

## 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 SR 32 / FAYARD DRIVE (800 BLOCK) REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122013250		
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 12172022 1445		UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN			
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME SR 32		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.093929		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 #) 800		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.259561				
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 - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES 5		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						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 1 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 2-REAR-END 3-HEAD-ON				DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 4 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 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER 02 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL											
NARRATIVE <p>Unit #1 was traveling westbound on SR 32 near Fayard Drive, when he lost control of his motor vehicle and struck the median wire. After Unit #1 struck the median wire it came to a rest on the shoulder.</p>													
Not to Scale  800 Block of SR 32													
CRASH REPORTED DATE / TIME 12172022 1445				DISPATCH DATE / TIME 12172022 1447				ARRIVAL DATE / TIME 12172022 1456		SCENE CLEARED DATE / TIME 12172022 1545		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0058		OFFICER'S NAME* Pangallo, Joseph II		CHECKED BY OFFICER'S NAME* Wagner, Richard J		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
						OFFICER'S BADGE NUMBER* 3 5		CHECKED BY OFFICER'S BADGE NUMBER* 7 9					

OWNER

VEHICLE

EVENT(s)

**SEQUENCE OF EVENTS**

**1 09**  
1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO / EQUIPMENT LOSS OR SHIFT

**2 33**  
6 - IMPROPER TURN

**3 1**

**4 4**

**5 5**

**6 6**

**2 2**

**FIRST HARMFUL EVENT**

**2 2**

**MOST HARMFUL EVENT**

**UNIT #** **01**

**OWNER NAME:** LAST, FIRST, MIDDLE (  SAME AS DRIVER) **RAMEY BRANDIE L**

**OWNER PHONE:** INCLUDE AREA CODE (  SAME AS DRIVER)

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

5828 MOUNT VERNON DR MILFORD OHIO 45150

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

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** **O H** **LICENSE PLATE #** **JCF8186** **VEHICLE IDENTIFICATION #** **19UUA156822A003120** **VEHICLE YEAR** **2002** **VEHICLE MAKE** **ACURA**

**INSURANCE VERIFIED**  **INSURANCE COMPANY**

**INSURANCE POLICY #**

**TYPE OF USE**  **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE**

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** **01**

**US DOT #**

**VEHICLE WEIGHT GVWR/GCWR**

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

**VEHICLE** **1 - PASSENGER CAR** **7 - MOTORCYCLE 2-WHEELED** **12 - GOLF CART** **18 - LIMO (LIVERY VEHICLE)** **23 - PEDESTRIAN / SKATER**

**2 - PASSENGER VAN (MINIVAN)** **8 - MOTORCYCLE 3-WHEELED** **13 - SNOWMOBILE** **19 - BUS (16+ PASSENGERS)** **24 - WHEELCHAIR (ANY TYPE)**

**3 - SPORT UTILITY VEHICLE** **9 - AUTOCYCLE** **14 - SINGLE UNIT TRUCK** **20 - OTHER VEHICLE** **25 - OTHER NON-MOTORIST**

**4 - PICK UP** **10 - MOPED OR MOTORIZED** **15 - SEMI-TRACTOR** **21 - HEAVY EQUIPMENT** **26 - BICYCLE**

**5 - CARGO VAN** **BICYCLE** **16 - FARM EQUIPMENT** **22 - ANIMAL WITH RIDER OR** **27 - TRAIN**

**6 - VAN (9-15 SEATS)** **11 - ALL-TERRAIN VEHICLE** **17 - MOTORHOME** **ANIMAL-DRAWN VEHICLE** **99 - UNKNOWN OR HIT/SKIP**

