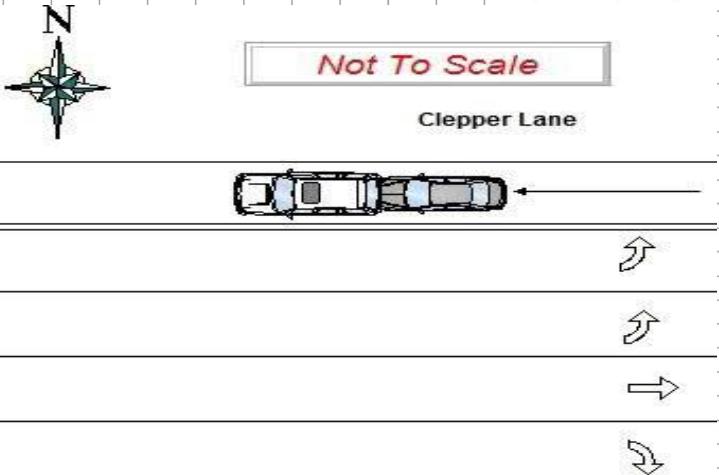


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | | |
|---|---|--|---|---|--|--|--|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | | <input type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION CLEPPER LANE | | LOCAL REPORT NUMBER* 122005499 | | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input checked="" type="checkbox"/> OTHER | REPORTING AGENCY NAME* Union Township Police Dept. | | NCIC* | HIT/SKIP 1 - SOLVED 2 - UNSOLVED | NUMBER OF UNITS 02 |
| COUNTY* 13 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF) | | | | CRASH DATE / TIME* 06022022 1920 | UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN | |
| REFERENCE LOCATION | ROUTE TYPE TR | ROUTE NUMBER 0252 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME CLEPPER | | ROAD TYPE LA | LATITUDE DECIMAL DEGREES 39.093163 | |
| | ROUTE TYPE CR | ROUTE NUMBER 0055 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLENESTE WITHAMSVILLE | | ROAD TYPE RD | LONGITUDE DECIMAL DEGREES -84.265436 | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | DIRECTION FROM REFERENCE W | ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE 250 | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROAD TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE | NUMBER OF APPROACHES 5 | |
| LOCATION OF FIRST HARMFUL EVENT 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | | | MANNER OF CRASH COLLISION/IMPACT 2 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 - OTHER / UNKNOWN | | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 | SURFACE 2 | | |
| LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 01 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | WEATHER 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | CONTOUR 1 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 | | |
| NARRATIVE Both units were westbound on Clepper Lane. Unit 2 was slowing for traffic ahead and was struck in the rear by unit 1. | | | <div style="text-align: center;">  Not To Scale  </div> | | | | | |
| CRASH REPORTED DATE / TIME 06022022 1920 | | DISPATCH DATE / TIME 06022022 1922 | | ARRIVAL DATE / TIME 06022022 1925 | | SCENE CLEARED DATE / TIME 06022022 2001 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0000 | | OTHER INVESTIGATION TIME 0039 | | TOTAL MINUTES 0039 | | OFFICER'S NAME* DISBENNITT, DEREK | CHECKED BY OFFICER'S NAME* Wilson, Christopher D | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) |
| | | | | | | OFFICER'S BADGE NUMBER* 2 1 | CHECKED BY OFFICER'S BADGE NUMBER* 8 6 | |

LOCAL REPORT NUMBER
122005499

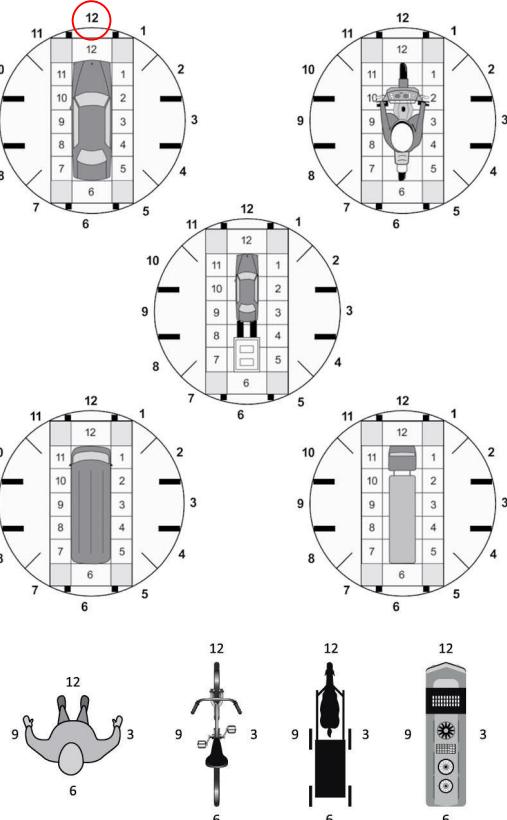
DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

