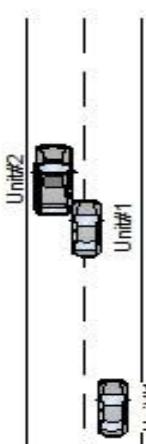


TRAFFIC CRASH REPORT

*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 SR 32 @ OLIVE BRANCH			LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Union Township Police Dept.			NCIC*	123020297		
					01316			HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02	
COUNTY* 13		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN			
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 32	PREFIX 3	LOCATION ROAD NAME SR 32		ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.088633		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5	
	ROUTE TYPE CR	ROUTE NUMBER 171	PREFIX 3	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) OLD SR-74		ROAD TYPE PI	LONGITUDE DECIMAL DEGREES -84.226135			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE 900		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				NUMBER OF APPROACHES <input checked="" type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 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 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 4 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 1 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 2 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 On the above listed date and time, Unit#2 was dedicated in its lane of travel when Unit#1 entered the lane striking Unit#2.										
 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p><i>Not To Scale</i></p>  <p>(EB) SR 32</p>										
CRASH REPORTED DATE / TIME 12272023 1658		DISPATCH DATE / TIME 12272023 1707		ARRIVAL DATE / TIME 12272023 1713		SCENE CLEARED DATE / TIME 12272023 1753		REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0046		TOTAL MINUTES 0046		OFFICER'S NAME* BORCHERS, NATHANIEL P		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
						CHECKED BY OFFICER'S NAME* MARSHALL, SCOTT		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)		
						OFFICER'S BADGE NUMBER* 1 3		CHECKED BY OFFICER'S BADGE NUMBER* 8 0		

OWNER UNIT # 01		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) PHILLIPS CLAUDE		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 16032 EASTWOOD RD WILLIAMSBURG Ohio 45176		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE O H		LICENSE PLATE # 336ZPL		VEHICLE IDENTIFICATION # J T I D K B 1 2 0 U 7 6 1 7 0 7 2 1 6 0 6	
INSURANCE VERIFIED X		INSURANCE COMPANY USAA CASUALTY INS		VEHICLE YEAR 2006	
INSURANCE POLICY # GIC037336202		VEHICLE MAKE TOYOTA PRIUS			
COLOR SIL					
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME	
INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 01		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		CLASS # PLACARD ID #			
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 01		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 - 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			
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			
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			
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 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			
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		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			
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					
EVENTS					
1 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	
2		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL 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	
3		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 MOBILE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK					
4		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	
5		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE OR SUPPORT		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
6		42 - CULVERT		50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
1		1 FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT	
1		1		1 MOST HARMFUL EVENT	

LOCAL REPORT NUMBER		123020297	
DAMAGE			
DAMAGE SCALE			
<u>2</u>	1 - NONE	3 - FUNCTIONAL DAMAGE	
	2 - MINOR DAMAGE	4 - DISABLING DAMAGE	
	9 - UNKNOWN		
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
		<img alt="Diagram of a vehicle showing damage to the front right and rear center (positions 10 and	

OWNER

VEHICLE

EVENT(S)

LP STATE

INSURANCE
VERIFIED

UNIT TYPE

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)

SAUNDERS ANGELA MICHELE

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

14994 EASTWOOD RD, WILLIAMSBURG OHIO 451769263

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENSE PLATE #
OH HKX1486

VEHICLE IDENTIFICATION #
1GKKNM LIS6MZ173087

VEHICLE YEAR
2021

VEHICLE MAKE
GMC

INSURANCE COMPANY
VERIFIED

INSURANCE POLICY #

COLOR
BLK

VEHICLE MODEL
Acadia

TYPE OF USE
COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED
HIT/SKIP UNIT

#OCCUPANTS
01

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

US DOT #

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
MATERIAL RELEASED
PLACARD

VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

US DOT #

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL
MATERIAL RELEASED
PLACARD

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
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?

01 0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

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

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
15 - OTHER / UNKNOWN

1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

4 - BRAKES
5 - STEERING
6 - TRAILER EQUIPMENT
DEFECTIVE

7 - WORN OR SLICK TIRES
8 - DEFECTIVE

9 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR
ACCIDENT

11 - MEDIAN/CROSSING ISLAND
12 - FIRST RESPONDER
AT INCIDENT SCENE

13 - SHARED USE PATHS OR
TRAILS

14 - DRIVEWAY ACCESS
15 - SIDEWALK

16 - CYCLE LANE
17 - SHOULDER / ROADSIDE

18 - SIDEWALK

19 - MEDIAN/INTERSECTION -
OPPOSITE DIRECTION OF
TRAVEL

20 - DOWNHILL RUNAWAY
21 - PEDESTRIAN

22 - ANIMAL - FARM
23 - ANIMAL - DEER
24 - ANIMAL - OTHER

25 - WORK ZONE MAINTENANCE
EQUIPMENT

26 - STRUCK BY FALLING,
SHIFTING CARGO OR
ANYTHING SET IN MOTION
BY A MOTOR VEHICLE

27 - OTHER MOVABLE OBJECT

28 - OTHER / UNKNOWN

1 - STRIKING
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
22 - WORKING
23 - PUSHING VEHICLE

