe what happened

Dear Dashing went to accept an  
order took down and hit them in the  
rear End.

**Insurance Company** **Policy#**

**Signature X**

## PHONE X

	OFFICER'S SIGNATURE <b>X</b> 	UNIT NO. 1	PAGE NO. 1
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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019617

Traffic Crash/Injury

12/15/2023 OH2/OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>23-19C17</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D (4 Y 2)</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>984 Clepper Ln</u>	

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

I, JORDAN Latham hereby make this voluntary statement to PO Hathorn At:

What time did the accident happen? 7:11 pm

- 1) What road were you traveling on? Clepper Ln
- 2) What direction were you traveling? Home
- 3) Were you injured? YES or NO. If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 20 Then stop at the light.
- 5) What is the speed limit? 35 mile
- 6) Is there anything you could have done to avoid the accident? If the person stop in time
- 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 16/17 T670 Cahr Le

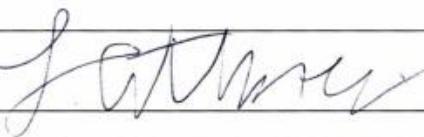
10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>JORDAN Latham</u>	<u>607 Georgia Drive Bethel Ohio</u>	<u>Driver</u>

11) Describe what happened I was stoppns so that person in front of me  
at the light was waiting for the light to turn green  
I got rear end.

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Signature X



PHONE X

OFFICER'S SIGNATURE <u>X P-o Hathorn</u>	UNIT NO. <u>2</u>	PAGE NO. <u>1</u>
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