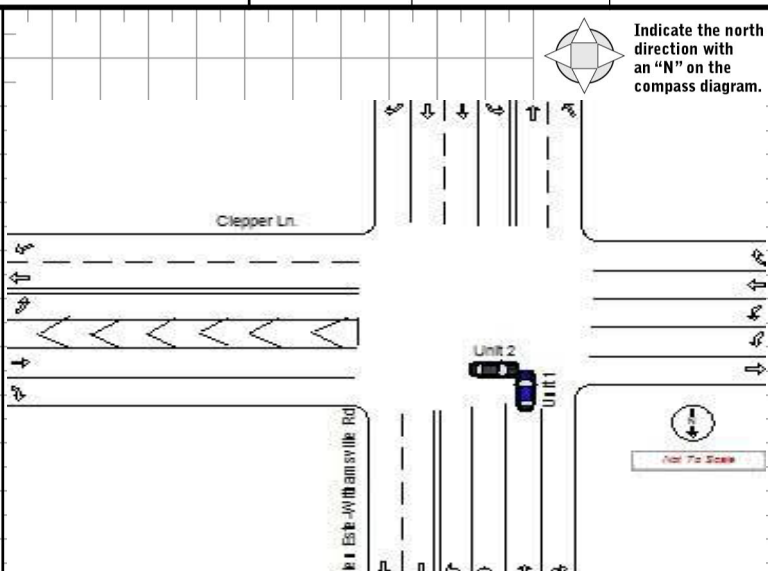


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |   |   |  |  |   |  |   |  |
|---|--|---|---|--|--|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY  | <input checked="" type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER  |  | LOCAL INFORMATION<br>GLENESTE @ CLEPPER  |   | 122006800  |   |  |
| REPORTING AGENCY NAME*<br>Union Township Police Dept.   |  | NCIC*<br>01316  |   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>02   |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN  |  |
| COUNTY*<br>13   | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3                  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>UNION (TOWNSHIP OF)   |   | CRASH DATE / TIME*<br>07082022 1202  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROUTE NUMBER<br>2  | LOCATION ROAD NAME<br>GLENESTE-WITHAMSVILLE   |   | ROAD TYPE<br>RD  | LATITUDE DECIMAL DEGREES<br>39.092504  |   |  |   |  |
| ROUTE TYPE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | ROUTE NUMBER<br>2  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>CLEPPER  |   | ROAD TYPE<br>LA  | LONGITUDE DECIMAL DEGREES<br>-84.263530  |   |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |   |  |   |  |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS             |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |   |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br>01               |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>6   |   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                              |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE             |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN  | CONDITIONS<br>2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                        | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |   |  |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                   |  | WEATHER<br>04<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |   |  |  |   |  |   |  |
| NARRATIVE<br>Unit#1 was traveling South on Gleneste-Withamsville Rd. Unit#2 was traveling West on Clepper Rd. Unit#1 ran a red signal and struck Unit#2 causing disabling damage and possible injury. |  |   |   |                |  |   |  |   |  |
| CRASH REPORTED DATE / TIME<br>07082022 1202   |  | DISPATCH DATE / TIME<br>07082022 1204   |   | ARRIVAL DATE / TIME<br>07082022 1215   |  | SCENE CLEARED DATE / TIME<br>07082022 1302  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br>0000   | OTHER INVESTIGATION TIME   | TOTAL MINUTES<br>0058   | OFFICER'S NAME*<br>Puckett, Keith   |  | CHECKED BY OFFICER'S NAME*<br>JASPER, GREGORY C  |   | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)  |   |  |
|   |  | OFFICER'S BADGE NUMBER*<br>3 7  |   | CHECKED BY OFFICER'S BADGE NUMBER*<br>8 2  |  |   |  |   |  |

