

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION 972 CLEPPER LANE		REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 02		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 13	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			CRASH DATE / TIME* 12182023 1140		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3							
ROUTE TYPE TR	ROUTE NUMBER 0252	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME CLEPPER			ROAD TYPE LA	LATITUDE DECIMAL DEGREES 39.092426		LONGITUDE DECIMAL DEGREES -84.262312					
REFERENCE POINT 3	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			HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE			RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 6			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 (ANY TYPE) 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 WARNING SIGN 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 2 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 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												
NARRATIVE Unit #1 was eastbound on Clepper Lane (at 972), when she attempted a left turn into Gold Corral. Unit #1 failed to yield to westbound traffic on Clepper Lane and caused a collision with Unit #2, who was traveling on said street and direction.					<p>Indicate the north direction with an "N" on the compass diagram.</p>									
CRASH REPORTED DATE / TIME 12182023 1140		DISPATCH DATE / TIME 12182023 1143		ARRIVAL DATE / TIME 12182023 1152		SCENE CLEARED DATE / TIME 12182023 1314		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 OOPS)						
TOTAL TIME ROADWAY CLOSED 0000	OTHER INVESTIGATION TIME	TOTAL MINUTES 0091	OFFICER'S NAME* Pangallo, Joseph II			CHECKED BY OFFICER'S NAME* JASPER, GREGORY C								
			OFFICER'S BADGE NUMBER* 3 5 M E			CHECKED BY OFFICER'S BADGE NUMBER* 8 2 M E								

123019813

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) PARKS MARCELLA R		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) _____		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 426 HICKORY ST WEST UNION, Ohio, 45693					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____					
	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____					
VEHICLE	LP STATE OH	LICENSE PLATE # HAF7852	VEHICLE IDENTIFICATION # K1L18C1B161SA12JC41211514181		VEHICLE YEAR 2018	VEHICLE MAKE CHEVROLET
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY AMERICAN FAMILY INSUR		INSURANCE POLICY # 0962 9430 0269FPPA	COLOR BLU	VEHICLE MODEL Spark
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 03	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 CLASS # _____ PLACARD ID # _____
	UNIT TYPE 01 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? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN					
	SPECIAL FUNCTION 01 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					
	CARGO BODY TYPE 01 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 01 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					
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 01 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 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					
	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS 06 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					
	CONTRIBUTING CIRCUMSTANCES 02 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					
	SEQUENCE OF 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 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
	COLLISION WITH FIXED OBJECT - STRUCK 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					
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1					

DAMAGE	
DAMAGE SCALE	
4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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	
02 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2 1 - ONE-WAY 2 - TWO-WAY	2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
4	1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
35	

