

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 961 OLD ST. RT. 74 REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316		LOCAL REPORT NUMBER* 122013600					
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		CRASH DATE / TIME* 12282022 1911		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
REFERENCE LOCATION ROUTE TYPE SR	ROUTE NUMBER 0074	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME 74		ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.100221					
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 961			LONGITUDE DECIMAL DEGREES -84.261689					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE				ROADWAY <input 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 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 - CROSSOVER 11 - DRIVEWAY/ALLEY ACCESS 12 - RAILWAY GRADE CROSSING 13 - SHARED USE PATHS OR TRAILS 14 - BIKE LANE 15 - TOLL BOOTH 99 - 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 02 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL								
NARRATIVE <p>On the listed date and time, the listed driver of unit 1 stated he pulled out in front of unit 2. No injuries reported and unit 1 driver was issued a citation for failure to yield. Photos were taken and both vehicles were towed.</p>								Not To Scale Cincinnati-Batavia Pk			
CRASH REPORTED DATE / TIME 12282022 1911		DISPATCH DATE / TIME 12282022 1912		ARRIVAL DATE / TIME 12282022 1916		SCENE CLEARED DATE / TIME 12282022 2000		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0048		OFFICER'S NAME* COOPER, MATTHEW		CHECKED BY OFFICER'S NAME* Combs, Rodney D			
						OFFICER'S BADGE NUMBER* 5 3		CHECKED BY OFFICER'S BADGE NUMBER* 8 1			
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)											

OWNER

VEHICLE

EVENT(s)

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OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

UNIT TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

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)

4617 BROOKVIEW DR BATAVIA OHIO 45103

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE # **JWH 4669**

VEHICLE IDENTIFICATION # **1J4GW48N72C18990**

VEHICLE YEAR **2002**

VEHICLE MAKE **JEEP**

INSURANCE COMPANY **PROGRESSIVE DIRECT**

INSURANCE POLICY # **960778527**

COLOR **LBU**

VEHICLE MODEL **CHEROKEE**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **01**

US DOT # **1**

VEHICLE WEIGHT GVWR/GCWR **1**

2 - ≤10K LBS.

3 - 10,001 - 26K LBS.

4 - >26K LBS.

HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD

CLASS # **1**

PLACARD ID # **1**

1 - PASSENGER CAR **01**

2 - PASSENGER VAN (MINIVAN) **03**

3 - SPORT UTILITY VEHICLE **03**

4 - PICK UP **04**

5 - CARGO VAN **05**

6 - VAN (9-15 SEATS) **06**

7 - MOTORCYCLE 2-WHEELED **07**

8 - MOTORCYCLE 3-WHEELED **08**

9 - AUTOCYCLE **09**

10 - MOPED OR MOTORIZED BICYCLE **10**

11 - ALL-TERRAIN VEHICLE (ATV/UTV) **11**

12 - GOLF CART **12**

13 - SNOWMOBILE **13**

14 - SINGLE UNIT TRUCK **14**

15 - SEMI-TRACTOR **15**

16 - FARM EQUIPMENT **16**

17 - MOTORHOME **17**

18 - LIMO (LIVERY VEHICLE) **18**

19 - BUS (16+ PASSENGERS) **19**

20 - OTHER VEHICLE **20**

21 - HEAVY EQUIPMENT **21**

22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE **22**

23 - PEDESTRIAN / SKATER **23**

24 - WHEELCHAIR (ANY TYPE) **24**

25 - OTHER NON-MOTORIST **25**

26 - BIKE **26**

27 - TRAIN **27**

28 - ANIMAL DRAWN VEHICLE **28**

29 - OTHER UNKNOWN **29**

30 - UNKNOWN OR HIT/SKIP **30**

31 - HIT/SKIP UNIT **31**

32 - PEDESTRIAN **32**

33 - ANIMAL DRAWN VEHICLE **33**

34 - OTHER UNKNOWN **34**

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201 - OTHER UNKNOWN **201**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	ASH STEPHEN MICHAEL					02261984	038	M			
ADDRESS: STREET,CITY,STATE,ZIP 2114 FELDMAN AVE, CINCINNATI, Ohio, 452121517												
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	3	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
**				4511.44					0131653122820221944			
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				
02	KUMPF EVAN MICHAEL					09212004	018	M				
ADDRESS: STREET,CITY,STATE,ZIP 4617 BROOKVIEW DRIVE, BATAVIA, Ohio, 45103												
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			
**												
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												
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
INJURIES	SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN				
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT		DRUG TEST TYPE							
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							
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST TYPE							
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							
					CONDITION							
					1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN							
					DRUG TEST RESULT(S)							
					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS							

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013600

Traffic Crash/Non-Injury

12/30/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-13600</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 28 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>961 Old St. Rt. 74</u>	

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

I, ExonKum PF Hereby make this voluntary statement to Ofc. Cooper U53 At Accident Scene

- 1) What time did the accident happen? 7:10
- 2) What road were you traveling on? St Rt 74
- 3) What direction were you traveling? SE
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 30
- 6) What is the speed limit? 45
- 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 2002 Jeep Grand Cherokee

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I was headed southeast when a car pulling out of a driveway started going. I honked my horn and he didn't speed up at the same time. I was hitting my brakes then we hit.

Insurance Company

PROGRESSIVE

Policy# 662-8497
960276527

Signature X

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013600

Traffic Crash/Non-Injury

12/30/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-136000</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>12/28/22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>961 Old St. Rt. 74</u>	

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

I, Stephen M. Abt Hereby make this voluntary statement to Ofc. Cooper U53 At Accident Scene

- 1) What time did the accident happen? 7:00 pm
- 2) What road were you traveling on? _____
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 0-5 mph
- 6) What is the speed limit? 75
- 7) Is there anything you could have done to avoid the accident? _____
- 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>Stephen M. Abt II</u>	<u>2114 Folsom Ave. Norwood OH, 45212</u>	<u>driver</u>

12) Describe what happened?

Turned left from 7th. Got stuck on driver's side.

Signature X

SDM