

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 GLEN-ESTE WITHAMSVILLE & CLEPPER		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	123020116		
				Union Township Police Dept.		01316	HIT/SKIP	NUMBER OF UNITS	
						1 - SOLVED 2 - UNSOLVED	02	UNIT IN ERROR	
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		
13		3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		UNION (TOWNSHIP OF)			12232023 1919		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
	CR	55			GLENESTE-WITHAMSVILLE	RD	39.092468		
REFERENCE ROUTE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
	TR	252			CLEPPER	LA	-84.263354		
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	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	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	NUMBER OF APPROACHES			
10		2 1 - MILES 2 - FEET 3 - YARDS				4			
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			ROADWAY		
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				3 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 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			<input type="checkbox"/> ROADWAY DIVIDED		
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			DIRECTION OF TRAVEL	MEDIAN TYPE	
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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"/> LAW ENFORCEMENT PRESENT									
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION				WEATHER			CONDITIONS	SURFACE	
3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				02 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 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
<p>NARRATIVE</p> <p>On the above date and time, Unit #1 failed to stop at the red light and attempted to make a left hand turn. Unit #1 was then struck by Unit #2. Unit #1 admitted to fault.</p>									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
12232023 1919		12232023 1919		12232023 1919		12232023 1956		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		
0030		0025		0062	HALE, JAMES T		BOCK, BRANDON		
					OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*		
					4 9		8 1		

OWNER

VEHICLE

EVENT(S)

1

UNIT #

SEQUENCE OF EVENTS

FIRST HARMFUL EVENT

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

EVENTS

MOST HARMFUL EVENT

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

COLLISION WITH FIXED OBJECT - STRUCK

POSTED SPEED

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

COLLISION WITH FIXED OBJECT - STRUCK

UNIT SPEED

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DETECTED SPEED

POSTED SPEED

LP STATE

UNIT SPEED

POSTED SPEED

LICENSE PLATE #

DETECTED SPEED

POSTED SPEED

VEHICLE IDENTIFICATION #

UNIT SPEED

POSTED SPEED

VEHICLE YEAR

DETECTED SPEED

POSTED SPEED

VEHICLE MAKE

UNIT SPEED

POSTED SPEED

INSURANCE COMPANY

DETECTED SPEED

POSTED SPEED

INSURANCE POLICY #

UNIT SPEED

POSTED SPEED

TYPE OF USE

DETECTED SPEED

POSTED SPEED

IN COMMERCIAL

UNIT SPEED

POSTED SPEED

IN GOVERNMENT

DETECTED SPEED

POSTED SPEED

IN EMERGENCY RESPONSE

UNIT SPEED

POSTED SPEED

INTERLOCK DEVICE EQUIPPED

DETECTED SPEED

POSTED SPEED

HIT/SKIP UNIT

UNIT SPEED

POSTED SPEED

OCCUPANTS

DETECTED SPEED

POSTED SPEED

VEHICLE WEIGHT GVWR/GCWR

UNIT SPEED

POSTED SPEED

1 - ≤10K LBS.

DETECTED SPEED

POSTED SPEED

2 - 10,001 - 26K LBS.

UNIT SPEED

POSTED SPEED

3 - >26K LBS.

DETECTED SPEED

POSTED SPEED

UNIT TYPE

DETECTED SPEED

POSTED SPEED

4 - PICK UP

UNIT SPEED

POSTED SPEED

5 - CARGO VAN

DETECTED SPEED

POSTED SPEED

6 - VAN (9-15 SEATS)

UNIT SPEED

POSTED SPEED

11 - ALL TERRAIN VEHICLE (ATV / UTV)

