

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 GLENESTE @ CLEPPER		LOCAL REPORT NUMBER* 122006800		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input 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* 07082022 1202	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME GLENESTE-WITHAMSVILLE	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.092504	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) CLEPPER	ROAD TYPE LA	LONGITUDE DECIMAL DEGREES -84.263530		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			NUMBER OF APPROACHES		
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 6 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 - REAR-END 10 - HEAD-ON 11 - 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 2	SURFACE 2		
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 04 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<p>NARRATIVE</p> <p>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.</p> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right; margin-top: 10px;"> 1 2 3 4 5 6 7 8 9 </div> <div style="text-align: right;								

OWNER

VEHICLE

EVENT(s)

UNIT #

01

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

TENHUNDFELD STEPHANIE H

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

3878 WITHAM WOODS DR CINCINNATI OHIO 45245

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

O H

LICENSE PLATE #

JLJ3119

VEHICLE IDENTIFICATION #

K M H C N 4 6 C 6 8 U 2 2 7 9 1 3

VEHICLE YEAR

2008

VEHICLE MAKE

Hyundai

INSURANCE VERIFIED

X

INSURANCE COMPANY

ESURANCE

INSURANCE POLICY #

P90H9451389

COLOR

BLU

VEHICLE MODEL

Accent

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

US DOT #

120008

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 #

</p

OWNER

VEHICLE

EVENT(s)

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
2 1 4 - JACKKNIFE
5 - CARGO/EQUIPMENT LOSS OR SHIFT

3 1 4 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
5 1 27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
6 1 29 - BRIDGE RAIL
30 - GUARDRAIL FACE

1 1 1 - FIRST HARMFUL EVENT

1 1 1 - MOST HARMFUL EVENT

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)

1 COLONEL WATSON NEW RICHMOND OHIO 45157

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # HJJ4242 VEHICLE IDENTIFICATION # W B A 4 C 1 9 C 5 6 G G 1 4 0 6 0 6 VEHICLE YEAR 12 0 1 6 VEHICLE MAKE BMW

INSURANCE VERIFIED INSURANCE COMPANY WESTFIELD INSURANCE INSURANCE POLICY # WNE 5778709 COLOR SIL VEHICLE MODEL 435i

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME <u>Grays TOWING</u>
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>01</u>	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

1 - PASSENGER CAR <u>01</u> 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 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 ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS <u>0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER/ UNKNOWN	AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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SPECIAL FUNCTION <u>01</u> 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 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	21 - MAIL CARRIER 99 - OTHER/ UNKNOWN
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CARGO BODY TYPE <u>01</u> 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
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VEHICLE DEFECTS <u>00</u> 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	99 - OTHER/ UNKNOWN
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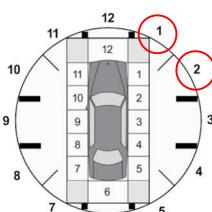
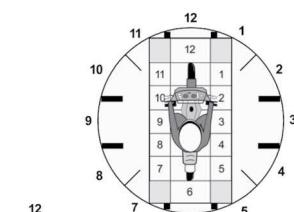
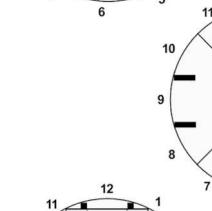
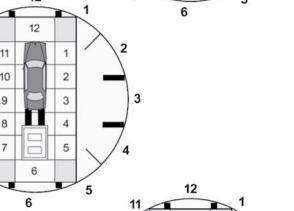
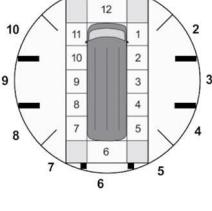
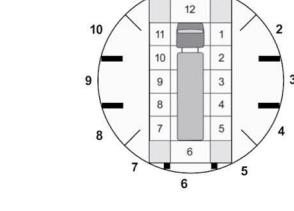
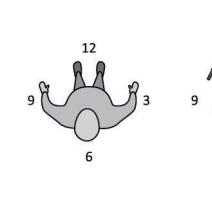
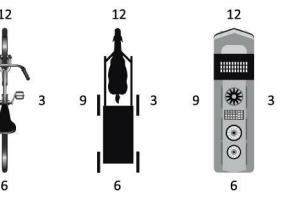
NON-MOTORIST LOCATION AT IMPACT <u>00</u> 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/ UNKNOWN
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ACTION <u>4</u> 1 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/ UNKNOWN		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 7 - MAKING STRAIGHT AHEAD 8 - BACKING 9 - CHANGING LANES 10 - OVERTAKING/PASSING 11 - MAKING RIGHT TURN 12 - MAKING U-TURN 13 - ENTERING TRAFFIC LANE 14 - LEAVING TRAFFIC LANE 15 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - DRIVING UNTIL 18 - ENTERING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - PARKED 21 - SLOWING OR STOPPED IN TRAFFIC 22 - DRIVING UNTIL	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORKING 23 - PUSHING VEHICLE
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CONTRIBUTING CIRCUMSTANCES <u>01</u> 1 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		2 - 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 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS		EVENTS	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
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COLLISION WITH FIXED OBJECT - STRUCK <u>4</u> 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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/ UNKNOWN
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DAMAGE		
DAMAGE SCALE		
<u>4</u>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY		
       		