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

TRAFFIC

TRAFFICWAY FLOW

2 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

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

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

3 - NORTH 5 - NORTHEAST
4 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

30

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

35

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|----------------------------|-------------------|--------------------------|----------------|----------------------------|--------------------------|-----------------------------|--------------------------|-----------------|---------------------------|----------------------------|---------------------------|---------------|------------------------|--------------------|-------------------------|-------------|---------------------------------|-------------------|----------------------|--------------|---------------|--------------------------------------|---------------------|--|------------|----------------------|--|----------------|--|--------------------------|
| UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) CASAGRANDE KIMBERLY ANN | OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 10 MCARTHUR DR AMELIA Ohio 45102 | | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP STATE O H | LICENSE PLATE # HOX4156 | VEHICLE IDENTIFICATION # 1F1F1P153U31A1318128 | VEHICLE YEAR 2001 | VEHICLE MAKE FORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY Progressive Insurance | INSURANCE POLICY # 943254425 | COLOR SIL | VEHICLE MODEL Taurus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | US DOT # | TOWED BY: COMPANY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # OCCUPANTS 01 | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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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| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # OF TRAILING UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTONOMOUS MODE LEVEL 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED 5 - MIDBLOCK - UNMARKED 6 - SIDEWALK 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 - TURNING 14 - BACKING 15 - CHANGING LANES 16 - OVERTAKING/PASSING 17 - MAKING U-TURN 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVING ON ROAD 23 - DRIVING ON ROAD 24 - WORKING 25 - PUSHING VEHICLE 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 - STRIKING 8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/PASSING 11 - MAKING U-TURN 12 - ENTERING TRAFFIC LANE 13 - LEAVING TRAFFIC LANE 14 - PARKED 15 - SLOWING OR STOPPED IN TRAFFIC 16 - DRIVING ON ROAD 17 - DRIVING ON ROAD 18 - WORKING 19 - PUSHING 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 24 - OTHER IMPROPER ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL 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 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 MOVEABLE OBJECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - REFER TO UNIT DIAGRAM 2 - TOP 3 - TOP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - PEDESTRIAN / SKATER 2 - WHEELCHAIR (ANY TYPE) 3 - OTHER NON-MOTORIST 4 - BICYCLE 5 - TRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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OWNER

VEHICLE

EVENT(s)

UNIT # **02**

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)

3841 GOLDEN MEADOW CT, AMELIA OHIO 451022634

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH**

LICENSE PLATE # **JTL4794**

VEHICLE IDENTIFICATION # **5FNYF6H87J1B0114950**

VEHICLE YEAR **2018**

VEHICLE MAKE **HONDA**

INSURANCE VERIFIED **X**

INSURANCE COMPANY **WESTERN RESERVE INS**

INSURANCE POLICY # **SSV3401806093-5**

COLOR **WHI**

VEHICLE MODEL **PILOT**

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS **05**

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL

MATERIAL RELEASED

PLACARD

CLASS #

PLACARD ID #

UNIT TYPE **03**

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

1 - PASSENGER CAR

2 - PASSENGER VAN (MINIVAN)

3 - SPORT UTILITY VEHICLE

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

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - ANIMAL-DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

