

## 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 BACH BUXON RD			LOCAL REPORT NUMBER* 122013285		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Union Township Police Dept.			NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 01
COUNTY* 13	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)					CRASH DATE / TIME* 12182022 1807	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
REFERENCE LOCATION ROUTE TYPE CR	ROUTE NUMBER 380	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME BACH BUXTON			ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.069138	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4101			ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.244436		
REFERENCE POINT 3	DIRECTION FROM REFERENCE W	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 25	DISTANCE UNIT OF MEASURE 3	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE HW - HIGHWAY LA - LANE SQ - SQUARE ST - STREET TE - TERRACE			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 1 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - 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	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	
<p>NARRATIVE</p> <p>Unit #1 struck a deer on Bach Buxton Rd near Clough Pike. Unit #1 was unable to avoid striking the deer.</p> <div style="text-align: right; margin-top: 10px;">  <p>Indicate the north direction with an "N" on the compass diagram.</p>  </div>									
CRASH REPORTED DATE / TIME 12182022 1807		DISPATCH DATE / TIME 12182022 1809		ARRIVAL DATE / TIME 12182022 1816		SCENE CLEARED DATE / TIME 12182022 1845		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0036		TOTAL MINUTES 0036		OFFICER'S NAME* SMITH, ALEXANDER		CHECKED BY OFFICER'S NAME* Combs, Rodney D	
						OFFICER'S BADGE NUMBER* 2 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 1	
								<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	

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EVENT(s)

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LOCAL REPORT NUMBER  
**122013285**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <b>01</b> NO JAEYOUNG LOUIS					DATE OF BIRTH <b>05291969</b>	AGE <b>053</b>	GENDER <b>M</b>			
	ADDRESS: STREET,CITY,STATE, ZIP <b>4612 BUCKSKIN TRL, CINCINNATI, Ohio, 45245</b>					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES <b>5</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY (NAME) *****	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED <b>04</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		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 <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				
	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			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	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				
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				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	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					
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 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS								
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER								
2 - EMS	8 - THIRD - MIDDLE	8 - THIRD - RIGHT SIDE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS								
3 - POLICE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS								
9 - OTHER / UNKNOWN		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY								
SAFETY EQUIPMENT		12 - PASSENGER IN UNENCLOSED CARGO AREA	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - LIMITED TO EMPLOYMENT								
1 - NONE USED	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	12 - LIMITED - OTHER	12 - LIMITED - OTHER								
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT TRAPPED	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
3 - LAP BELT ONLY USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY								
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR								
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID	17 - PROSTHETIC AID								
7 - BOOSTER SEAT			18 - OTHER	18 - OTHER								
8 - HELMET USED												
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												
10 - REFLECTIVE CLOTHING												
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												
99 - OTHER / UNKNOWN												
INJURIES		EJECTION	OL ENDORSEMENT	CONDITION	DRUG TEST TYPE							
1 - NOT EJECTED	H - HAZMAT	1 - APPARENTLY NORMAL	1 - NONE									
2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD									
3 - TOTALLY EJECTED	P - PASSENGER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE									
4 - NOT APPLICABLE	N - TANKER	4 - ILLNESS	4 - BREATH									
	Q - MOTOR SCOOTER	5 - OTHER / UNKNOWN	5 - OTHER									
	R - THREE-WHEEL MOTORCYCLE											
	S - SCHOOL BUS											
	T - DOUBLE & TRIPLE TRAILERS											
	X - TANKER / HAZMAT											
SAFETY EQUIPMENT		TRAPPED	DRUG TEST RESULT(S)									
1 - NOT TRAPPED	1 - NOT TRAPPED	1 - AMPHETAMINES										
2 - EXTRICATED BY MECHANICAL MEANS	2 - EXTRICATED BY MECHANICAL MEANS	2 - BARBITURATES										
3 - FREED BY NON-MECHANICAL MEANS	3 - FREED BY NON-MECHANICAL MEANS	3 - BENZODIAZEPINES										
		4 - CANNABINOID										
		5 - COCAINE										
		6 - OPIATES / OPIOIDS										
		7 - OTHER										
		8 - NEGATIVE RESULTS										

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013285

Traffic Crash/Non-Injury

12/19/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13285	Union Township Police Department	M 12 D 18 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	Clough Rd NEAR Bach Buxton Rd

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

I, Jaeyoung Louis No hereby make this voluntary statement to OFC. A. Smith #25 At Accident Scene

- 1) What time did the accident happen? at around 6:00 pm
- 2) What road were you traveling on? Bach-Buxton Rd Northbound
- 3) What direction were you traveling? headed North
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 25 mph
- 6) What is the speed limit? 25 mph
- 7) Is there anything you could have done to avoid the accident? NO, it was dark and the deer hit me sideways
- 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 Toyota Camry 2002

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Jaeyoung No	4612 Buckskin Trl Cincy OH 45245	driver

12) Describe what happened?

I was driving on Bach-Buxton Rd and it was already pitch dark out. Out of nowhere, I was hit on the right side of the car (passenger side) by a deer and I stopped. I don't know what happened to the deer but it left me all shaken up and left a huge dent on the passenger side of the car and my right window is broken.

Insurance Company State Farm Policy# 2828318-SEP-35

Signature X

Jaeyoung No

[Redacted]