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]		

INITIAL POINT OF CONTACT		
<u>01</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED <u>15</u>	DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	<u>1</u>
POSTED SPEED <u>40</u>	

LOCAL REPORT NUMBER
122006800

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	TENHUNDFELD EMMA JASMINE					09222004	017	F		
ADDRESS: STREET,CITY,STATE, ZIP	52 HUMMINGBIRD WAY, AMELIA, Ohio, 45102					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	
5					04		01	4	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**			4511.13					0131637070820221230			
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UPTO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	DOTSON SALLY ANNE					09011964	057	F			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
7 COLONEL WATSON DR, NEW RICHMOND, Ohio, 451579002											
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	
4	1	UTFD			04		01	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**											
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UPTO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						000					
ADDRESS: STREET,CITY,STATE, ZIP						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 UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULT SELECT UPTO 4
INJURIES	SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION		TEST STATUS		
1 - FATAL	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)		10 - SLEEPER SECTION OF TRUCK CAB		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD		
2 - EMS	8 - THIRD - MIDDLE		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - OTHER / UNKNOWN		3 - URINE		
3 - POLICE	9 - THIRD - RIGHT SIDE		12 - PASSENGER IN UNENCLOSED CARGO AREA		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN		4 - BREATH		
9 - OTHER / UNKNOWN	13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER / UNKNOWN	10 - OTHER / UNKNOWN		5 - OTHER		
SAFETY EQUIPMENT	15 - NON-MOTORIST		15 - NON-MOTORIST		11 - LIMITED TO EMPLOYMENT	11 - OTHER / UNKNOWN	11 - OTHER / UNKNOWN		ALCOHOL TEST TYPE		
1 - NONE USED	16 - HELMET USED		16 - HELMET USED		12 - LIMITED - OTHER	12 - OTHER / UNKNOWN	12 - OTHER / UNKNOWN		1 - NONE		
2 - SHOULDER BELT ONLY USED	17 - BOOSTER SEAT		17 - BOOSTER SEAT		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		2 - BLOOD		
3 - LAP BELT ONLY USED	18 - HELMET USED		18 - HELMET USED		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY		3 - URINE		
4 - SHOULDER & LAP BELT USED	19 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		19 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - OTHER		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	20 - REFLECTIVE CLOTHING		20 - REFLECTIVE CLOTHING		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR		DRUG TEST TYPE		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	21 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		21 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID		1 - AMPHETAMINES		
7 - BOOSTER SEAT	22 - HELMET USED		22 - HELMET USED		18 - OTHER	18 - OTHER	18 - OTHER		2 - BARBITURATES		
8 - HELMET USED	23 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		23 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		CONDITION	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL		3 - BENZODIAZEPINES		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	24 - REFLECTIVE CLOTHING		24 - REFLECTIVE CLOTHING		2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT		4 - CANNABINOID		
10 - REFLECTIVE CLOTHING	25 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		25 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		5 - COCAINE		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	26 - HELMET USED		26 - HELMET USED		4 - ILLNESS	4 - ILLNESS	4 - ILLNESS		6 - OPIATES / OPIOIDS		
12 - HELMET USED	27 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		27 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		7 - OTHER		
13 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	28 - REFLECTIVE CLOTHING		28 - REFLECTIVE CLOTHING		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		8 - NEGATIVE RESULTS		
14 - REFLECTIVE CLOTHING	29 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		29 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN				
15 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	30 - HELMET USED		30 - HELMET USED								
16 - HELMET USED	31 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		31 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								
17 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	32 - REFLECTIVE CLOTHING		32 - REFLECTIVE CLOTHING								
18 - REFLECTIVE CLOTHING	33 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		33 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
19 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	34 - HELMET USED		34 - HELMET USED								
20 - HELMET USED	35 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		35 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								
21 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	36 - REFLECTIVE CLOTHING		36 - REFLECTIVE CLOTHING								
22 - REFLECTIVE CLOTHING	37 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		37 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
23 - HELMET USED	38 - HELMET USED		38 - HELMET USED								
24 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	39 - REFLECTIVE CLOTHING		39 - REFLECTIVE CLOTHING								
25 - REFLECTIVE CLOTHING	40 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		40 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
26 - HELMET USED	41 - HELMET USED		41 - HELMET USED								
27 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	42 - REFLECTIVE CLOTHING		42 - REFLECTIVE CLOTHING								
28 - REFLECTIVE CLOTHING	43 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		43 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
29 - HELMET USED	44 - HELMET USED		44 - HELMET USED								
30 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	45 - REFLECTIVE CLOTHING		45 - REFLECTIVE CLOTHING								
31 - REFLECTIVE CLOTHING	46 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		46 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
32 - HELMET USED	47 - HELMET USED		47 - HELMET USED								