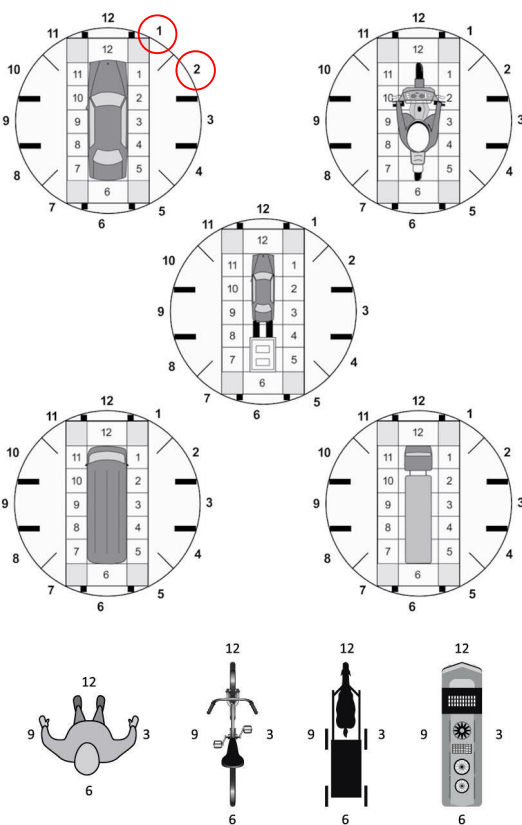
[illegible]

|   |  |
|---|--|
| <p align="center"><b>DAMAGE SCALE</b></p> <p>1 - NONE                      3 - FUNCTIONAL DAMAGE</p> <p>2 - MINOR DAMAGE        4 - DISABLING DAMAGE</p> <p>9 - UNKNOWN</p>   |  |
| <p align="center"><b>DAMAGED AREA(S)</b></p> <p align="center">INDICATE ALL THAT APPLY</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;"> </div> <div style="width: 50%;">  &lt;/</div></div> |  |



122006800

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| OWNER  | UNIT #<br><b>02</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>DOTSON RICHARD E</b> |   | OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br>_____ |   |
|  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>1 COLONEL WATSON NEW RICHMOND OHIO 45157</b>  |  |   |  |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>_____   |   |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>_____              |  |   |
| VEHICLE  | LP STATE<br><b>OH</b>   | LICENSE PLATE #<br><b>HJJ4242</b>  | VEHICLE IDENTIFICATION #<br><b>WB1A141C191C15161G114101610161</b> |  | VEHICLE YEAR<br><b>2016</b>   |
|  | <input checked="" type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY<br><b>WESTFIELD INSURANCE</b>  | INSURANCE POLICY #<br><b>WNE5778709</b>                           |  | COLOR<br><b>SIL</b>   |
|  | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE   |  | US DOT #<br>_____   |  | VEHICLE MODEL<br><b>435i</b>  |
|  | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT   |  | #OCCUPANTS<br><b>01</b>   |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
|  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   |  | TOWED BY: COMPANY NAME<br><b>Grays TOWING</b>                     |  |   |
|  | CLASS # PLACARD ID #<br>_____   |  |   |  |   |
|  | UNIT TYPE<br><b>01</b><br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN / SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP  |  |   |  |   |
|  | # OF TRAILING UNITS<br>_____  |  |   |  |   |
|  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br><b>0</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |  |   |  |   |
|  | SPECIAL FUNCTION<br><b>01</b><br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS - TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |  |   |  |   |
| CARGO BODY TYPE<br><b>01</b><br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |   |  |   |  |   |
| VEHICLE DEFECTS<br><b>00</b><br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN   |   |  |   |  |   |
| EVENT(S)   | NON-MOTORIST LOCATION AT IMPACT<br><b>00</b><br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE - OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER / ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |  |   |  |   |
|  | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTIONS<br><b>01</b><br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                 |  |   |  |   |
|  | CONTRIBUTING CIRCUMSTANCES<br><b>01</b><br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE / ACDA<br>9 - IMPROPER LANE CHANGE<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/FALLING/ SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |   |  |   |
|  | SEQUENCE OF EVENTS<br><b>20</b><br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |  |   |  |   |
|  | COLLISION WITH FIXED OBJECT - STRUCK<br><b>1</b><br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT / LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |   |  |   |
|  | FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>  |  |   |  |   |

|  |   |
|--|---|
| DAMAGE   |   |
| DAMAGE SCALE<br><b>4</b> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|    |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>01</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN  |   |
| TRAFFIC  |   |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY<br>2 - TWO-WAY   | TRAFFIC CONTROL<br><b>2</b> 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>4</b>   | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>15</b>  | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br><b>40</b>  |   |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
122006800