OWNER	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		SANDERS DARLA JEAN														
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																
	108 W JOSIE AVE HILLSBORO, Ohio, 45133																
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP										COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE						
VEHICLE	LP STATE		LICENSE PLATE #		VEHICLE IDENTIFICATION #							VEHICLE YEAR		VEHICLE MAKE			
	OH		JHV5801		KMH D U 4 6 D 4 8 U 5 1 5 9 1 5							2008		HYUNDAI			
	<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY				INSURANCE POLICY #				COLOR		VEHICLE MODEL				
			DIRECT AUTO				2019580577				BLK		Elantra				
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #				TOWED BY: COMPANY NAME						
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS		VEHICLE WEIGHT GVWR/GCWR				HAZARDOUS MATERIAL						
					02		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - ≥26K LBS.				<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #						
	01		1 - PASSENGER CAR		7 - MOTORCYCLE 2-WHEELED		12 - GOLF CART		18 - LIMO (LIVERY VEHICLE)		23 - PEDESTRIAN / SKATER						
	UNIT TYPE		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 BICYCLE		15 - SEMI-TRACTOR		21 - HEAVY EQUIPMENT		26 - BICYCLE						
			5 - CARGO VAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		16 - FARM EQUIPMENT		22 - ANIMAL WITH RIDER or ANIMAL-DRAWN VEHICLE		27 - TRAIN						
			6 - VAN (9-15 SEATS)				17 - MOTORHOME				99 - UNKNOWN OR HIT/SKIP						
			# OF TRAILING UNITS														
	2		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0		AUTONOMOUS MODE LEVEL		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN				
	01		1 - NONE		6 - BUS – CHARTER/TOUR		11 - FIRE		16 - FARM		21 - MAIL CARRIER						
	SPECIAL FUNCTION		2 - TAXI		7 - BUS – INTERCITY		12 - MILITARY		17 - MOWING		99 - OTHER / UNKNOWN						
			3 - ELECTRONIC RIDE SHARING		8 - BUS – SHUTTLE		13 - POLICE		18 - SNOW REMOVAL								
			4 - SCHOOL TRANSPORT		9 - BUS – OTHER		14 - PUBLIC UTILITY		19 - TOWING								
		5 - BUS – TRANSIT/COMMUTER		10 - AMBULANCE		15 - CONSTRUCTION EQUIPMENT		20 - SAFETY SERVICE PATROL									
01		1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE		5 - INTERMODAL CONTAINER CHASSIS		8 - POLE		12 - CONCRETE MIXER							
CARGO BODY TYPE		2 - BUS		4 - LOGGING		6 - CARGO VAN/ENCLOSED BOX		9 - CARGO TANK		13 - AUTO TRANSPORTER							
						7 - GRAIN/CHIPS/GRAVEL		10 - FLAT BED		14 - GARBAGE/REFUSE							
								11 - DUMP		99 - OTHER / UNKNOWN							
VEHICLE DEFECTS		1 - TURN SIGNALS		4 - BRAKES		7 - WORN OR SLICK TIRES		9 - MOTOR TROUBLE		99 - OTHER / UNKNOWN							
		2 - HEAD LAMPS		5 - STEERING		8 - TRAILER EQUIPMENT DEFECTIVE		10 - DISABLED FROM PRIOR ACCIDENT									
		3 - TAIL LAMPS		6 - TIRE BLOWOUT													
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION – MARKED CROSSWALK		3 - INTERSECTION – OTHER		6 - BICYCLE LANE		9 - MEDIAN/CROSSING ISLAND		12 - FIRST RESPONDER AT INCIDENT SCENE						
			2 - INTERSECTION – UNMARKED CROSSWALK		4 - MIDBLOCK – MARKED CROSSWALK		7 - SHOULDER / ROADSIDE		10 - DRIVEWAY ACCESS		99 - OTHER / UNKNOWN						
					5 - TRAVEL LANE – OTHER LOCATION		8 - SIDEWALK		11 - SHARED USE PATHS OR TRAILS								
	3		ACTION		PRE-CRASH ACTIONS		7 - MAKING U-TURN		13 - NEGOTIATING A CURVE		18 - APPROACHING OR LEAVING VEHICLE						
							8 - ENTERING TRAFFIC LANE		14 - ENTERING OR CROSSING SPECIFIED LOCATION		19 - STANDING						
							9 - LEAVING TRAFFIC LANE		15 - WALKING, RUNNING, JOGGING, PLAYING		20 - OTHER NON-MOTORIST						
							10 - PARKED		16 - WORKING		21 - STANDING OUTSIDE DISABLED VEHICLE						
							11 - SLOWING OR STOPPED IN TRAFFIC		17 - PUSHING VEHICLE		99 - OTHER / UNKNOWN						
							12 - DRIVERLESS										
	01		CONTRIBUTING CIRCUMSTANCES		7 - LEFT OF CENTER		13 - IMPROPER START FROM A PARKED POSITION		17 - VISION OBSTRUCTION		21 - LYING IN ROADWAY						
				8 - FOLLOWING TOO CLOSE / ACDA		14 - STOPPED OR PARKED ILLEGALLY		18 - OPERATING DEFECTIVE EQUIPMENT		22 - NOT DISCERNIBLE							
				9 - IMPROPER LANE CHANGE		15 - SWERVING TO AVOID		19 - LOAD SHIFTING/FALLING/ SPILLING		23 - OPENING DOOR INTO ROADWAY							
				10 - IMPROPER PASSING		16 - WRONG WAY		20 - IMPROPER CROSSING		99 - OTHER IMPROPER ACTION							
				11 - DROVE OFF ROAD													
				12 - IMPROPER BACKING													
SEQUENCE OF EVENTS																	
EVENTS																	
1		20		1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE		11 - CROSS CENTERLINE — OPPOSITE DIRECTION OF TRAVEL		16 - RAILWAY VEHICLE		22 - WORK ZONE MAINTENANCE EQUIPMENT					
				2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS		12 - DOWNHILL RUNAWAY		17 - ANIMAL — FARM		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE					
2		08		3 - IMMERSION		8 - RAN OFF ROAD RIGHT		13 - OTHER NON-COLLISION		18 - ANIMAL — DEER							

DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE 3 - UNKNOWN </div> <div style="width: 45%;"> 4 - FUNCTIONAL DAMAGE 5 - DISABLING DAMAGE 6 - UNKNOWN </div> </div>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>	
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>	
<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> - NO DAMAGE [0] </div> <div> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> - TOP [13] </div> <div> <input type="checkbox"/> - ALL AREAS [15] </div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>	
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY FROM 2 TO 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4	
UNIT SPEED 35	DETECTED SPEED 1
POSTED SPEED 35	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