30 - HIT/SKIP

31 - PERSONNEL

32 - OTHER

33 - UNKNOWN

34 - OTHER

35 - OTHER

36 - OTHER

37 - OTHER

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251 - OTHER

LOCAL REPORT NUMBER
122005499

| | | | | | | | | | | | |
|--|----------------------------|--|--|--|--|-----------------------------------|--|--|---------------------------------|----------|-----------------------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | |
| | 01 | CASAGRANDE KIMBERLY ANN | | | | | 1 2 2 9 1 9 6 4 | 057 | F | | |
| ADDRESS: STREET,CITY,STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 10 MCARTHUR DR, AMELIA, Ohio, 45102 | | | | | | | | | | | |
| 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 | 5 | | | | | 04 | 01 | 1 | 1 | 1 | 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | |
| ** | | | | 4511.21A | | | Assured Clear Distance Ahead | | 073948 | | |
| 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 | 1 | 1 | 1 | RESULT SELECT UP TO 4 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | | |
| 02 | SVINTSITSKY MARGARITA O | | | | | 0 4 1 1 1 9 9 0 | 032 | F | | | |
| ADDRESS: STREET,CITY,STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 3841 GOLDEN MEADOW CT, AMELIA, Ohio, 451022634 | | | | | | | | | | | |
| 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 | 5 | | | | | 04 | 01 | 1 | 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 | 1 | 1 | 1 | RESULT SELECT UP TO 4 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | | | |
| | | | | | | 0 0 0 | 000 | | | | |
| ADDRESS: STREET,CITY,STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) | | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT 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 | 1 | 1 | 1 | 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 | 3 - TEST GIVEN, RESULTS UNKNOWN | | |
| 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 UNKNOWN | 4 - TEST GIVEN, RESULTS UNKNOWN | | |
| 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 - OTHER | | |
| INJURED TAKEN BY | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | 1 - NONE | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | EJECTION | | OL ENDORSEMENT | 7 - EXCEPT TRACTOR-TRAILER | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | 2 - BLOOD | | |
| 2 - EMS | | 8 - THIRD - MIDDLE | | 1 - NOT EJECTED | | H - HAZMAT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | 3 - URINE | | |
| 3 - POLICE | | 9 - THIRD - RIGHT SIDE | | 2 - PARTIALLY EJECTED | | M - MOTORCYCLE | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - OTHER / UNKNOWN | 4 - BREATH | | |
| 9 - OTHER / UNKNOWN | | 10 - SLEEPER SECTION OF TRUCK CAB | | 3 - TOTALLY EJECTED | | P - PASSENGER | 10 - LIMITED TO DAYLIGHT ONLY | ALCOHOL TEST TYPE | 5 - OTHER | | |
| SAFETY EQUIPMENT | | | | 4 - NOT APPLICABLE | | N - TANKER | 11 - LIMITED TO EMPLOYMENT | 1 - NONE | 1 - NONE | | |
| 1 - NONE USED | | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | TRAPPED | | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 2 - BLOOD | 2 - BLOOD | | |
| 2 - SHOULDER BELT ONLY USED | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 1 - NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - URINE | 3 - URINE | | |
| 3 - LAP BELT ONLY USED | | 13 - TRAILING UNIT | | 2 - EXTRICATED BY MECHANICAL MEANS | | S - SCHOOL BUS | 14 - MILITARY VEHICLES ONLY | 4 - OTHER | 4 - OTHER | | |
| 4 - SHOULDER & LAP BELT USED | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | | 3 - FREED BY NON-MECHANICAL MEANS | | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 1 - AMPHETAMINES | 1 - AMPHETAMINES | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 15 - NON-MOTORIST | | | | X - TANKER / HAZMAT | 16 - OUTSIDE MIRROR | 2 - BARBITURATES | 2 - BARBITURATES | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 99 - OTHER / UNKNOWN | | | | | 17 - PROSTHETIC AID | 3 - BENZODIAZEPINES | 3 - BENZODIAZEPINES | | |
| 7 - BOOSTER SEAT | | | | | | | 18 - OTHER | 4 - CANNABINOID | 4 - CANNABINOID | | |
| 8 - HELMET USED | | | | | | | | 5 - COCAINE | 5 - COCAINE | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | 6 - OPIATES / OPIOIDS | 6 - OPIATES / OPIOIDS | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | 7 - OTHER | 7 - OTHER | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | 8 - NEGATIVE RESULTS | 8 - NEGATIVE RESULTS | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | |

