

## 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 CLEPPER LANE		LOCAL REPORT NUMBER* 122013441		
<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 02
COUNTY* 13	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 12222022 1151	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE TR	ROUTE NUMBER 0252	PREFIX 3	LOCATION ROAD NAME CLEPPER	ROAD TYPE LA	LATITUDE DECIMAL DEGREES 39.092432	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE CR	ROUTE NUMBER 0055	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLENESTE-WITHAMSVILLE	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.263443		
REFERENCE POINT 1	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	ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE 100	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				NUMBER OF APPROACHES 5		
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 6 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 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 2	SURFACE 2		
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 04 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		
<p>NARRATIVE</p> <p>Unit 2 was traveling WB on Clepper Lane in the right turn lane. Unit 1 was traveling EB on Clepper Ln. and when at the side entrance of 4394 Gleneste-Withamsville, attempted to make a left turn into the lot of the business. In doing so, Unit 1 crossed the lane of and struck Unit 2.</p> <div style="text-align: right; margin-top: 10px;"> <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">N</span> Indicate the north direction with an "N" on the compass diagram.     </div> <div style="text-align: center; margin-top: 10px;"> </div>								
CRASH REPORTED DATE / TIME 12222022 1151		DISPATCH DATE / TIME 12222022 1152		ARRIVAL DATE / TIME 12222022 1201		SCENE CLEARED DATE / TIME 12222022 1310		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	TOTAL MINUTES 0078	OFFICER'S NAME* Williams, Richard		CHECKED BY OFFICER'S NAME* Williams, Eric J			
			OFFICER'S BADGE NUMBER* 4 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 5			

OWNER

VEHICLE

EVENT(s)

SEQUENCE OF EVENTS

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OWNER

VEHICLE

EVENT(s)

LP STATE

INSURANCE  
VERIFIED

INTERLOCK  
DEVICE  
EQUIPPED

UNIT TYPE

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS  
MODE WHEN CRASH OCCURRED?

SPECIAL  
FUNCTION

CARGO  
BODY  
TYPE

NON-MOTORIST  
LOCATION  
AT IMPACT

ACTION

CONTRIBUTING  
CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)  
DAY DWIGHT F

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

4304 STODDARD, BATAVIA OHIO 45103

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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE # FEG9437 VEHICLE IDENTIFICATION # 5XYP6DHIC8NG1234598 VEHICLE YEAR 2012 VEHICLE MAKE Kia

INSURANCE COMPANY ALLSTATE INS. CO. INSURANCE POLICY # 826 419 631 COLOR DGR VEHICLE MODEL Other/Unknown

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # 1 TOWED BY: COMPANY NAME Grays TOWING HAZARDOUS MATERIAL

VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. MATERIAL RELEASED CLASS # 1 PLACARD ID # 1

HIT/SKIP UNIT 01 # OCCUPANTS 01  PLACARD 1

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 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - ANIMAL DRAWN VEHICLE 28 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
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

1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER  
/ NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR  
3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT

1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER  
CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN  
CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19 - STANDING  
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE SPECIFIED LOCATION 15 - WALKING, RUNNING,  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING  
6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED 18 - OPERATING DEFECTIVE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - ILLEGALLY 19 - EQUIPMENT  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - LOAD SHIFTING/FALLING/  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY SPILLING 99 - OTHER IMPROPER ACTION  
6 - IMPROPER TURN 12 - IMPROPER BACKING 20 - IMPROPER CROSSING

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - OPPOSITE DIRECTION OF 17 - ANIMAL - FARM EQUIPMENT  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - OTHER NON-COLLISION 19 - ANIMAL - OTHER  
5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 15 - PEDESTRIAN 20 - MOTOR VEHICLE IN  
LOSS OR SHIFT 16 - PEDALCYCLE 17 - TRANSPORT  
17 - PARKED MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

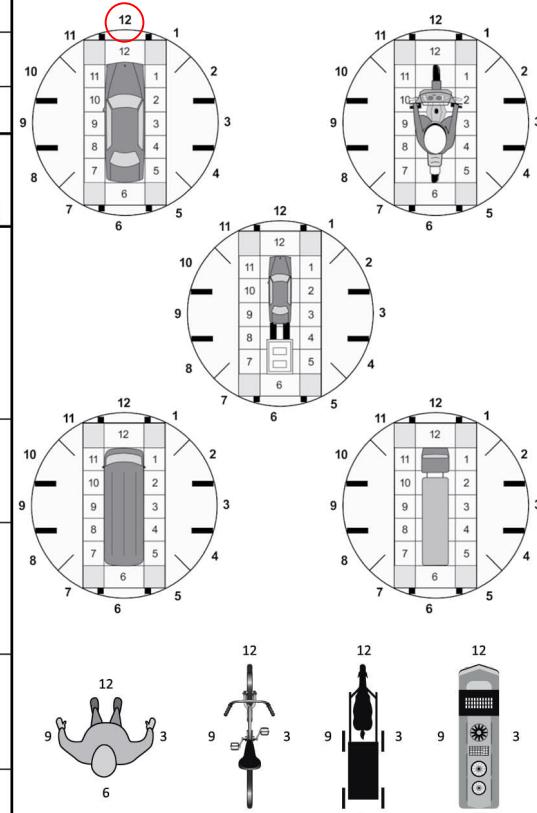
1 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE  
/ CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT  
26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 51 - WALL  
STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 40 - UTILITY POLE 46 - FENCE 52 - BUILDING  
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 47 - MAILBOX 53 - TUNNEL  
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER OR SUPPORT 48 - TREE 54 - OTHER FIXED OBJECT  
29 - BRIDGE RAIL 37 - GUARDRAIL FACE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

