

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input 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 <b>ELICK CT</b> REPORTING AGENCY NAME* <b>NCIC*</b> Union Township Police Dept. <b>01316</b>		LOCAL REPORT NUMBER* <b>122006566</b> HIT/SKIP <b>1 - SOLVED</b> <b>01</b> <b>01</b> 98-ANIMAL NUMBER OF UNITS <b>01</b> <b>01</b> 99-UNKNOWN		
<b>COUNTY*</b> <b>13</b> <b>LOCALITY*</b> <b>1-CITY</b> <b>2-VILLAGE</b> <b>3-TOWNSHIP</b> UNION (TOWNSHIP OF)		<b>LOCATION: CITY, VILLAGE, TOWNSHIP*</b> <b>ELICK</b>		<b>CRASH DATE / TIME*</b> <b>07012022 1510</b>		
<b>REFERENCE LOCATION</b>  <b>ROUTE TYPE</b> <b>TR</b> <b>ROUTE NUMBER</b> <b>2977</b> <b>PREFIX</b> <b>1</b> <b>1-NORTH</b> <b>2-SOUTH</b> <b>3-EAST</b> <b>4-WEST</b>	<b>LOCATION ROAD NAME</b> <b>ELICK</b>		<b>ROAD TYPE</b> <b>CT</b>	<b>LATITUDE DECIMAL DEGREES</b> <b>39.087433</b>		
	<b>ROUTE TYPE</b> <b>ROUTE NUMBER</b> <b>SR</b> <b>32</b> <b>PREFIX</b> <b>1-NORTH</b> <b>2-SOUTH</b> <b>3-EAST</b> <b>4-WEST</b>		<b>REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)</b> <b>SR 32</b>	<b>ROAD TYPE</b> <b>HW</b>	<b>LONGITUDE DECIMAL DEGREES</b> <b>84.252800</b>	
<b>REFERENCE POINT</b> <b>1 - INTERSECTION</b> <b>2 - MILE POST</b> <b>3 - HOUSE #</b>		<b>DIRECTION FROM REFERENCE</b> <b>1 - NORTH</b> <b>2 - SOUTH</b> <b>3 - EAST</b> <b>4 - WEST</b>		<b>ROUTE TYPE</b> <b>IR - INTERSTATE ROUTE(TP)</b> <b>US - FEDERAL US ROUTE</b> <b>SR - STATE ROUTE</b> <b>CR - NUMBERED COUNTY ROUTE</b> <b>TR - NUMBERED TOWNSHIP ROUTE</b>		
<b>DISTANCE FROM REFERENCE</b> <b>100</b>		<b>DISTANCE UNIT OF MEASURE</b> <b>1 - MILES</b> <b>2 - FEET</b> <b>3 - YARDS</b>		<b>ROAD TYPE</b> <b>AL - ALLEY</b> <b>AV - AVENUE</b> <b>BL - BOULEVARD</b> <b>CR - CIRCLE</b> <b>CT - COURT</b> <b>DR - DRIVE</b> <b>HE - HEIGHTS</b> <b>HW - HIGHWAY</b> <b>LA - LANE</b> <b>MP - MILEPOST</b> <b>OV - OVAL</b> <b>PK - PARKWAY</b> <b>PI - PIKE</b> <b>PL - PLACE</b> <b>RD - ROAD</b> <b>ST - STREET</b> <b>TE - TERRACE</b> <b>TL - TRAIL</b> <b>WA - WAY</b>		
<b>LOCATION OF FIRST HARMFUL EVENT</b> <b>01</b> <b>1 - ON ROADWAY</b> <b>2 - ON SHOULDER</b> <b>3 - IN MEDIAN</b> <b>4 - ON ROADSIDE</b> <b>5 - ON GORE</b> <b>6 - OUTSIDE TRAFFIC WAY</b> <b>7 - ON RAMP</b> <b>8 - OFF RAMP</b> <b>9 - CROSSOVER</b> <b>10 - DRIVEWAY/ALLEY ACCESS</b> <b>11 - RAILWAY GRADE CROSSING</b> <b>12 - SHARED USE PATHS OR TRAILS</b> <b>13 - BIKE LANE</b> <b>14 - TOLL BOOTH</b> <b>99 - OTHER / UNKNOWN</b>				<b>MANNER OF CRASH COLLISION/IMPACT</b> <b>1</b> <b>1 - NOT COLLISION</b> <b>2 - BETWEEN</b> <b>3 - TWO MOTOR VEHICLES IN TRANSPORT</b> <b>4 - REAR-END</b> <b>5 - BACKING</b> <b>6 - ANGLE</b> <b>7 - SIDESWIPE, SAME DIRECTION</b> <b>8 - SIDESWIPE, OPPOSITE DIRECTION</b> <b>9 - HEAD-ON</b> <b>10 - OTHER / UNKNOWN</b>		
<input checked="" type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		<b>WORK ZONE TYPE</b> <b>1</b> <b>1 - LANE CLOSURE</b> <b>2 - LANE SHIFT/CROSSOVER</b> <b>3 - WORK ON SHOULDER OR MEDIAN</b> <b>4 - INTERMITTENT OR MOVING WORK</b> <b>5 - OTHER</b>		<b>LOCATION OF CRASH IN WORK ZONE</b> <b>3</b> <b>1 - BEFORE THE 1ST WORK ZONE</b> <b>2 - ADVANCE WARNING SIGN</b> <b>3 - TRANSITION AREA</b> <b>4 - ACTIVITY AREA</b> <b>5 - TERMINATION AREA</b>		
