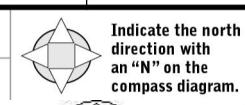


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION OLD SR 74/CINCINNATI BATAVIA PIKE REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316				LOCAL REPORT NUMBER* 122006595							
COUNTY* 13 LOCALITY* 1-CITY 3 LOCATION: CITY, VILLAGE, TOWNSHIP* 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				CRASH DATE / TIME* 07022022 1246				CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY							
REFERENCE LOCATION CR 0171	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES							
	CR 0055	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES						
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 CR - CIRCLE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH 4 <input 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							
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 TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - CROSSOVER 11 - DRIVEWAY/ALLEY ACCESS 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - 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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2		CONDITIONS 1		SURFACE 2					
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 02 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		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		
NARRATIVE <p>Unit 2 was traveling WB on Old SR 74. Unit 1 was traveling EB on Old SR 74 and when at Gleneste-Withamsville Rd. attempted to make a left turn. In doing so, Unit 1 crossed over the lane of and was struck by Unit 2.</p>												 Not To Scale Cincinnati-Batavia Pk			
CRASH REPORTED DATE / TIME 07022022 1246		DISPATCH DATE / TIME 07022022 1248		ARRIVAL DATE / TIME 07022022 1249		SCENE CLEARED DATE / TIME 07022022 1430		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0102		OFFICER'S NAME* Williams, Richard		CHECKED BY OFFICER'S NAME* Wagner, Richard J							
						OFFICER'S BADGE NUMBER* 4 1		CHECKED BY OFFICER'S BADGE NUMBER* 7 9							
												SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			

OWNER

VEHICLE

EVENT(s)

SEQUENCE OF EVENTS

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

2 1 - IMPACT ATTENUATOR / CRASH CUSHION
2 - BRIDGE OVERHEAD STRUCTURE
3 - BRIDGE PIER OR ABUTMENT
4 - BRIDGE PARAPET
5 - BRIDGE RAIL
6 - GUARDRAIL FACE

3 1 - FIRST HARMFUL EVENT
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)
18 MEADOWS DR 26 MILFORD, Ohio, 45150
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE **O H** **LICENSE PLATE #** **JSK9694** **VEHICLE IDENTIFICATION #** **3VW1K7AJ3CM337064** **VEHICLE YEAR** **2012** **VEHICLE MAKE** **Volkswagen**

INSURANCE VERIFIED **INSURANCE COMPANY** **INSURANCE POLICY #** **BLK** **COLOR** **Jetta** **VEHICLE MODEL**

TYPE OF USE **COMMERCIAL** **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR**
INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** **01** **1 - ≤10K LBS.**
2 - 10,001 - 26K LBS.
3 - >26K LBS. **TOWED BY:** COMPANY NAME
HAZARDOUS MATERIAL **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**
PLACARD

UNIT TYPE **01** **1 - PASSENGER CAR** **7 - MOTORCYCLE 2-WHEELED** **12 - GOLF CART** **18 - LIMO (LIVERY VEHICLE)** **23 - PEDESTRIAN / SKATER**
2 - PASSENGER VAN (MINIVAN) **8 - MOTORCYCLE 3-WHEELED** **13 - SNOWMOBILE** **19 - BUS (16+ PASSENGERS)** **24 - WHEELCHAIR (ANY TYPE)**
3 - SPORT UTILITY VEHICLE **9 - AUTOCYCLE** **14 - SINGLE UNIT TRUCK** **20 - OTHER VEHICLE** **25 - OTHER NON-MOTORIST**
4 - PICK UP **10 - MOPED OR MOTORIZED** **15 - SEMI-TRACTOR** **21 - HEAVY EQUIPMENT** **26 - BICYCLE**
5 - CARGO VAN **BICYCLE** **16 - FARM EQUIPMENT** **22 - ANIMAL WITH RIDER OR** **27 - TRAIN**
6 - VAN (9-15 SEATS) **11 - ALL TERRAIN VEHICLE (ATV/ UTV)** **17 - MOTORHOME** **ANIMAL-DRAWN VEHICLE** **99 - UNKNOWN OR HIT/SKIP**

OF TRAILING UNITS **0** **WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** **2** **0 - NO AUTOMATION** **3 - CONDITIONAL AUTOMATION** **9 - UNKNOWN**
1 - YES **2 - NO** **9 - OTHER / UNKNOWN** **AUTONOMOUS MODE LEVEL** **0** **1 - DRIVER ASSISTANCE** **4 - HIGH AUTOMATION**
2 - PARTIAL AUTOMATION **5 - FULL AUTOMATION**

