

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION SR 32 / EASTGATE BLVD REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316		LOCAL REPORT NUMBER* <b>123020234</b>	
COUNTY* <b>13</b>		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		CRASH DATE / TIME* <b>12262023 1712</b>	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME STATE ROUTE 32	ROAD TYPE	LATITUDE DECIMAL DEGREES <b>39.097839</b>
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) EASTGATE	ROAD TYPE	LONGITUDE DECIMAL DEGREES <b>-84.275261</b>
REFERENCE POINT		DIRECTION FROM REFERENCE		ROUTE TYPE	ROAD TYPE	CRASH SEVERITY	
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	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
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	
1 - MILES 2 - FEET 3 - YARDS						ROADWAY	
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT		ROADWAY DIVIDED	
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				9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		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		MEDIAN TYPE					
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					
WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE		SURFACE	
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
CONTOUR		CONDITIONS					
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					
LIGHT CONDITION		WEATHER		Not To Scale			
2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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			
NARRATIVE							
Unit 1 was behind Unit 2 at a red light at the off ramp of 32 Eastbound and Eastgate Blvd. Unit 1 thought Unit 2 was moving and struck Unit 2 in the driver side rear corner panel causing minimal damage.							
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME	
12262023 1712		12262023 1717		12262023 1727		12262023 1800	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		REPORT TAKEN BY	
0000				0043		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		OFFICER'S BADGE NUMBER*		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	
KUHN, JILLIAN		Smith, Danielle R		4 2		7 8	
OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*					

UNIT # 01

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

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

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

1036 N FT THOMAS AVE FT THOMAS Kentucky 41075

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE KY

LICENSE PLATE # 468XXW

VEHICLE IDENTIFICATION # 19XFB2F57D091526

VEHICLE YEAR 2013

VEHICLE MAKE HONDA

INSURANCE VERIFIED

INSURANCE COMPANY State Farm

INSURANCE POLICY # 4102519E2517

COLOR WHI

VEHICLE MODEL Civic

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS 01

US DOT #

TOWED BY: COMPANY NAME

VEHICLE WEIGHT GVWR/GCWR

HAZARDOUS MATERIAL

1 - ≤10K LBS.

MATERIAL RELEASED

2 - 10,001 - 26K LBS.

CLASS #

3 - >26K LBS.

PLACARD ID #

UNIT TYPE 01

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

11 - ALL TERRAIN VEHICLE (ATV / UTV)

10 - MOPED OR MOTORIZED BICYCLE

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)

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

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 - POLICE

12 - FIRE

13 - MILITARY

14 - PUBLIC UTILITY

15 - CONSTRUCTION EQUIPMENT

16 - FARM

17 - MOWING

18 - SNOW REMOVAL

19 - TOWING

20 - SAFETY SERVICE PATROL

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 - FLAT BED

8 - GRAIN/ CHIPS/ GRAVEL

9 - DUMP

10 - CONCRETE MIXER

11 - AUTO TRANSPORTER

12 - GARBAGE/ REFUSE

13 - OTHER/ UNKNOWN

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - TAIL LAMPS

4 - BRAKES

5 - STEERING

6 - TRAILER EQUIPMENT

7 - WORN OR SLICK TIRES

8 - DEFECTIVE

9 - MOTOR TROUBLE

10 - DISABLED FROM PRIOR ACCIDENT

11 - OTHER/ UNKNOWN

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - TRAVEL LANE - OTHER LOCATION

