



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

CRASH REPORT				DENOTES MANDATORY FILL FOR SUPPLEMENT REPORT			
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION UNION REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	
COUNTY* 13		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		NUMBER OF UNITS 02	
ROUTE TYPE CR		ROUTE NUMBER 0055		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME GLENESTE-WITHAMSVILLE	
ROUTE TYPE TR		ROUTE NUMBER 0252		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) CLEPPER LN.	
ROUTE TYPE IR		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE US - FEDERAL US ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE SR - STATE ROUTE	
ROUTE TYPE CR		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE CR - NUMBERED COUNTY ROUTE		ROAD TYPE HW - HIGHWAY LA - LANE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	
ROUTE TYPE TR		ROUTE NUMBER 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE RD - ROAD SQ - SQUARE BL - BOULEVARD MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #				DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE RD	
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS				DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		LATITUDE DECIMAL DEGREES 39.092421	
LONGITUDE DECIMAL DEGREES 84.263421				NUMBER OF APPROACHES		CRASH DATE / TIME* 06302022 1737	
LOCATION OF FIRST HARMFUL EVENT 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 4 - TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		CRASH DATE / TIME* 06302022 1737	
DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
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		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
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	
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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	
SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN				WEATHER 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	
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 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	
NARRATIVE <p>Unit # 2 stated she was sitting at the traffic light when she was struck in the rear of the vehicle by unit #1. Driver of unit #1 stated he was having problems with his brakes and could not stop in time. Driver of unit #1 was issued a citation.</p>						<p>Indicate the north direction with an "N" on the compass diagram.</p>	
CRASH REPORTED DATE / TIME 06302022 1737				DISPATCH DATE / TIME 06302022 1739		ARRIVAL DATE / TIME 06302022 1743	
SCENE CLEARED DATE / TIME 06302022 1824		REPORT TAKEN BY					
TOTAL TIME ROADWAY CLOSED 0045		OTHER INVESTIGATION TIME 0045		OFFICER'S NAME* JAMES, BRENT		CHECKED BY OFFICER'S NAME* Combs, Rodney D	
TOTAL MINUTES 0045		OFFICER'S BADGE NUMBER* 3 4		CHECKED BY OFFICER'S BADGE NUMBER* 8 1		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	

Indicate the north direction with an “N” on the compass diagram.

NARRATIVE

Unit # 2 stated she was sitting at the traffic light when she was struck in the rear of the vehicle by unit #1.

Driver of unit #1 stated he was having problems with his brakes and could not stop in time. Driver of unit #1 was issued a citation.

The map shows a residential area with the following streets and landmarks:

- Clepper Ln.**: A street running vertically on the left side of the map.
- G & E Est.**: A street running horizontally across the middle of the map.
- Wethersfield Rd**: A street running vertically on the right side of the map.
- Chambers**: A building located at the intersection of G & E Est. and Wethersfield Rd.

Arrows on the map indicate the direction of streets and property boundaries. A compass rose in the top right corner shows cardinal directions. A scale bar and a note "Not To Scale" are also present.

CRASH REPORTED DATE / TIME

DISPATCH DATE / TIME

ARRIVAL DATE / TIME

SCENE CLEARED DATE / TIME

REPORT TAKEN BY

06302022 1737	06302022 1739	06302022 1743	06302022 1824	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* JAMES, BRENT	<input type="checkbox"/> MOTORIST
0045		0045	OFFICER'S BADGE NUMBER* 3 4 @	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP)
			CHECKED BY OFFICER'S NAME* Combs, Rodney D	CHECKED BY OFFICER'S BADGE NUMBER* 8 1 @

OWNER

VEHICLE

EVENT(s)

UNIT #

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

01

GILB EZRA JOSEPH

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

66 EDGEcombe DR MILFORD Ohio 45150

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

O H

UUH5691

1G1TG16B1E38F1247796

2015

GMC

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

PROGRESSIVE PREFERRE

933002858

BLK

Canyon

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

01

US DOT #

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

TOWED BY: COMPANY NAME

MATERIAL RELEASED

PLACARD

HAZARDOUS MATERIAL CLASS #

PLACARD ID #

UNIT TYPE

04

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE

7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE

12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK

18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE

4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

10 - MOPED OR MOTORIZED BICYCLE
11 - ALL TERRAIN VEHICLE (ATV/ UTV)