01 **SPECIAL FUNCTION** **1 - NONE** **6 - BUS - CHARTER/TOUR** **11 - FIRE** **16 - FARM** **21 - MAIL CARRIER**
2 - TAXI **7 - BUS - INTERCITY** **12 - MILITARY** **17 - MOWING** **99 - OTHER / UNKNOWN**
3 - ELECTRONIC RIDE SHARING **8 - BUS - SHUTTLE** **13 - POLICE** **18 - SNOW REMOVAL**
4 - SCHOOL TRANSPORT **9 - BUS - OTHER** **14 - PUBLIC UTILITY** **19 - TOWING**
5 - BUS - TRANSIT/COMMUTER **10 - AMBULANCE** **15 - CONSTRUCTION EQUIPMENT** **20 - SAFETY SERVICE PATROL**

01 **CARGO BODY TYPE** **1 - NO CARGO BODY TYPE / NOT APPLICABLE** **3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE** **5 - INTERMODAL CONTAINER CHASSIS** **8 - POLE** **12 - CONCRETE MIXER**
2 - BUS **4 - LOGGING** **6 - CARGO VAN/ENCLOSED BOX** **9 - CARGO TANK** **13 - AUTO TRANSPORTER**
7 - GRAIN/CHIPS/GRAVEL **10 - FLAT BED** **11 - DUMP** **14 - GARBAGE/REFUSE**
15 - CONSTRUCTION EQUIPMENT **16 - FARM** **17 - MAIL CARRIER** **99 - OTHER / UNKNOWN**

00 **VEHICLE DEFECTS** **1 - TURN SIGNALS** **4 - BRAKES** **7 - WORN OR SLICK TIRES** **9 - MOTOR TROUBLE** **99 - OTHER / UNKNOWN**
2 - HEAD LAMPS **5 - STEERING** **8 - TRAILER EQUIPMENT DEFECTIVE** **10 - DISABLED FROM PRIOR ACCIDENT**
3 - TAIL LAMPS **6 - TIRE BLOWOUT**

00 **NON-MOTORIST LOCATION AT IMPACT** **1 - INTERSECTION - MARKED CROSSWALK** **3 - INTERSECTION - OTHER** **6 - BICYCLE LANE** **9 - MEDIAN/CROSSING ISLAND** **12 - FIRST RESPONDER AT INCIDENT SCENE**
2 - INTERSECTION - UNMARKED CROSSWALK **4 - MIDBLOCK - MARKED** **7 - SHOULDER / ROADSIDE** **10 - DRIVEWAY ACCESS** **11 - SHARED USE PATHS OR TRAILS** **99 - OTHER / UNKNOWN**

3 **ACTION** **1 - NON-CONTACT** **1 - STRIKING** **01** **3 - STRIKING LANES** **4 - OVERTAKING/PASSING** **5 - MAKING RIGHT TURN & STRUCK** **6 - MAKING LEFT TURN** **7 - MAKING STRAIGHT AHEAD** **8 - BACKING** **9 - CHANGING LANES** **10 - PARKED** **11 - SLOWING OR STOPPED IN TRAFFIC** **12 - DRIVING U-TURN** **13 - ENTERING TRAFFIC LANE** **14 - ENTERING OR CROSSING SPECIFIED LOCATION** **15 - LEAVING TRAFFIC LANE** **16 - NEUTRAL POSITION** **17 - NEGOTIATING A CURVE** **18 - APPROACHING OR LEAVING VEHICLE**
19 - LEAVING TRAFFIC LANE **20 - OTHER NON-MOTORIST** **21 - PARKED OUTSIDE DISABLED VEHICLE** **22 - PARKED IN ROADWAY** **23 - PARKED IN ROADWAY** **24 - PARKED IN ROADWAY** **25 - PARKED IN ROADWAY** **26 - PARKED IN ROADWAY** **27 - PARKED IN ROADWAY** **28 - PARKED IN ROADWAY** **29 - PARKED IN ROADWAY** **30 - PARKED IN ROADWAY** **31 - PARKED IN ROADWAY** **32 - PARKED IN ROADWAY** **33 - PARKED IN ROADWAY** **34 - PARKED IN ROADWAY** **35 - PARKED IN ROADWAY** **36 - PARKED IN ROADWAY** **37 - PARKED IN ROADWAY** **38 - PARKED IN ROADWAY** **39 - PARKED IN ROADWAY** **40 - PARKED IN ROADWAY** **41 - PARKED IN ROADWAY** **42 - PARKED IN ROADWAY** **43 - PARKED IN ROADWAY** **44 - PARKED IN ROADWAY** **45 - PARKED IN ROADWAY** **46 - PARKED IN ROADWAY** **47 - PARKED IN ROADWAY** **48 - PARKED IN ROADWAY** **49 - PARKED IN ROADWAY**