24 - APPROACHING
OR LEAVING VEHICLE
25 - STANDING
26 - OTHER NON-MOTORIST
27 - STANDING OUTSIDE
DISABLED VEHICLE
28 - WORKING
29 - PUSHING VEHICLE

30 - OTHER / UNKNOWN

1 - FAILURE TO YIELD
2 - RAN RED LIGHT
3 - 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
24 - OTHER IMPROPER ACTION

25 - OTHER / UNKNOWN

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 - PEDESTRIAN
12 - CROSS CENTERLINE -
OPPOSITE DIRECTION OF
TRAVEL
13 - DOWNHILL RUNAWAY
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

25 - OTHER / UNKNOWN

1 - IMPACT ATTENUATOR
/ CRASH CUSHION
2 - BRIDGE OVERHEAD
STRUCTURE
3 - BRIDGE PIER OR ABUTMENT
4 - BRIDGE PARAPET
5 - BRIDGE RAIL
6 - GUARDRAIL FACE

7 - GUARDRAIL END
8 - PORTABLE BARRIER
9 - MEDIAN CABLE BARRIER
10 - MEDIAN GUARDRAIL
11 - BARRIER
12 - MEDIAN CONCRETE
BARRIER
13 - MEDIAN OTHER BARRIER

14 - CURB
15 - DITCH
16 - EMBANKMENT
17 - FENCE
18 - MAILBOX
19 - TREE
20 - FIRE HYDRANT

21 - OVERHEAD SIGN POST
22 - OVERHEAD LUMINARIES
SUPPORT
23 - OTHER POST, POLE
OR SUPPORT
24 - CULVERT

25 - WORK ZONE MAINTENANCE
EQUIPMENT

26 - STRUCK BY FALLING,
SHIFTING CARGO OR
ANYTHING SET IN MOTION
BY A MOTOR VEHICLE

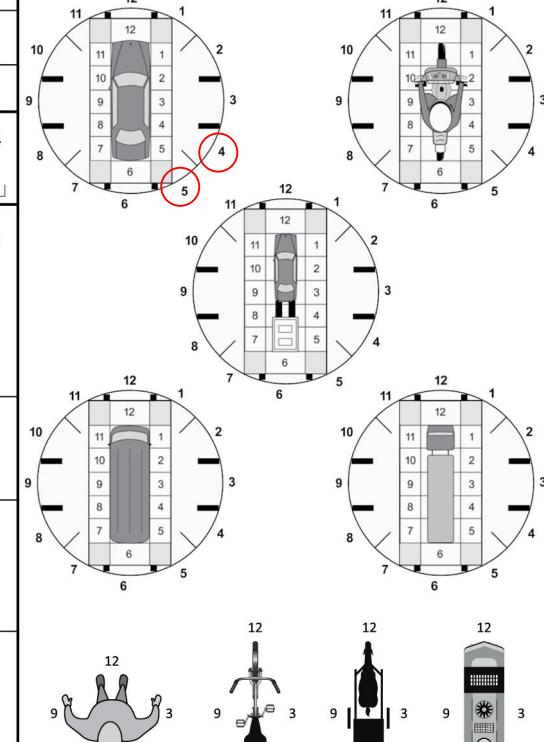
27 - OTHER MOVABLE OBJECT

28 - OTHER / UNKNOWN

1 - FIRST HARMFUL EVENT
2 - MOST HARMFUL EVENT

DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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	
04 0 - NO DAMAGE 1-12 - REFER TO UNIT 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN	

TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

RAIL GRADE CROSSING	
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION	
4 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - SOUTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	