15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME

21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN / SKATER

11 - ALL TERRAIN VEHICLE (ATV/ UTV)

18 - LIMO (LIVERY VEHICLE)

24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST

11 - ALL TERRAIN VEHICLE (ATV/ UTV)

18 - LIMO (LIVERY VEHICLE)

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

SPECIAL FUNCTION

1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING

4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

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

3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION

6 - BUS - CHARTER/TOUR
7 - BUS - INTERCITY
8 - BUS - SHUTTLE

9 - BUS - OTHER
10 - AMBULANCE

11 - FIRE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY

16 - FARM
17 - MOWING
18 - SNOW REMOVAL
19 - TOWING

15 - CONSTRUCTION EQUIPMENT

20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER

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

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 - OTHER

6 - BICYCLE LANE
7 - SHOULDER / ROADSIDE
8 - SIDEWALK

9 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED USE PATHS OR TRAILS

5 - TRAVEL LANE - OTHER LOCATION

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING

4 - STRIKING
5 - STRIKING & STRUCK
6 - STRUCK

7 - STRIKING
8 - STRIKING
9 - STRIKING

10 - STRIKING
11 - STRIKING
12 - STRIKING

13 - CHANGING LANES
14 - OVERTAKING/PASSING
15 - MAKING RIGHT TURN
16 - MAKING LEFT TURN

17 - MAKING U-TURN
18 - ENTERING TRAFFIC LANE
19 - LEAVING TRAFFIC LANE
20 - PARKED

21 - NEGOTIATING A CURVE
22 - ENTERING OR CROSSING SPECIFIED LOCATION
23 - LEAVING TRAFFIC LANE
24 - SLOWING OR STOPPED IN TRAFFIC

13 - APPROACHING OR LEAVING VEHICLE
14 - STANDING
15 - WALKING, RUNNING, JOGGING, PLAYING
16 - WORKING

17 - MAKING U-TURN
18 - ENTERING TRAFFIC LANE
19 - LEAVING TRAFFIC LANE
20 - PARKED

21 - MAKING U-TURN
22 - ENTERING TRAFFIC LANE
23 - LEAVING TRAFFIC LANE
24 - SLOWING OR STOPPED IN TRAFFIC

25 - APPROACHING OR LEAVING VEHICLE
26 - STANDING
27 - WALKING, RUNNING, JOGGING, PLAYING
28 - WORKING

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
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21 - LYING IN ROADWAY
22 - NOT DISCERNIBLE
23 - OPENING DOOR INTO ROADWAY
24 - OTHER IMPROPER ACTION

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16 - WRONG WAY

17 - VISION OBSTRUCTION
18 - OPERATING DEFECTIVE EQUIPMENT
19 - LOAD SHIFTING/FALLING/SPILLING
20 - IMPROPER CROSSING

1 - LEFT OF CENTER
2 - FOLLOWING TOO CLOSE / ACDA
3 - IMPROPER LANE CHANGE
4 - IMPROPER PASSING
5 - DROVE OFF ROAD
6 - IMPROPER BACKING

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

OWNER

VEHICLE

EVENT(s)

UNIT #

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

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

REEVES JENNIFER RENEE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

304 MINOR ST FELICITY OHIO 45120

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE # **HSS3123**

VEHICLE IDENTIFICATION # **5XYPHDA55KG531022**

VEHICLE YEAR **2019**

VEHICLE MAKE **Kia**

INSURANCE COMPANY **Progress Supply Inc**

INSURANCE POLICY # **958211169**

COLOR **GRY**

VEHICLE MODEL **Sorento**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

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

HAZARDOUS MATERIAL
 MATERIAL RELEASED
 PLACARD

OCCUPANTS **01**

OF TRAILING UNITS

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

7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
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

1 - NO AUTOMATION
2 - DRIVER ASSISTANCE
3 - PARTIAL AUTOMATION

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

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 - TRAVEL LANE - OTHER LOCATION

6 - BICYCLE LANE
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 **01**
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

