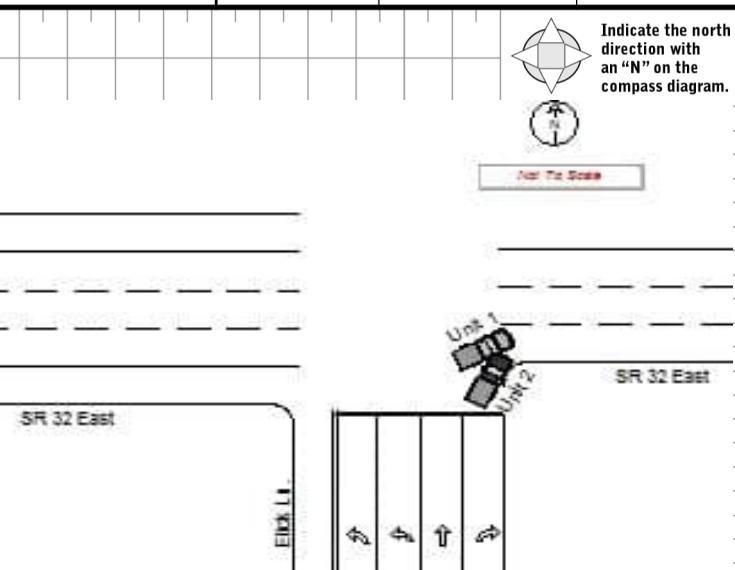


## TRAFFIC CRASH REPORT

\*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"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION ELLICK @ SR32 REPORTING AGENCY NAME* Union Township Police Dept.			NCIC* 01316			LOCAL REPORT NUMBER* 122013176			
COUNTY* 13			LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)			LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* 12152022 1604			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME ELLICK			ROAD TYPE	LATITUDE DECIMAL DEGREES 39.090603			CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SR32			ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.247907				
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	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES 4		
DISTANCE FROM REFERENCE 20		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVENT 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - REAR-END 10 - HEAD-ON 11 - OTHER / UNKNOWN			DIRECTION OF TRAVEL 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 3 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 2	SURFACE 2		
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		LIGHT CONDITION 02 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL			WEATHER 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 traveling North on Elick Rd in the far right lane, turning right. Unit#1 was also traveling North on Elick Rd in the second lane from the right which is a through lane. Unit#1 turned right from the straight lane into the path of Unit#2 causing damage.												
Indicate the north direction with an "N" on the compass diagram.  Not To Scale												
												
CRASH REPORTED DATE / TIME 12152022 1604		DISPATCH DATE / TIME 12152022 1605		ARRIVAL DATE / TIME 12152022 1615			SCENE CLEARED DATE / TIME 12152022 1710			REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0065		TOTAL MINUTES 0065			OFFICER'S NAME* Puckett, Keith		CHECKED BY OFFICER'S NAME* Wagner, Richard J			
							OFFICER'S BADGE NUMBER* 3 7		CHECKED BY OFFICER'S BADGE NUMBER* 7 9			



OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

MOST HARMFUL EVENT

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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