UNIT SPEED	
55 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED	
55	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	HOLLY DEBRA KAY					1 1 1 5 1 9 6 4	059	F		
ADDRESS: STREET,CITY,STATE, ZIP 16032 EASTWOOD RD, WILLIAMSBURG, Ohio, 45176											
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	<input type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**	4511.19Ala					OVI Personal Contact			E-CITE		
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 checked="" type="checkbox"/> MARIJUANA <input checked="" type="checkbox"/> OTHER DRUG	2	STATUS 1	TYPE 1	VALUE .	STATUS 2	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	SAUNDERS ANGELA MICHELE					1 1 3 0 1 9 8 2	041	F			
ADDRESS: STREET,CITY,STATE, ZIP 14994 EASTWOOD RD, WILLIAMSBURG, Ohio, 451769263											
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	<input type="checkbox"/>	01	1	1	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	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 UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						000					
ADDRESS: STREET,CITY,STATE, ZIP											
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 UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	RESULT SELECT UP TO 4			
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN						
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS							
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6 - SECOND - RIGHT SIDE	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER							
2 - EMS	8 - THIRD - MIDDLE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS							
3 - POLICE	9 - THIRD - RIGHT SIDE	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS							
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	10 - LIMITED TO DAYLIGHT ONLY							
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	11 - LIMITED TO EMPLOYMENT							
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	12 - LIMITED - OTHER							
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	14 - MILITARY VEHICLES ONLY							
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NOT TRAPPED	15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	15 - NON-MOTORIST	16 - OUTSIDE MIRROR								
6 - CHILD RESTRAINT SYSTEM - REAR FACING		99 - OTHER / UNKNOWN	17 - PROSTHETIC AID								
7 - BOOSTER SEAT			18 - OTHER								
8 - HELMET USED											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											
INJURIES		EJECTION	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE						
1 - NOT EJECTED	H - HAZMAT	1 - NOT EJECTED	1 - NONE								
2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - PARTIALLY EJECTED	2 - BLOOD								
3 - TOTALLY EJECTED	P - PASSENGER	3 - TOTALLY EJECTED	3 - URINE								
4 - NOT APPLICABLE	N - TANKER	4 - NOT APPLICABLE	4 - BREATH								
TRAPPED		R - THREE-WHEEL MOTORCYCLE	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
1 - NOT TRAPPED	S - SCHOOL BUS	6 - PASSENGER									
2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	7 - OTHER DISTRACTION INSIDE THE VEHICLE									
3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE									
GENDER		Q - MOTOR SCOOTER	9 - OTHER / UNKNOWN								
F - FEMALE	1 - APPARENTLY NORMAL										
M - MALE	2 - PHYSICAL IMPAIRMENT										
U - OTHER / UNKNOWN	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										
TEST STATUS		DRUG TEST TYPE									
1 - NONE	1 - AMPHETAMINES										
2 - BLOOD	2 - BARBITURATES										
3 - URINE	3 - BENZODIAZEPINES										
4 - OTHER	4 - CANNABINOID										
TEST STATUS		DRUG TEST RESULT(S)									
5 - COCAINE	5 - OPIATES / OPIOIDS										
6 - OPIATES / OPIOIDS	7 - OTHER										
7 - OTHER	8 - NEGATIVE RESULTS										

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020297

Traffic Crash/Non-Injury/Incident Report

12/29/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	23-20297	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	SR 32 E / Olive Branch	

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES
I, Debra Holly Hereby make this voluntary statement to DOBachas At:

What time did the accident happen? _____

- 1) What road were you traveling on? 32 East
- 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? ND
- 5) What is the speed limit? 65
- 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 2006 Toyota Prius HyB

10) List all the occupants below:

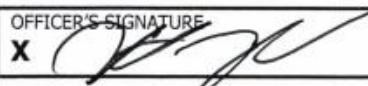
Name	Address (street, city, zip)	Seating Position
<u>Self</u>	<u>16032 Eastwood Rd Williamsburg OH 45176</u>	<u>up</u>

11) Describe what happened vehical in left lane overide in my middle lane. & pulled off to right. She pulled off to left.

Insurance Company USAAGeneral Indemnity Company Policy# GIC0373362027101

Signature X

PHONE X

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X</u> 	<u>13</u>	

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020297

Traffic Crash/Non-Injury/Incident Report

12/29/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	23-20297	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	SR 32 EB / olive Branch	M D Y

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

I, Angela Saunders hereby make this voluntary statement to P. J. Hoess At:

What time did the accident happen? 1045

- 1) What road were you traveling on? ROUTE 32
- 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? 57-60
- 5) What is the speed limit? 55/60
- 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 2021 GMC Acadia
- 10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

11) Describe what happened I was driving eastbound on Route 32 at approx. 1040 and I was in the righthand lane behind a small silver toyota. I noticed the car swerve into the median 3 times. Many cars passed both my car and the silver one. The silver car stayed in the right hand lane and at about the speed way I got in left lane a few seconds later I felt a bump on the passenger side of my car. I looked right and it was the silver car. I pulled off the road to the left she pulled off the road to the right. I called 911

Insurance Company Travelers

Policy# 6036673232031

Signature X

Angela Saunders

PHONE X

OVER

OFFICER'S SIGNATURE
X

P. J. Hoess

UNIT NO.
31

PAGE NO.