33 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	48 - REFLECTIVE CLOTHING		48 - REFLECTIVE CLOTHING								
34 - REFLECTIVE CLOTHING	49 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		49 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
35 - HELMET USED	50 - HELMET USED		50 - HELMET USED								
36 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	51 - REFLECTIVE CLOTHING		51 - REFLECTIVE CLOTHING								
37 - REFLECTIVE CLOTHING	52 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		52 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
38 - HELMET USED	53 - HELMET USED		53 - HELMET USED								
39 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	54 - REFLECTIVE CLOTHING		54 - REFLECTIVE CLOTHING								
40 - REFLECTIVE CLOTHING	55 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		55 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
41 - HELMET USED	56 - HELMET USED		56 - HELMET USED								
42 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	57 - REFLECTIVE CLOTHING		57 - REFLECTIVE CLOTHING								
43 - REFLECTIVE CLOTHING	58 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		58 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
44 - HELMET USED	59 - HELMET USED		59 - HELMET USED								
45 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	60 - REFLECTIVE CLOTHING		60 - REFLECTIVE CLOTHING								
46 - REFLECTIVE CLOTHING	61 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		61 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
47 - HELMET USED	62 - HELMET USED		62 - HELMET USED								
48 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	63 - REFLECTIVE CLOTHING		63 - REFLECTIVE CLOTHING								
49 - REFLECTIVE CLOTHING	64 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		64 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
50 - HELMET USED	65 - HELMET USED		65 - HELMET USED								
51 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	66 - REFLECTIVE CLOTHING		66 - REFLECTIVE CLOTHING								
52 - REFLECTIVE CLOTHING	67 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		67 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
53 - HELMET USED	68 - HELMET USED		68 - HELMET USED								
54 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	69 - REFLECTIVE CLOTHING		69 - REFLECTIVE CLOTHING								
55 - REFLECTIVE CLOTHING	70 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		70 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
56 - HELMET USED	71 - HELMET USED		71 - HELMET USED								
57 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	72 - REFLECTIVE CLOTHING		72 - REFLECTIVE CLOTHING								
58 - REFLECTIVE CLOTHING	73 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		73 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
59 - HELMET USED	74 - HELMET USED		74 - HELMET USED								
60 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	75 - REFLECTIVE CLOTHING		75 - REFLECTIVE CLOTHING								
61 - REFLECTIVE CLOTHING	76 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		76 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
62 - HELMET USED	77 - HELMET USED		77 - HELMET USED								
63 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	78 - REFLECTIVE CLOTHING		78 - REFLECTIVE CLOTHING								
64 - REFLECTIVE CLOTHING	79 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		79 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
65 - HELMET USED	80 - HELMET USED		80 - HELMET USED								
66 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	81 - REFLECTIVE CLOTHING		81 - REFLECTIVE CLOTHING								
67 - REFLECTIVE CLOTHING	82 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		82 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
68 - HELMET USED	83 - HELMET USED		83 - HELMET USED								
69 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	84 - REFLECTIVE CLOTHING		84 - REFLECTIVE CLOTHING								
70 - REFLECTIVE CLOTHING	85 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		85 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
71 - HELMET USED	86 - HELMET USED		86 - HELMET USED								
72 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	87 - REFLECTIVE CLOTHING		87 - REFLECTIVE CLOTHING								
73 - REFLECTIVE CLOTHING	88 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		88 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
74 - HELMET USED	89 - HELMET USED		89 - HELMET USED								
75 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	90 - REFLECTIVE CLOTHING		90 - REFLECTIVE CLOTHING								
76 - REFLECTIVE CLOTHING	91 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		91 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
77 - HELMET USED	92 - HELMET USED		92 - HELMET USED								
78 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	93 - REFLECTIVE CLOTHING		93 - REFLECTIVE CLOTHING								
79 - REFLECTIVE CLOTHING	94 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		94 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
80 - HELMET USED	95 - HELMET USED		95 - HELMET USED								
81 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	96 - REFLECTIVE CLOTHING		96 - REFLECTIVE CLOTHING								
82 - REFLECTIVE CLOTHING	97 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		97 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
83 - HELMET USED	98 - HELMET USED		98 - HELMET USED								
84 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	99 - REFLECTIVE CLOTHING		99 - REFLECTIVE CLOTHING								
85 - REFLECTIVE CLOTHING	100 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		100 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
86 - HELMET USED	101 - HELMET USED		101 - HELMET USED								
87 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	102 - REFLECTIVE CLOTHING		102 - REFLECTIVE CLOTHING								
88 - REFLECTIVE CLOTHING	103 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		103 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								
89 - HELMET USED	104 - HELMET USED		104 - HELMET USED								
90 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	105 - REFLECTIVE CLOTHING		105 - REFLECTIVE CLOTHING								
91 - REFLECTIVE CLOTHING	106 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		106 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								