**# OF TRAILING UNITS**

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**

**1 - YES** **2 - NO** **9 - OTHER / UNKNOWN**

**AUTONOMOUS MODE LEVEL**

**0 - NO AUTOMATION**

**1 - DRIVER ASSISTANCE**

**2 - PARTIAL AUTOMATION**

**3 - CONDITIONAL AUTOMATION**

**4 - HIGH AUTOMATION**

**5 - FULL AUTOMATION**

**01**

**SPECIAL FUNCTION**

**4 - SCHOOL TRANSPORT**

**5 - BUS - TRANSIT/COMMUTER**

**1 - NONE**

**2 - TAXI**

**3 - ELECTRONIC RIDE SHARING**

**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**

**01**

**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**

**15 - OTHER / UNKNOWN**

**00**

**VEHICLE DEFECTS**

**1 - TURN SIGNALS**

**2 - HEAD LAMPS**

**3 - STEERING**

**4 - BRAKES**

**5 - TRAILER EQUIPMENT**

**6 - TIRE BLOWOUT**

**7 - WORN OR SLICK TIRES**

**8 - DEFECTIVE**

**9 - MOTOR TROUBLE**

**10 - DISABLED FROM PRIOR ACCIDENT**

**11 - FIRST RESPONDER AT INCIDENT SCENE**

**12 - SHARED USE PATHS OR TRAILS**

**13 - APPROACHING OR LEAVING VEHICLE**

**14 - ENTERING OR CROSSING SPECIFIED LOCATION**

**15 - STANDING**

**16 - WALKING, RUNNING, JOGGING, PLAYING**

**17 - STANDING OUTSIDE DISABLED VEHICLE**

**18 - WORKING**

**19 - PUSHING VEHICLE**

**20 - APPROACHING OR LEAVING VEHICLE**

**21 - LYING IN ROADWAY**

**22 - NOT DISCERNIBLE**

**23 - OPENING DOOR INTO ROADWAY**

**24 - LOAD SHIFTING/FALLING/SPILLING**

**25 - OTHER IMPROPER ACTION**

**11 - FIRST RESPONDER AT INCIDENT SCENE**

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LOCAL REPORT NUMBER  
**122013250**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>01 PURTEE NICOLAS T</b>					DATE OF BIRTH <b>06111986</b>	AGE <b>036</b>	GENDER <b>M</b>			
	ADDRESS: STREET,CITY,STATE, ZIP <b>5828 MOUNT VERNON DR, MILFORD, Ohio 45150</b>					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES <b>5</b>	INJURED TAKEN BY <b>EMERGENCY</b>	EMS AGENCY (NAME) <b>EMERGENCY</b>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <b>EMERGENCY</b>		SAFETY EQUIPMENT USED <b>99</b>	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
	OL STATE <b>**</b>	OPERATOR LICENSE NUMBER <b>4510.111(A)</b>		OFFENSE CHARGED <b>4510.111(A)</b>	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER <b>0131635121720221517</b>				
	OL CLASS	ENDORSEMENT SELECT UP TO 2 <b>1</b>	RESTRICTION SELECT UP TO 3 <b>1</b>	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	TYPE <b>1</b>	VALUE <b>.</b>	DRUG TEST(S) STATUS <b>1</b>	TYPE <b>1</b>	RESULT SELECT UP TO 4 <b>.</b>
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE <b>000</b>	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	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	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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<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 KNOWN						
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	5 - 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 - EXCEPT CLASS A & CLASS B BUS	6 - OTHER						
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	7 - EXCEPT TRACTOR-TRAILER	7 - ALCOHOL TEST TYPE						
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1 - NONE						
2 - EMS	8 - THIRD - MIDDLE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER	2 - BLOOD						
3 - POLICE	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE						
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	4 - BREATH						
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	9 - OTHER / UNKNOWN	5 - OTHER						
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	10 - APPARENTLY NORMAL	6 - DRUG TEST TYPE						
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	1 - PHYSICAL IMPAIRMENT	1 - NONE						
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD						
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	3 - URINE	3 - URINE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN			17 - PROSTHETIC AID	4 - OTHER	4 - OTHER						
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - AMPHETAMINES						
7 - BOOSTER SEAT					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES						
8 - HELMET USED					9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						4 - CANNABINOID						
10 - REFLECTIVE CLOTHING						5 - COCAINE						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS						
99 - OTHER / UNKNOWN						7 - OTHER						
						8 - NEGATIVE RESULTS						



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
122013250

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
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		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 TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	DUNFORD TERRI LEE					10051977	045	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	8214 WOODRUFF RD, CINCINNATI, Ohio, 45255									
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

122013250

Traffic Crash/Non-Injury

12/19/2022 OH3



OHIO DEPARTMENT  
OF PUBLIC SAFETY  
SAFETY • SERVICE • PROTECTION

## TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13250	Union Twp. PD	10/17/22

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

I, <u>Terri Dunford</u> <u>RO Pangell</u> OFFICER'S NAME	HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT <u>SR 30 / Faynd</u> LOCATION
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Driving from Williamsburg to Anderson a blue Acura cut my daughter off at about 2:45 pm then jumped in front of a truck in the other lane. He lost control of his car and hit the guard rail and spun around. He proceeded to try and leave, but the wheel was bent and the car struggled to go any further. He made it to the shoulder and the wheel flew off. He got out of the car and called someone.

ADDRESS OF WITNESS <u>759 Tamarack Ct Apt A</u>	SIGNATURE OF WITNESS <u>X Terri Dunford</u>	OFFICER'S SIGNATURE <u>X RO Pangell</u>	[REDACTED]
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