13 - IMPROPER START FROM A PARKED POSITION
14 - STOPPED OR PARKED ILLEGALLY
15 - SWERVING TO AVOID
16 - WRONG WAY

18 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE DISABLED VEHICLE
99 - OTHER / UNKNOWN

1 - LEFT OF CENTER
2 - FOLLOWING TOO CLOSE / ACDA
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN

7 - IMPROPER LANE CHANGE
9 - IMPROPER PASSING
11 - DROVE OFF ROAD
12 - IMPROPER BACKING

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

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

14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
16 - TOP

14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST

9 - OTHER / UNKNOWN

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

1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
6 - NO CONTROL

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

1 - REFER TO UNIT DIAGRAM
13 - TOP

1 - NO DAMAGE
12 - REFER TO UNIT DIAGRAM
13 - TOP

1 - NO DAMAGE
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

1 - NO CONTROL

1 - NO CONTROL

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

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MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	GILB EZRA JOSEPH					02101998	024	M		
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
66 EDGEcombe DR, MILFORD, Ohio, 45150											
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	
**				4511.21a			Assured Clear Distance Ahead			073485	
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
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	REEVES JENNIFER RENEE					09201968	053	F			
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
304 MINOR ST, FELICITY, Ohio, 45120											
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	1	1	.	1	1
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						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
							<input type="checkbox"/>				
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	1	1	.	1	1
					<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 - 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		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 - 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		6 - BLOOD	
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		7 - URINE	
2 - EMS	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		M - MOTORCYCLE		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH	
3 - POLICE	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED		P - PASSENGER		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		5 - OTHER	
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER		10 - LIMITED TO DAYLIGHT ONLY				
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				
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE		12 - LIMITED - OTHER				
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)				
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				
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST				X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				GENDER		16 - OUTSIDE MIRROR				
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE		17 - PROSTHETIC AID				
7 - BOOSTER SEAT					M - MALE		18 - OTHER				
8 - HELMET USED					U - OTHER / UNKNOWN						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											
ALCOHOL TEST TYPE											
1 - NONE											
2 - BLOOD											
3 - URINE											
4 - BREATH											
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

122006540

Traffic Crash/Non-Injury

7/01/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-6540	Union Township Police Department	M 6 D 30 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	Clepper / Glen Este

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

I, Ezra Gilb, hereby make this voluntary statement to P.O. B. James Unit #34 At Accident Scene

- 1) What time did the accident occur? 5:30 pm
- 2) What road were you traveling on? eastgater street road
- 3) What direction were you traveling? forward
- 4) Were you injured? YES or NO If yes, explain: No
- 5) What was your speed just before the crash? less than ten
- 6) What is the speed limit? 35 mph
- 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.
66 edgecombe drive miford, ohio
- 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 and Model? 2013 GM C canyon
- 11) List all passengers below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position

- 12) Describe what happened?
catching a red light the 1st person in line stopped abruptly ~~and~~ could not stop down

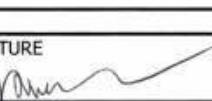
Insurance Company progressive Policy # 933002858

* If you need more space continue on the back of this page.

13) Home phone: _____ Work phone: _____ Cell Phone: _____

Signature X



OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
X B 		

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122006540

Traffic Crash/Non-Injury

7/01/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-6540	Union Township Police Department	M 6 D 20 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	Clepper / Glen Este

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

I, Jennifer Reavis hereby make this voluntary statement to P.O. B. James Unit #34 At Accident Scene

- 1) What time did the accident occur? 5:30 pm
- 2) What road were you traveling on? EASTgate Blvd
- 3) What direction were you traveling?
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed just before the crash? still at red light
- 6) What is the speed limit? 25 mph
- 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 and Model? 2019 Kia Sorento
- 11) List all passengers below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position

- 12) Describe what happened?
Sitting at red light & was hit from behind

Insurance Company Progressive Policy # 958211169

* If you need more space continue on the back of this page.

13) Home phone: _____ Work phone: _____ Cell Phone: _____

Signature X

Jennifer R Reavis

OFFICER'S SIGNATURE <u>X</u> <u>B. James</u>	UNIT NO. <u>2</u>	PAGE NO. <u>1</u>
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