4 - MIDBLOCK - MARKED CROSSWALK

5 - SIDEWALK

6 - SHOULDER/ ROADSIDE

7 - BICYCLE LANE

8 - MEDIAN/ CROSSING ISLAND

9 - MEDIAN/ CROSSING ISLAND

10 - DRIVEWAY ACCESS

11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE

13 - APPROACHING OR LEAVING VEHICLE

14 - ENTERING OR CROSSING SPECIFIED LOCATION

15 - LEAVING TRAFFIC LANE

16 - PARKED

17 - SLOWING OR STOPPED IN TRAFFIC

18 - WORKING

19 - DRIVINGLESS

20 - NEGOTIATING A CURVE

21 - ENTERING OR CROSSING SPECIFIED LOCATION

22 - LEAVING TRAFFIC LANE

23 - PARKED

24 - APPROACHING OR LEAVING VEHICLE

25 - ENTERING OR CROSSING SPECIFIED LOCATION

26 - LEAVING TRAFFIC LANE

27 - PARKED

28 - APPROACHING OR LEAVING VEHICLE

29 - ENTERING OR CROSSING SPECIFIED LOCATION

30 - LEAVING TRAFFIC LANE

31 - APPROACHING OR LEAVING VEHICLE

32 - ENTERING OR CROSSING SPECIFIED LOCATION

33 - LEAVING TRAFFIC LANE

34 - PARKED

35 - APPROACHING OR LEAVING VEHICLE

36 - ENTERING OR CROSSING SPECIFIED LOCATION

37 - LEAVING TRAFFIC LANE

38 - APPROACHING OR LEAVING VEHICLE

39 - ENTERING OR CROSSING SPECIFIED LOCATION

40 - LEAVING TRAFFIC LANE

41 - APPROACHING OR LEAVING VEHICLE

42 - APPROACHING OR LEAVING VEHICLE

43 - APPROACHING OR LEAVING VEHICLE

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141 - APPROACHING OR LEAVING VEHICLE

142 - APPROACHING OR LEAVING VEHICLE

143 - APPROACHING OR LEAVING VEHICLE

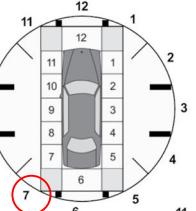
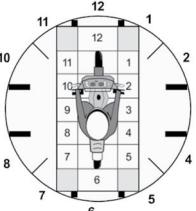
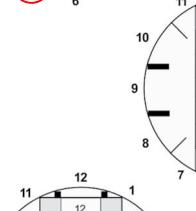
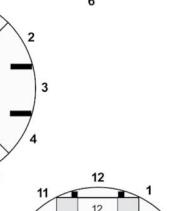
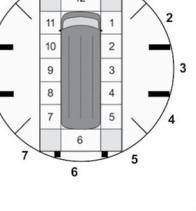
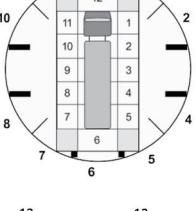
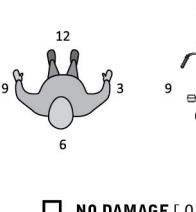
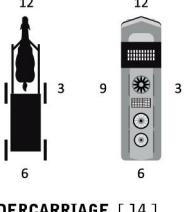
144 - APPROACHING OR LEAVING VEHICLE

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146 - APPROACHING OR LEAVING VEHICLE

147 - APPROACH

UNIT # <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																
PRESTON KARLY PROFANT																																		
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																		
8047 BLAIRHOUSE DR CINCINNATI Ohio 452442815																																		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																
LP STATE <b>O H</b>	LICENSE PLATE # <b>JZF2623</b>	VEHICLE IDENTIFICATION # <b>2T3H1R FV9K W02416</b>	VEHICLE YEAR <b>2019</b>	VEHICLE MAKE <b>TOYOTA</b>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>State Farm</b>	INSURANCE POLICY # <b>2934246SFP35</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>RAV4</b>																														
TYPE OF USE □ COMMERCIAL □ GOVERNMENT □ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <b>01</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL □ MATERIAL RELEASED □ PLACARD																															
UNIT TYPE <b>03</b> 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OCCUPANTS <b>01</b>																																
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>					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 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
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# OF TRAILING UNITS																																		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>		AUTONOMOUS MODE LEVEL <b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																														
SPECIAL FUNCTION <b>01</b> 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING	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																														
CARGO BODY TYPE <b>01</b>		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																														
VEHICLE DEFECTS		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																														
NON-MOTORIST LOCATION AT IMPACT		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																														
ACTION <b>4</b> 4 - STRIKING 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER/UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - MIDBLOCK - 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																														
CONTRIBUTING CIRCUMSTANCES <b>01</b> 4 - RAN RED LIGHT 5 - UNSAFE SPEED 6 - IMPROPER TURN		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																														
SEQUENCE OF EVENTS																																		
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1 - FIRST HARMFUL EVENT		1 - MOST HARMFUL EVENT																																

LOCAL REPORT NUMBER <b>123020234</b>		
DAMAGE		
DAMAGE SCALE		
<b>2</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [ <b>0</b> ] <input type="checkbox"/> - UNDERCARRIAGE [ <b>14</b> ] <input type="checkbox"/> - TOP [ <b>13</b> ] <input type="checkbox"/> - ALL AREAS [ <b>15</b> ] <input type="checkbox"/> - UNIT NOT AT SCENE [ <b>16</b> ]		
INITIAL POINT OF CONTACT		
<b>07</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <b>2</b>	TRAFFIC CONTROL <b>2</b>	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b>	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM <b>4</b> TO <b>3</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED		DETECTED SPEED
<b>1</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED		<b>45</b>
PAGE 3 OF 4		