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

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

TYPE OF USE

US DOT #

VEHICLE WEIGHT GVWR/GCWR

HAZARDOUS MATERIAL

MATERIAL RELEASED

CLASS #

PLACARD ID #

INTERLOCK DEVICE EQUIPPED

#OCCUPANTS

1 - COMMERCIAL

2 - GOVERNMENT

3 - IN EMERGENCY RESPONSE

1 - NONE

2 - MINOR DAMAGE

3 - FUNCTIONAL DAMAGE

4 - DISABLING DAMAGE

5 - UNKNOWN

1 - HIT/SKIP UNIT

2 - UNKNOWN

3 - UNKNOWN

4 - UNKNOWN

5 - UNKNOWN

6 - UNKNOWN

7 - UNKNOWN

8 - UNKNOWN

9 - UNKNOWN

10 - UNKNOWN

11 - UNKNOWN

12 - UNKNOWN

13 - UNKNOWN

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11 - UNKNOWN

LOCAL REPORT NUMBER  
**122013176**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	FISLER JOHN MICHAEL					1 2 0 1 1 9 8 2	040	M		
ADDRESS: STREET,CITY,STATE, ZIP	3125 WESTWOOD NORTHERN BLVD, CINCINNATI, Ohio, 452113607					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5						04		01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER	
**				4511.12						0131637121520221638	
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	HORNSBY ALAN J					1 0 0 2 1 9 5 2	070	M			
ADDRESS: STREET,CITY,STATE, ZIP	15258 EASTWOOD RD, WILLIAMSBURG, Ohio, 451769411					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5						04		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						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	STATUS TYPE VALUE	STATUS	TYPE	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	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED		1 - NONE GIVEN		
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3 - TEST GIVEN, RESULTS UNKNOWN		
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS UNKNOWN		4 - TEST GIVEN, RESULTS UNKNOWN		
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - OTHER		
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		1 - NONE		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD		
2 - EMS	8 - THIRD - MIDDLE		1 - NOT EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE		
3 - POLICE	9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		4 - BREATH		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	10 - APPARENTLY NORMAL		5 - OTHER		
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	11 - PHYSICAL IMPAIRMENT		1 - BLOOD		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - URINE		
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		1 - NOT TRAPPED		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - APPARENTLY NORMAL		3 - OTHER		
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	14 - PHYSICAL IMPAIRMENT		4 - AMPHETAMINES		
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - APPARENTLY NORMAL		5 - BARBITURATES		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		GENDER		F - FEMALE	16 - OUTSIDE MIRROR	16 - APPARENTLY NORMAL		6 - BENZODIAZEPINES		
6 - CHILD RESTRAINT SYSTEM - REAR FACING					M - MALE	17 - PROSTHETIC AID	17 - APPARENTLY NORMAL		7 - CANNABINOID		
7 - BOOSTER SEAT					U - OTHER / UNKNOWN	18 - OTHER	18 - APPARENTLY NORMAL		8 - COCAINE		
8 - HELMET USED									9 - OPIATES / OPIOIDS		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									7 - OTHER		
10 - REFLECTIVE CLOTHING									8 - NEGATIVE RESULTS		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											

# OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER  
 122013176

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 HORNSBY LINDA S				DATE OF BIRTH	AGE	GENDER																							
					10141951	071	F																								
	ADDRESS: STREET, CITY, STATE, ZIP 15258 EASTWOOD RD, WILLIAMSBURG, Ohio, 451769411				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																					
	5				04	03	01	1	1																						
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																					
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																					
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																					
WITNESS	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	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	19 - OTHER / UNKNOWN	1 - NOT DEPLOYED	2 - DEPLOYED FRONT	3 - DEPLOYED SIDE	4 - DEPLOYED BOTH FRONT/SIDE	5 - NOT APPLICABLE
WITNESS	INJURED TAKEN BY			1 - NOT TRANSPORTED /TREATED AT SCENE	2 - EMS	3 - POLICE	4 - OTHER / UNKNOWN	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 EJECTED	2 - PARTIALLY EJECTED	3 - TOTALLY EJECTED	4 - NOT APPLICABLE													
	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																										
	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER																								
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE																										
	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

122013176

Traffic Crash/Non-Injury

12/16/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13176	Union Township Police Department	12 D 15 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	6 Elizabetta St 32

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

I, \_\_\_\_\_ Hereby make this voluntary statement to Richelt At Accident Scene

- 1) What time did the accident happen? 4:00 P.M.
- 2) What road were you traveling on? \_\_\_\_\_
- 3) What direction were you traveling? \_\_\_\_\_
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? \_\_\_\_\_
- 6) What is the speed limit? \_\_\_\_\_
- 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 FORD 2009 F-150

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>LINDA HORNSBY</u>	<u>708 15258 Eastwood Rd Williamsburg OH 45176</u>	<u>Passenger</u>

12) Describe what happened?

We were at Sams shopping. Left Sams and turned Right off Sams crossed over road by Golden Corral to end of road. Turned left at S.S. towards St Rt 32 by Wendy's. Staying ~~on~~ in the far Right Lane. All of a sudden a grey pickup truck hit the front of our Ford much harder. On going to get him found he flashed out head Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ STOP

Signature X

OFFICER'S SIGNATURE

X

UNIT NO.

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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013176

Traffic Crash/Non-Injury

12/16/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13176	Union Township Police Department	MR 15 YR
IN COUNTY OF Clermont	CRASH LOCATION	Elick Rd CR32

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

I, John Fisher Hereby make this voluntary statement to Deekitt At Accident Scene

- 1) What time did the accident happen? \_\_\_\_\_
- 2) What road were you traveling on? 32 Eastbound
- 3) What direction were you traveling? Eastbound
- 4) Were you injured? YES or NO If yes, explain: NO
- 5) What was your speed before the crash? 5 mph
- 6) What is the speed limit? 55 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 2005 Toyota tundra,
- 11) List all the occupants below:

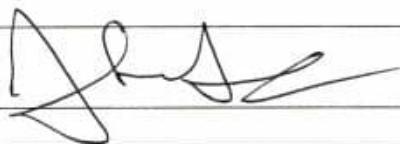
Name	Address (street, city, zip)	Seating Position
<u>Self</u>	_____	_____

12) Describe what happened?

I was turning Right from inside lane, as I was making the turn with signal on, it was struck on the rear middle of my vehicle. I did not leave lane as I turned. Between the other driver possibly having made the turn too wide

Insurance Company Taxis Policy# 11-34-015527301

Signature X



OFFICER'S SIGNATURE

X PD Reuter

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