Motorist / Non-Motorist

										LOCAL REPORT NUMBER 123019813													
UNIT # NAME: LAST, FIRST, MIDDLE 01 WALLS REBECCA KEITH										DATE OF BIRTH 02011986										AGE 037		GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 222 W MAIN ST, WEST UNION, Ohio, 45693										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										OFFENSE CHARGED 4511.42 LOCAL CODE OFFENSE DESCRIPTION Failure To Yield Making Left Turn CITATION NUMBER 0131635121820231216													
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4																							

UNIT # NAME: LAST, FIRST, MIDDLE 01 WALLS REBECCA KEITH										DATE OF BIRTH 02011986										AGE 037		GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 222 W MAIN ST, WEST UNION, Ohio, 45693										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										OFFENSE CHARGED 4511.42 LOCAL CODE OFFENSE DESCRIPTION Failure To Yield Making Left Turn CITATION NUMBER 0131635121820231216													
OL CLASS ENDORSEMENT SELECT UP TO 2 RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4																							

UNIT # NAME: LAST, FIRST, MIDDLE 02 SANDERS DARLA JEAN										DATE OF BIRTH 07131979										AGE 044		GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 108 W JOSIE AVE, HILLSBORO, Ohio, 45133										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										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 ALCOHOL MARIJUANA OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4																							

INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		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		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL		1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN				EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT						ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	
SAFETY EQUIPMENT 1 - NONE USED 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				TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN				CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	
												DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
123019813

OCCUPANT	UNIT # 01	NAME: LAST, FIRST, MIDDLE PARKS MARCELLA R				DATE OF BIRTH 03021941				AGE 082	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 426 HICKORY ST, WEST UNION, Ohio, 45693					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 99	DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 03	EJECTION 1	TRAPPED 1	
	ADDRESS: STREET, CITY, STATE, ZIP 222 W MAIN ST, WEST UNION, Ohio, 45693					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE SUMMERFIELD BRANDY NICOLE				DATE OF BIRTH 04301984				AGE 039	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 11 HILLCREST DR, GEORGETOWN, Ohio, 45121					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME) UTFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 01	EJECTION 1	TRAPPED 1	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	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				
OCCUPANT	INJURED TAKEN BY						EJECTION				
	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN						1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
OCCUPANT	GENDER						TRAPPED				
	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					
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

123019813

Traffic Crash/Injury

12/19/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>23-19813</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>12/18/23</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>972 Clepper Ln</u>	

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

I, Rebecca Walls Hereby make this voluntary statement to Officer Pangallo At:

What time did the accident happen? _____

- 1) What road were you traveling on? Clepper Lane
- 2) What direction were you traveling? _____
- 3) Were you injured? YES or NO If yes, explain: _____
- 4) What was your speed before the crash? 5 mph
- 5) What is the speed limit? 35 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 2015 Chevy Spark

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Marcella Parks</u>	<u>426 Hickory St West Union OH 45663</u>	<u>Passenger front</u>
<u>Haley Jameson</u>	<u>222 West Main St West Union OH 45693</u>	<u>Passenger rear</u>

11) Describe what happened _____

Insurance Company American Family Insurance Policy# 0962-9430-2269FPPA-64

Signature X

Rebecca Walls

PHONE X

[REDACTED]

OFFICER'S SIGNATURE

X

Off. Joseph Pangallo

UNIT NO.

1

PAGE NO.

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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019813

Traffic Crash/Injury

12/19/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>13-19813</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 18 Y 23</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>972 Clepper Ln</u>	

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

I, Parla Sanders Hereby make this voluntary statement to Officer Pangallo At:

What time did the accident happen? 11:40 AM

- 1) What road were you traveling on? Clepper
- 2) What direction were you traveling? West
- 3) Were you injured? ☒ YES or NO If yes, explain: sore knees
- 4) What was your speed before the crash? 35 mph
- 5) What is the speed limit? 40
- 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 2008 Hyundai Elantra

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Brandy Summerfield</u>	<u>11 Hillcrest Dr Georgetown OH 45721</u>	<u>Front</u>

11) Describe what happened We were going straight and blue car turned left into Golden Coral in front of us.

Insurance Company Direct Auto

Policy# 2019580577

Signature X

Parla Sanders

PHONE X

[REDACTED]

OFFICER'S SIGNATURE

X

Off. Joseph Pangallo

UNIT NO.

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PAGE NO.

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