1 - FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE

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

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

TRAFFIC

TRAFFICWAY FLOW  
2 1 - ONE-WAY 4 - STOP SIGN  
2 - TWO-WAY 6 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD  
2 1 - NOT INVOLVED  
1 - INVOLVED-ACTIVE CROSSING  
2 - INVOLVED-PASSIVE CROSSING

RAIL GRADE CROSSING  
1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
30 1 - STATED / ESTIMATED SPEED  
1 - CALCULATED / EDR  
2 - UNDETERMINED

DETECTED SPEED  
1 - POSTED SPEED  
35

LOCAL REPORT NUMBER  
**122013441**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	DAVIS PRENTIS LERON					08211971	051	M			
ADDRESS: STREET,CITY,STATE, ZIP	11061 CORONA RD, CINCINNATI, Ohio, 452403615					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		
**				4511.42						0131641122220221238		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS 1 TYPE 1 VALUE .	STATUS 1 TYPE 1 RESULT SELECT UPTO 4				
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
02	DAY DWIGHT F					10311954	068	M				
ADDRESS: STREET,CITY,STATE, ZIP	4304 STODDARD, BATAVIA, Ohio, 45103					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	2	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 1 TYPE 1 VALUE .	STATUS 1 TYPE 1 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 1 TYPE 1 VALUE .	STATUS 1 TYPE 1 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 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		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				
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>DRUG TEST TYPE</b>							
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		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		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER							
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</b>		<b>DRUG TEST TYPE</b>							
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER							
					<b>CONDITION</b>							
					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							
					<b>DRUG TEST RESULT(S)</b>							
					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS							

## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
122013441

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 01 MANGIONE ANTHONY MICHAEL				DATE OF BIRTH 04191995	AGE 027	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 3832 TOWER RD, CINCINNATI, Ohio, 452482037				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 03	EJECTION 1	TRAPPED 1
	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								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		
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

122013441

Traffic Crash/Non-Injury

12/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22.13441	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M/2 D 22 Y 22
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <i>Clepper Ln. near Glenesta-Wittemsville Rd. Cinci, Oh. 45245</i>	

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

I, Prentis Leron Davis hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? 11:48 am
- 2) What road were you traveling on? Glenn Este's East
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? Five miles or less - I had turned into Golden Corral
- 6) What is the speed limit? 35
- 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

11) List all the occupants below:

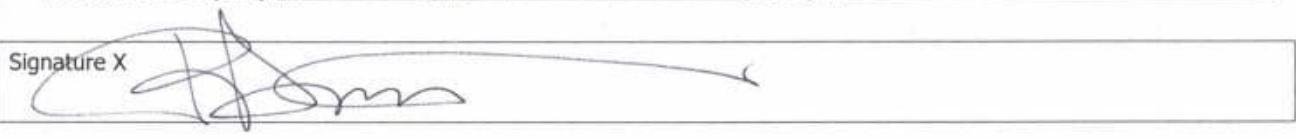
Name	Address (street, city, zip)	Seating Position
<u>Anthony Mangini</u>	<u>3932 Tower road Cincinnati, Oh 45245</u>	<u>Passenger</u>

12) Describe what happened?

I was turning onto Golden Corral Parking Lot entrance and was hit on the rear passenger side right @ the rear wheel well

Insurance Company National Union Fire Ins. Co. Policy# CA 7030 998

Signature X



	OFFICER'S SIGNATURE <u>R. Williams</u>	UNIT NO. 41	PAGE NO. 1051
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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013441

Traffic Crash/Non-Injury

12/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-13441	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 12 D 22 Y 22
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <i>Clapper Ln near Gleneste-W. Thainsville Rd. Critt. Oh. 45045</i>	

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

I, DWIGHT DAY Hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? 11:45
- 2) What road were you traveling on? CLEPPER
- 3) What direction were you traveling? WEST
- 4) Were you injured? YES or NO If yes, explain: No
- 5) What was your speed before the crash? APPROX 30 MPH
- 6) What is the speed limit? 35
- 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 2022 KIA TELLURIDE

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

*I WAS WEST BOUND ON CLEPPER LANE IN THE RIGHT HAND TURN LANE WHEN A WHITE DODGE RAM VAN TRAVELING EAST BOUND TURNED INTO GOLDEN CORRAL IN FRONT OF ME AND I HIT HIM BROAD SIDE. ■■■*

Insurance Company Allstate Ins. Co. Policy# 826 419 631

Signature X

*Dwight Day*

OFFICER'S SIGNATURE <u>X R. Williams</u>	UNIT NO. <u>41</u>	PAGE NO. <u>1 of 1</u>
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