|   |   |  |                           |   |  |                                   |  |  |  |  |              |  |  |
|---|---|--|---------------------------|---|--|-----------------------------------|--|--|--|--|--------------|--|--|
| MOTORIST / NON-MOTORIST                       | UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>TENHUNDFELD EMMA JASMINE                                  |                           |   |  | DATE OF BIRTH<br>09222004         |  |  |  | AGE<br>017   | GENDER<br>F  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP<br>52 HUMMINGBIRD WAY, AMELIA, Ohio, 45102            |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE |  |  |  |  |              |  |  |
|   | INJURIES<br>5   | INJURED TAKEN BY   | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>04       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>4                     | EJECTION<br>1  | TRAPPED<br>1 |  |  |
|   | OL STATE<br>**  | OPERATOR LICENSE NUMBER<br>*****   |                           | OFFENSE CHARGED<br>4511.13                      | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION               |  |  | CITATION NUMBER<br>0131637070820221230 |  |              |  |  |
| OL CLASS                                      | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3   |                           | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 .   |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1                             |              |  |  |
| MOTORIST / NON-MOTORIST                       | UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>DOTSON SALLY ANNE   |                           |   |  | DATE OF BIRTH<br>09011964         |  |  |  | AGE<br>057   | GENDER<br>F  |  |  |
|   | ADDRESS: STREET, CITY, STATE, ZIP<br>7 COLONEL WATSON DR, NEW RICHMOND, Ohio, 451579002 |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE |  |  |  |  |              |  |  |
|   | INJURIES<br>4   | INJURED TAKEN BY<br>1  | EMS AGENCY (NAME)<br>UTFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>04       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>1                     | EJECTION<br>1  | TRAPPED<br>1 |  |  |
|   | OL STATE<br>**  | OPERATOR LICENSE NUMBER<br>*****   |                           | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION               |  |  | CITATION NUMBER                        |  |              |  |  |
| OL CLASS                                      | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3   |                           | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 .   |  | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1                             |              |  |  |
| MOTORIST / NON-MOTORIST                       | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                           |   |  | DATE OF BIRTH                     |  |  |  | AGE<br>000   | GENDER       |  |  |
|   | 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             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION   | AIR BAG USAGE                          | EJECTION   | TRAPPED      |  |  |
|   | OL STATE  | OPERATOR LICENSE NUMBER  |                           | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION               |  |  | CITATION NUMBER                        |  |              |  |  |
| OL CLASS                                      | ENDORSEMENT<br>SELECT UP TO 2   | RESTRICTION SELECT UP TO 3   |                           | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE  |  | DRUG TEST(S)<br>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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |              | 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE  |              | 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 - 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  |              | ALCOHOL TEST TYPE                              |  |
| 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   |              | 1 - NONE                                       |  |
| 2 - EMS                                       |   | 8 - THIRD - MIDDLE   |                           | 1 - NOT EJECTED                                 |  | H - HAZMAT                        |  | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |              | 2 - BLOOD                                      |  |
| 3 - POLICE                                    |   | 9 - THIRD - RIGHT SIDE   |                           | 2 - PARTIALLY EJECTED                           |  | M - MOTORCYCLE                    |  | 9 - LEARNER'S PERMIT RESTRICTIONS  |  | 9 - OTHER / UNKNOWN  |              | 3 - URINE                                      |  |
| 9 - OTHER / UNKNOWN                           |   | 10 - SLEEPER SECTION OF TRUCK CAB  |                           | 3 - TOTALLY EJECTED                             |  | P - PASSENGER                     |  | 10 - LIMITED TO DAYLIGHT ONLY  |  | CONDITION  |              | 4 - BREATH                                     |  |
| SAFETY EQUIPMENT                              |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                           | 4 - NOT APPLICABLE                              |  | N - TANKER                        |  | 11 - LIMITED TO EMPLOYMENT   |  | 1 - APPARENTLY NORMAL  |              | 5 - OTHER                                      |  |
| 1 - NONE USED                                 |   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                           | TRAPPED   |  | Q - MOTOR SCOOTER                 |  | 12 - LIMITED - OTHER   |  | 2 - PHYSICAL IMPAIRMENT  |              | DRUG TEST TYPE                                 |  |
| 2 - SHOULDER BELT ONLY USED                   |   | 13 - TRAILING UNIT   |                           | 1 - NOT TRAPPED                                 |  | R - THREE-WHEEL MOTORCYCLE        |  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |              | 1 - NONE                                       |  |
| 3 - LAP BELT ONLY USED                        |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                           | 2 - EXTRICATED BY MECHANICAL MEANS              |  | S - SCHOOL BUS                    |  | 14 - MILITARY VEHICLES ONLY  |  | 4 - ILLNESS  |              | 2 - BLOOD                                      |  |
| 4 - SHOULDER & LAP BELT USED                  |   | 15 - NON-MOTORIST  |                           | 3 - FREED BY NON-MECHANICAL MEANS               |  | T - DOUBLE & TRIPLE TRAILERS      |  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |              | 3 - URINE                                      |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |   | 99 - OTHER / UNKNOWN   |                           |   |  | X - TANKER / HAZMAT               |  | 16 - OUTSIDE MIRROR  |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |              | 4 - OTHER                                      |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |   |  |                           |   |  |                                   |  | 17 - PROSTHETIC AID  |  | 9 - OTHER / UNKNOWN  |              | DRUG TEST RESULT(S)                            |  |
| 7 - BOOSTER SEAT                              |   |  |                           |   |  |                                   |  | 18 - OTHER   |  |  |              | 1 - AMPHETAMINES                               |  |
| 8 - HELMET USED                               |   |  |                           |   |  |                                   |  |  |  |  |              | 2 - BARBITURATES                               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |   |  |                           |   |  |                                   |  |  |  |  |              | 3 - BENZODIAZEPINES                            |  |
| 10 - REFLECTIVE CLOTHING                      |   |  |                           |   |  |                                   |  |  |  |  |              | 4 - CANNABINOIDS                               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |   |  |                           |   |  |                                   |  |  |  |  |              | 5 - COCAINE                                    |  |
| 99 - OTHER / UNKNOWN                          |   |  |                           |   |  |                                   |  |  |  |  |              | 6 - OPIATES / OPIOIDS                          |  |
|   |   |  |                           |   |  |                                   |  |  |  |  |              | 7 - OTHER                                      |  |
|   |   |  |                           |   |  |                                   |  |  |  |  |              | 8 - NEGATIVE RESULTS                           |  |





# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122006800

Traffic Crash/Injury

7/11/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|   |  |  |
|---|--|--|
| LOCAL<br>REPORT<br>NUMBER<br><u>22-6800</u> | REPORTING<br>AGENCY<br><u>Union Township Police Department</u> | DATE OF CRASH<br><u>M 07 D 08 Y 2022</u> |
| IN COUNTY OF<br><u>Clermont</u>             | CRASH LOCATION<br><u>GREENSTE @ CUPPER</u>                     |  |

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

I, emma tenhundfeld Hereby make this voluntary statement to PO Furr At Accident Scene

- 1) What time did the accident happen? 12:15
- 2) What road were you traveling on? Green este withamsville rd
- 3) What direction were you traveling? south
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 35
- 6) What is the speed limit? 40
- 7) Is there anything you could have done to avoid the accident? yes
- 8) Is the address on your license correct? YES or NO If no, please list the correct address below.  
4287 wuebold ln
- 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 2006 hyundai accent
- 11) List all the occupants below:

| Name                        | Address (street, city, zip) | Seating Position |
|-----------------------------|-----------------------------|------------------|
| <del>emma tenhundfeld</del> | <del>4287 wuebold ln</del>  |                  |
|                             |                             |                  |
|                             |                             |                  |
|                             |                             |                  |
|                             |                             |                  |
|                             |                             |                  |

12) Describe what happened?

I was driving & I ran a red light. I wasn't on my phone

Insurance Company esurance

Policy# Pa0H9451389

Signature X

emma tenhundfeld

OFFICER'S SIGNATURE

X

PO Furr

UNIT NO.

37

PAGE NO.