<b>LIGHT CONDITION</b> <b>1</b> <b>1 - DAYLIGHT</b> <b>2 - DAWN/DUSK</b> <b>3 - DARK - LIGHTED ROADWAY</b> <b>4 - DARK - ROADWAY NOT LIGHTED</b> <b>5 - DARK - UNKNOWN ROADWAY LIGHTING</b> <b>9 - OTHER / UNKNOWN</b>		<b>WEATHER</b> <b>01</b> <b>1 - CLEAR</b> <b>2 - CLOUDY</b> <b>3 - FOG, SMOG, SMOKE</b> <b>4 - RAIN</b> <b>5 - SLEET, HAIL</b> <b>6 - SNOW</b> <b>7 - SEVERE CROSSWINDS</b> <b>8 - BLOWING SAND, SOIL, DIRT, SNOW</b> <b>9 - FREEZING RAIN OR FREEZING DRIZZLE</b> <b>99 - OTHER / UNKNOWN</b>		<b>CONTOUR</b> <b>2</b> <b>1 - STRAIGHT LEVEL</b> <b>2 - STRAIGHT GRADE</b> <b>3 - CURVE LEVEL</b> <b>4 - CURVE GRADE</b> <b>5 - OTHER/UNKNOWN</b> <b>1 - DRY</b> <b>2 - WET</b> <b>3 - SNOW</b> <b>4 - ICE</b> <b>5 - SAND, MUD, DIRT, OIL, GRAVEL</b> <b>6 - WATER (STANDING, MOVING)</b> <b>7 - SLUSH</b> <b>9 - OTHER/UNKNOWN</b>		
<b>NARRATIVE</b> On the listed date and time unit 1 was traveling north on Elick Ct just north of Clepper Dr. Unit 1 was traveling through a lane closure construction area. Unit 1 struck a concrete barrier causing a crash				 Indicate the north direction with an "N" on the compass diagram.  Clepper Lane		
<b>CRASH REPORTED DATE / TIME</b> <b>07012022 1510</b>		<b>DISPATCH DATE / TIME</b> <b>07012022 1512</b>		<b>ARRIVAL DATE / TIME</b> <b>07012022 1519</b>		<b>SCENE CLEARED DATE / TIME</b> <b>07012022 1620</b>
<b>TOTAL TIME ROADWAY CLOSED</b> <b>0000</b>		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> <b>0068</b>		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)
<b>OFFICER'S NAME*</b> Koszo, Alexander		<b>OFFICER'S BADGE NUMBER*</b> 1 7		<b>CHECKED BY OFFICER'S NAME*</b> Wilson, Christopher D		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 8 6

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LOCAL REPORT NUMBER  
122006566

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 JELUS CAREY M					DATE OF BIRTH 10241969	AGE 052	GENDER M			
	ADDRESS: STREET,CITY,STATE, ZIP 1077 PAMELA RD, CINCINNATI, Ohio, 452554741					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 5	INJURED TAKEN BY JELUS CAREY M	EMS AGENCY (NAME) JELUS CAREY M	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET		SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 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 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	GENDER			
	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES JELUS CAREY M	INJURED TAKEN BY JELUS CAREY M	EMS AGENCY (NAME) JELUS CAREY M	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET		SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
	OL STATE JELUS CAREY M	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 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	GENDER				
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES JELUS CAREY M	INJURED TAKEN BY JELUS CAREY M	EMS AGENCY (NAME) JELUS CAREY M	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) MEDICAL FACILITY		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET		SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE JELUS CAREY M	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 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 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	ALCOHOL 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	DRUG TEST RESULT(S)											
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	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											