DETECTED SPEED

POSTED SPEED

OF TRAILING UNITS

UNIT SPEED

POSTED SPEED

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

DETECTED SPEED

POSTED SPEED

2 - YES

UNIT SPEED

POSTED SPEED

1 - NO

DETECTED SPEED

POSTED SPEED

9 - OTHER/ UNKNOWN

UNIT SPEED

POSTED SPEED

AUTONOMOUS MODE LEVEL

DETECTED SPEED

POSTED SPEED

1 - NONE

UNIT SPEED

POSTED SPEED

2 - TAXI

DETECTED SPEED

POSTED SPEED

3 - ELECTRONIC RIDE SHARING

UNIT SPEED

POSTED SPEED

8 - BUS - SHUTTLE

DETECTED SPEED

POSTED SPEED

4 - SCHOOL TRANSPORT

UNIT SPEED

POSTED SPEED

9 - BUS - OTHER

DETECTED SPEED

POSTED SPEED

5 - BUS - TRANSIT/ COMMUTER

UNIT SPEED

POSTED SPEED

10 - AMBULANCE

DETECTED SPEED

POSTED SPEED

1 - NO CARGO BODY TYPE / NOT APPLICABLE

UNIT SPEED

POSTED SPEED

2 - BUS

DETECTED SPEED

POSTED SPEED

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

UNIT SPEED

POSTED SPEED

4 - LOGGING

DETECTED SPEED

POSTED SPEED

5 - INTERMODAL CONTAINER CHASSIS

UNIT SPEED

POSTED SPEED

6 - CARGO VAN/ ENCLOSED BOX

DETECTED SPEED

POSTED SPEED

7 - GRAIN/ CHIPS/ GRAVEL

UNIT SPEED

POSTED SPEED

8 - POLE

DETECTED SPEED

POSTED SPEED

9 - CARGO TANK

UNIT SPEED

POSTED SPEED

10 - FLAT BED

DETECTED SPEED

POSTED SPEED

11 - DUMP

UNIT SPEED

POSTED SPEED

1 - TURN SIGNALS

DETECTED SPEED

POSTED SPEED

2 - HEAD LAMPS

UNIT SPEED

POSTED SPEED

3 - TAIL LAMPS

DETECTED SPEED

POSTED SPEED

4 - BRAKES

UNIT SPEED

POSTED SPEED

5 - STEERING

DETECTED SPEED

POSTED SPEED

6 - TRAILER EQUIPMENT DEFECTIVE

UNIT SPEED

POSTED SPEED

7 - WORN OR SLICK TIRES

DETECTED SPEED

POSTED SPEED

8 - SIDEWALK

UNIT SPEED

POSTED SPEED

9 - MEDIAN/ CROSSING ISLAND

DETECTED SPEED

POSTED SPEED

10 - DRIVEWAY ACCESS

UNIT SPEED

POSTED SPEED

11 - SHARED USE PATHS OR TRAILS

DETECTED SPEED

POSTED SPEED

1 - NON-CONTACT

UNIT SPEED

POSTED SPEED

2 - NON-COLLISION

DETECTED SPEED

POSTED SPEED

3 - STRIKING

UNIT SPEED

POSTED SPEED

4 - STRUCK

DETECTED SPEED

POSTED SPEED

5 - BOTH STRIKING & STRUCK

UNIT SPEED

POSTED SPEED

6 - MAKING LEFT TURN

DETECTED SPEED

POSTED SPEED

7 - MAKING U-TURN

UNIT SPEED

POSTED SPEED

8 - ENTERING OR CROSSING SPECIFIED LOCATION

DETECTED SPEED

POSTED SPEED

9 - LEAVING TRAFFIC LANE

UNIT SPEED

POSTED SPEED

10 - PARKED

DETECTED SPEED

POSTED SPEED

11 - SLOWING OR STOPPED IN TRAFFIC

UNIT SPEED

POSTED SPEED

12 - DRIVERLESS

DETECTED SPEED

POSTED SPEED

13 - NEGOTIATING A CURVE

UNIT SPEED

POSTED SPEED

14 - ENTERING OR CROSSING SPECIFIED LOCATION

DETECTED SPEED

POSTED SPEED

15 - WALKING, RUNNING, JOGGING, PLAYING

UNIT SPEED

POSTED SPEED

16 - WORKING

DETECTED SPEED

POSTED SPEED

17 - PUSHING VEHICLE

UNIT SPEED

POSTED SPEED

18 - LYING IN ROADWAY

DETECTED SPEED

POSTED SPEED

19 - NOT DISCERNIBLE

UNIT SPEED

POSTED SPEED

20 - OPERATING DEFECTIVE EQUIPMENT

DETECTED SPEED

POSTED SPEED

21 - SWERVING TO AVOID

UNIT SPEED

POSTED SPEED

22 - DRIVING ON MEDIAN

DETECTED SPEED

POSTED SPEED

23 - STOPPED OR PARKED ILLEGALLY

UNIT SPEED

POSTED SPEED

24 - SWERVING TO AVOID

DETECTED SPEED

POSTED SPEED

25 - IMPACT ATTENUATOR / CRASH CUSHION

UNIT SPEED

POSTED SPEED

26 - BRIDGE OVERHEAD STRUCTURE

DETECTED SPEED

POSTED SPEED

27 - BRIDGE PIER OR ABUTMENT

UNIT SPEED

POSTED SPEED

28 - BRIDGE PARAPET

DETECTED SPEED

POSTED SPEED

29 - BRIDGE RAIL

UNIT SPEED

POSTED SPEED

30 - GUARDRAIL FACE

DETECTED SPEED

POSTED SPEED

31 - GUARDRAIL END

UNIT SPEED

POSTED SPEED

32 - PORTABLE BARRIER

DETECTED SPEED

POSTED SPEED

33 - MEDIAN CABLE BARRIER

UNIT SPEED

POSTED SPEED

34 - MEDIAN GUARDRAIL BARRIER

DETECTED SPEED

POSTED SPEED

35 - MEDIAN CONCRETE BARRIER

UNIT SPEED

POSTED SPEED

36 - MEDIAN OTHER BARRIER

DETECTED SPEED

POSTED SPEED

37 - TRAFFIC SIGN POST

UNIT SPEED

POSTED SPEED

38 - OVERHEAD SIGN POST

DETECTED SPEED

POSTED SPEED

39 - LIGHT / LUMINARIES SUPPORT

UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER									
01		FORSYTH DAVID ALAN					0 4 1 9 2 0 0 2		021	M									
ADDRESS: STREET,CITY,STATE, ZIP 122 S 3RD ST, WILLIAMSBURG, Ohio, 45176																			
INJURIES 5		INJURED TAKEN BY * *		EMS AGENCY (NAME) UTFD		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04		DOT-COMPLIANT MC HELMET 01		SEATING POSITION 2		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
OL STATE **		OPERATOR LICENSE NUMBER 4511.13			OFFENSE CHARGED		LOCAL CODE □		OFFENSE DESCRIPTION Failure To Stop For Signal Lights.		CITATION NUMBER 0131649122320231936								
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 1		ALCOHOL TEST 1 1 .		DRUG TEST(S) 1 1					
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER									
02		HALL GERALD DESMOND					0 7 0 1 1 9 8 0		043	M									
ADDRESS: STREET,CITY,STATE, ZIP 2249 LAUREL PT ISABEL RD, MOSCOW, Ohio, 45153																			
INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME) UTFD		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04		DOT-COMPLIANT MC HELMET 01		SEATING POSITION 2		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
OL STATE **		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE □		OFFENSE DESCRIPTION		CITATION NUMBER								
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 1		ALCOHOL TEST 1 1 .		DRUG TEST(S) 1 1					
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER									
000							0 0 0		000										
ADDRESS: STREET,CITY,STATE, ZIP																			
INJURIES		INJURED TAKEN BY 1		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 UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG		CONDITION 1		ALCOHOL TEST 1 1 .		DRUG TEST(S) 1 1					
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 1 - NOT TRANSPORTED /TREATED AT SCENE		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS															
2 - EMS		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER															
3 - POLICE		8 - THIRD - MIDDLE	7 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE															
9 - OTHER / UNKNOWN		9 - THIRD - RIGHT SIDE	8 - NOT EJECTED	6 - PASSENGER															
SAFETY EQUIPMENT		10 - SLEEPER SECTION OF TRUCK CAB	9 - PARTIALLY EJECTED	7 - OTHER DISTRACTION INSIDE THE VEHICLE															
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	10 - TOTALLY EJECTED	10 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE															
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	11 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN															
3 - LAP BELT ONLY USED	13 - TRAILING UNIT		12 - LIMITED - OTHER																
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		14 - MILITARY VEHICLES ONLY																
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		15 - MOTOR VEHICLES WITHOUT AIR BRAKES																
7 - BOOSTER SEAT			16 - OUTSIDE MIRROR																
8 - HELMET USED			17 - PROSTHETIC AID																
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			18 - OTHER																
10 - REFLECTIVE CLOTHING																			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																			
99 - OTHER / UNKNOWN																			
ALCOHOL TEST TYPE		DRUG TEST TYPE		CONDITION		DRUG TEST RESULT(S)													
1 - NONE		2 - BLOOD		1 - APPARENTLY NORMAL		1 - AMPHETAMINES													
3 - URINE		4 - BREATH		2 - PHYSICAL IMPAIRMENT		2 - BARBITURATES													
5 - OTHER		6 - OTHER		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - BENZODIAZEPINES													
DRUG TEST TYPE		DRUG TEST RESULT(S)		4 - OTHER		4 - CANNABINOID													
1 - NONE		2 - BLOOD		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - COCAINE													
3 - URINE		4 - BREATH		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS													
4 - OTHER		5 - OTHER		7 - OTHER		7 - OTHER													
DRUG TEST RESULT(S)		DRUG TEST RESULT(S)		8 - NEGATIVE RESULTS		8 - NEGATIVE RESULTS													

OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER
123020116

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 01 FORSYTH MICHAELA ANNE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	122 S 3RD ST, WILLIAMSBURG, Ohio, 45176	INJURIES TAKEN BY	INJURED 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	CONTACT PHONE - INCLUDE AREA CODE		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 SCHOLL MELANIE D				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	2249 Laurel Point Isabel rd, Moscow, Ohio, 45153	INJURIES TAKEN BY	INJURED 5	EMS AGENCY (NAME) UTFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	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
	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	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE						
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

123020116

Traffic Crash/Non-Injury

12/26/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>23-2016</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 23 Y 23</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>Glen-este with hamville / Clepper</u>	

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

I, Ge. 410 Itall Hereby make this voluntary statement to Hale At:

What time did the accident happen? 8

- 1) What road were you traveling on? Clepper / Glen este with
- 2) What direction were you traveling? west Clepper
- 3) Were you injured? YES or NO If yes, explain: _____
- 4) What was your speed before the crash? 30
- 5) What is the speed limit? _____
- 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 Jeep Cherokee
- 10) List all the occupants below: Melanie Sholl

Name	Address (street, city, zip)	Seating Position
	<u>2249 Laural Pt Isabel</u>	

11) Describe what happened travel west on Clepper was going thru the intersection when there car ran the light when I had a green hit Breaks to slide into

Insurance Company None Policy# _____

Signature X <u>hale</u>	
PHONE X [REDACTED]	

	OFFICER'S SIGNATURE <u>X</u> <u>Hale</u>	UNIT NO. <u>49</u>	PAGE NO. <u>1</u>
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020116

Traffic Crash/Non-Injury

12/26/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>23-2016</i>	REPORTING AGENCY Union Township Police Department	DATE OF CRASH <i>M 12 D 23 Y 23</i>
IN COUNTY OF Clermont	CRASH LOCATION <i>Glen-estc Williamsburg/clipper</i>	

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I, David Forsyth hereby make this voluntary statement to Off. Hause At:

What time did the accident happen? 7:20 pm

- 1) What road were you traveling on? clipper Ln
- 2) What direction were you traveling? East bound
- 3) Were you injured? YES or NO If yes, explain: _____
- 4) What was your speed before the crash? 70 MPH
- 5) What is the speed limit? 35 MPH
- 6) Is there anything you could have done to avoid the accident? yes
- 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 2010 Hyundai, Santa Fe

10) List all the occupants below:

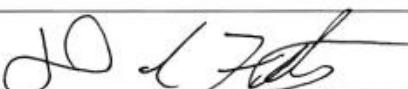
Name	Address (street, city, zip)	Seating Position
<u>David Forsyth</u>	<u>122 S. Third St. Williamsburg, OH</u>	<u>Driver</u>
<u>Michaela Forsyth</u>	<u>122 S. Third St. Williamsburg, OH</u>	<u>passenger</u>

11) Describe what happened

I was in the left turn lane when the light to go straight turned green. I mistook the straight light for the left turn light and turned into traffic. We were then hit by oncoming traffic.

Insurance Company Geico Policy# 6068327755

Signature X



PHONE X