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	VERST REBECCA H					06291998	025	F			
MOTORIST / NON-MOTORIST	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	1036 N FT THOMAS AVE, FT THOMAS, Kentucky, 41075											
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		
**	4511.21A						Assured Clear Distance Ahead			0131642122620231739		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	.	1	1	RESULT SELECT UP TO 4
					<input type="checkbox"/> OTHER DRUG							
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
02	PRESTON KARLY PROFANT					12112003	020	F				
MOTORIST / NON-MOTORIST	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	8047 BLAIRHOUSE DR, CINCINNATI, Ohio, 452442815											
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		
**	*****											
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					<input type="checkbox"/> OTHER DRUG							
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
						000						
MOTORIST / NON-MOTORIST	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
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				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	.	1	1	RESULT SELECT UP TO 4
					<input type="checkbox"/> OTHER DRUG							
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE		
2 - EMS	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD		
3 - POLICE	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		10 - APPARENTLY NORMAL		4 - BREATH		
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		11 - PHYSICAL IMPAIRMENT		5 - OTHER	
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		ALCOHOL TEST TYPE		
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - ILLNESS		1 - BLOOD		
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		14 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - URINE		
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		4 - NOT APPLICABLE		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - OTHER / UNKNOWN		4 - OTHER		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		TRAPPED		F - FEMALE	16 - OUTSIDE MIRROR		16 - APPARENTLY NORMAL		DRUG TEST TYPE		
6 - CHILD RESTRAINT SYSTEM - REAR FACING			1 - NOT TRAPPED		M - MALE	17 - PROSTHETIC AID		17 - PHYSICAL IMPAIRMENT		1 - AMPHETAMINES		
7 - BOOSTER SEAT			2 - EXTRICATED BY MECHANICAL MEANS		U - OTHER / UNKNOWN	18 - OTHER		18 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - BARBITURATES		
8 - HELMET USED			3 - FREED BY NON-MECHANICAL MEANS							3 - BENZODIAZEPINES		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			4 - NOT APPLICABLE							4 - CANNABINOID		
10 - REFLECTIVE CLOTHING			TRAPPED							5 - COCAINE		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			1 - NOT TRAPPED							6 - OPIATES / OPIOIDS		
12 - OTHER / UNKNOWN			2 - EXTRICATED BY MECHANICAL MEANS							7 - OTHER		
13 - OTHER / UNKNOWN			3 - FREED BY NON-MECHANICAL MEANS							8 - NEGATIVE RESULTS		
TEST STATUS												
DRUG TEST TYPE												
DRUG TEST RESULT(S)												

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020234

Traffic Crash/Non-Injury

12/27/2023 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 2320234	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 12 D 26 Y 23
IN COUNTY OF Clermont	CRASH LOCATION Eastgate BLVD	

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

I, Rebecca Verst Hereby make this voluntary statement to UTPD At:

What time did the accident happen? 4:59

- 1) What road were you traveling on? Getting off onto Eastgate BLVD
- 2) What direction were you traveling? East
- 3) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 3 mph
- 5) What is the speed limit? Unknown
- 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 2013 white honda civic

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Rebecca Verst</u>	<u>1036 N. Ft. Thomas Ft. Thomas Ky 41075</u>	<u>driver</u>

11) Describe what happened As I/we were getting exiting the off ramp onto eastgate blvd I noticed the other driver (Karly) was about to go/ turn. I blinked at the wrong time with the belief she was about to turn. we were in the turning lane with the light still red. I was inching toward the place where I would look to see if I could turn cause it looked like she was turning when I blinked and she stopped then my car bumped the back of hers. we inched off to the shoulder to look at damage.

Insurance Company State Farm Mutual

Policy# 410 2519-E25-17

Signature X

Rebecca Verst



PHONE X

OFFICER'S SIGNATURE <u>X</u> <u>McGinnis</u>	UNIT NO. <u>42</u>	PAGE NO.

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020234

Traffic Crash/Non-Injury

12/27/2023 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-20234	Union Township Police Department	12/26/23
IN COUNTY OF	CRASH LOCATION	
Clermont	eastgate blvd exit ramp	

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

I, Karly Preston hereby make this voluntary statement to UTPD At Accident Scene

- 1) What time did the accident happen? 4:59 p.m.
- 2) What road were you traveling on? I-75 E 32
- 3) What direction were you traveling? N/A Southeast
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 0
- 6) What is the speed limit? N/A
- 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 Toyota RAV-4 2019

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Karly Preston	8047 Blairhouse Dr Cincinnati, 45244	driver

12) Describe what happened?

I was in the right lane waiting to turn right and was rear-ended

Insurance Company State Farm Policy# 2934746-SFP-35

Signature X

Karly Preston

OFFICER'S SIGNATURE

X of/ksh

UNIT NO.

42

PAGE NO.