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 REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-6800	Union Township Police Department	M 7 8 Y22
IN COUNTY OF Clermont	CRASH LOCATION	GLENWISTEA CLIPPER

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

I, Sally Dotson hereby make this voluntary statement to Poplett At Accident Scene

- 1) What time did the accident happen? 12:10
- 2) What road were you traveling on? Clepper
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: my ankle (rt) hurts
- 5) What was your speed before the crash? 15-20 estimate
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? No
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.

9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

10) Vehicle Year / Make/ Model BMW 425i 2016

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

my light turned green proceeded forward her car came thru red light I boned me. She didnt stop at all while flying through the red light

Insurance Company Westfield Policy# WNE 5778709

Signature X

Sally Dotson

OFFICER'S SIGNATURE	X	UNIT NO.	PAGE NO.
	<u>D. Dunn</u>	77	

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 REPORT NUMBER <u>22-6800</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M07 D08 Y2022</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>GLEN ESTE & CLERMONT</u>	

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

I, Emma Tenhundfeld P. B. F. Hereby make this voluntary statement to At Accident Scene

- 1) What time did the accident happen? 12:15
- 2) What road were you traveling on? GLEN ESTE & WINTHAMSVILLE 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.
4289 WOODBOLD 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
<u>Emma Tenhundfeld</u>	<u>4289 WOODBOLD LN</u>	

- 12) Describe what happened?

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

Insurance Company esurance

Policy# PaoH9451389

Signature X

Emma Tenhundfeld



OFFICER'S SIGNATURE
X M. B.

UNIT NO.
37

PAGE NO.