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

122005499

| | | | | | | | | |
|--|-----------------------------------|---------------------------|---|-----------------------|-----------------------------------|-----------------------------------|---------------|----------|
| OCCUPANT | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER |
| | 02 | SVINTSITSKY SOPHIA V | | | | 10202020 | 001 | F |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | |
| 3841 GOLDEN MEADOW CT, AMELIA, Ohio, 45102 | | | | | | | | |
| 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 |
| 5 | | | | 06 | <input type="checkbox"/> | 06 | 01 | 1 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | |
| 02 | SVINTSITSKY OLIVIA G | | | | 07152017 | 004 | F | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | |
| 3841 GOLDEN MEADOW CT, AMELIA, Ohio, 45102 | | | | | | | | |
| 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 |
| 5 | | | | 04 | <input type="checkbox"/> | 05 | 01 | 1 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | |
| 02 | SVINTSITSKY ANYA M | | | | 10052009 | 012 | F | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | |
| 1807 YELLOW PINE, AMELIA, Ohio, 45102 | | | | | | | | |
| 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 |
| 5 | | | | 04 | <input type="checkbox"/> | 06 | 01 | 1 |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | |
| 02 | SVINTSITSKY ISABELLA M | | | | 01292012 | 010 | F | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | |
| 3841 GOLDEN MEADOW CT, AMELIA, Ohio, 45102 | | | | | | | | |
| 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 |
| 5 | | | | 04 | <input type="checkbox"/> | 09 | 01 | 1 |
| 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 | | | | | | | | |
| INJURED TAKEN BY | | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | | | | | | | |
| 2 - EMS | | | | | | | | |
| 3 - POLICE | | | | | | | | |
| 9 - OTHER / UNKNOWN | | | | | | | | |
| GENDER | | | | | | | | |
| F - FEMALE | | | | | | | | |
| M - MALE | | | | | | | | |
| U - OTHER / UNKNOWN | | | | | | | | |
| INJURIES | | | | | | | | |
| SAFETY EQUIPMENT USED | | | | | | | | |
| SEATING POSITION | | | | | | | | |
| AIR BAG USAGE | | | | | | | | |
| 1 - NOT DEPLOYED | | | | | | | | |
| 2 - DEPLOYED FRONT | | | | | | | | |
| 3 - DEPLOYED SIDE | | | | | | | | |
| 4 - DEPLOYED BOTH FRONT/SIDE | | | | | | | | |
| 5 - NOT APPLICABLE | | | | | | | | |
| 9 - DEPLOYMENT UNKNOWN | | | | | | | | |
| EJECTION | | | | | | | | |
| 1 - NOT EJECTED | | | | | | | | |
| 2 - PARTIALLY EJECTED | | | | | | | | |
| 3 - TOTALLY EJECTED | | | | | | | | |
| 4 - NOT APPLICABLE | | | | | | | | |
| TRAPPED | | | | | | | | |
| 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 | | |
| NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | |
| 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

122005499

Traffic Crash/Non-Injury

6/06/2022 OH3



TRAFFIC CRASH WITNESS STATEMENT

OH-3

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---------------------|-----------------------|---------------|
| 22-54199 | UNION TOWNSHIP POLICE | M 6 D 2 Y 22 |

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

Margarita Svintsitsky
PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Disbennett
OFFICER'S NAME

AT SCENE
LOCATION

We were stopped at a light behind cars and
felt a ~~big impact~~ from behind. ~~big impact~~
~~crash~~ My head hit the back of my
seat and my baby started crying in her car seat.
We had 4 kids in the car. I came out and
~~checked on~~ the woman was apologizing and I
went to check on baby. I asked the woman to
call 911.

Q ARE YOU INJURED? A. NOT AS OF NOW

Q DID YOU HAVE YOUR SEATBELT ON? A. YES

Q HOW FAST WERE YOU GOING? A. I WAS 30 MPH

Q HOW LONG HAD YOU BEEN STOPPED? A. 30 SECONDS MAYBE

SOPHIA V. OLIVIA G ANYA M

ISABELLA M

10/20/2020 7/15/2017 10/5/2019 WESTERN RESERVE 1/29/2012

PO 5 PT 2R 2M SB 5R SSU 3401806093-5 SB 3RD 2012

ADDRESS OF WITNESS

3841 Golden Meadow Ct. Amelia, OH 45102

PHONE

SIGNATURE OF WITNESS

OFFICER'S SIGNATURE

P.O. Disbennett

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122005499

Traffic Crash/Non-Injury

6/06/2022 OH3



TRAFFIC CRASH WITNESS STATEMENT

OH-3

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---------------------|-----------------------|---------------|
| 22-5499 | UNION TOWNSHIP POLICE | 6 6 22 |

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

1. ✓ Kimberly A. Cisagrande PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. DISBENNETT

OFFICER'S NAME

AT

SCENE

LOCATION

I was driving down Clepper Lane by Sam's Club. Traffic stopped I put brakes on but not soon enough. Hit a white SUV (car-end) before I knew it. My sugar levels were dropping. [REDACTED] trying to eat something to bring it up. Layed sandwich down. I must have looked down then hit back end of SUV before I knew it tried to brake but too late.

Q Are you INJURED?

A. NO Just sore

Q How fast were you GOING?

A. 30-35 MPH

Q DID you HAVE your SEATBELT on?

A. YES always

PROGRESSIVE 943 254 425

ADDRESS OF WITNESS

S 10 McArthur Dr. Amelia, OH 45102

SIGNATURE OF WITNESS

[REDACTED]

OFFICER'S SIGNATURE

X P.O. D-221

HSY 7003475 (60-150)