01 **CONTRIBUTING CIRCUMSTANCES** **1 - NONE** **2 - FAILURE TO YIELD** **3 - RAN RED LIGHT** **4 - RAN STOP SIGN** **5 - UNSAFE SPEED** **6 - IMPROPER TURN** **7 - LEFT OF CENTER** **8 - FOLLOWING TOO CLOSE / ACDA** **9 - IMPROPER LANE CHANGE** **10 - IMPROPER PASSING** **11 - DROVE OFF ROAD** **12 - IMPROPER BACKING** **13 - IMPROPER START FROM A PARKED POSITION** **14 - STOPPED OR PARKED ILLEGALLY** **15 - SWERVING TO AVOID** **16 - WRONG WAY** **17 - VISION OBSTRUCTION** **18 - OPERATING DEFECTIVE EQUIPMENT** **19 - LOAD SHIFTING/FALLING/SPILLING** **20 - IMPROPER CROSSING** **21 - LYING IN ROADWAY** **22 - NOT DISCERNIBLE** **23 - OPENING DOOR INTO ROADWAY** **24 - OTHER IMPROPER ACTION**

EVENTS
1 20 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO/EQUIPMENT LOSS OR SHIFT
6 - EQUIPMENT FAILURE
7 - SEPARATION OF UNITS
8 - RAN OFF ROAD RIGHT
9 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOBILE OBJECT
25 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT

COLLISION WITH FIXED OBJECT - STRUCK
4 1 - IMPACT ATTENUATOR / CRASH CUSHION
2 - BRIDGE OVERHEAD STRUCTURE
3 - BRIDGE PIER OR ABUTMENT
4 - BRIDGE PARAPET
5 - BRIDGE RAIL
6 - GUARDRAIL FACE
7 - GUARDRAIL END
8 - PORTABLE BARRIER
9 - MEDIAN CABLE BARRIER
10 - MEDIAN GUARDRAIL
11 - MEDIAN CONCRETE BARRIER
12 - MEDIAN OTHER BARRIER
13 - GUARDRAIL SUPPORT
14 - GUARDRAIL POLE
15 - GUARDRAIL CULVERT
16 - GUARDRAIL CURB
17 - GUARDRAIL DITCH
18 - GUARDRAIL EMBANKMENT
19 - GUARDRAIL FENCE
20 - GUARDRAIL MAILBOX
21 - GUARDRAIL TREE
22 - GUARDRAIL FIRE HYDRANT

FIRST HARMFUL EVENT **1** **MOST HARMFUL EVENT**

DAMAGE
DAMAGE SCALE
2 **1 - NONE** **3 - FUNCTIONAL DAMAGE**
2 - MINOR DAMAGE **4 - DISABLING DAMAGE**
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE **UNDERCARRIAGE**
TOP **ALL AREAS**
UNIT NOT AT SCENE

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

TRAFFIC
TRAFFICWAY FLOW **2** **ONE-WAY** **TWO-WAY** **TRAFFIC CONTROL**
1 **ROUNDABOUT** **SIGNAL** **FLASHER** **NO CONTROL**
OF THROUGH LANES ON ROAD **4** **RAIL GRADE CROSSING**
1 **NOT INVOLVED** **INVOLVED-ACTIVE CROSSING** **INVOLVED-PASSIVE CROSSING**

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

UNIT SPEED **35** **DETECTED SPEED**
1 **1 - STATED / ESTIMATED SPEED**
2 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED **45**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	KNABB ROBERT K					1 1 1 9 1 9 3 1	090	M			
ADDRESS: STREET,CITY,STATE, ZIP		4593 WINNERS CIR, BATAVIA, Ohio, 451039216					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	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
**				4511.42					0131641070220221349			
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	PELFREY DEWAYNE ALLAN					0 9 0 8 1 9 6 3	058	M				
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	
5						04		01	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
**				4510.16A					0131641070220221339			
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				
						0 0 0	000					
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UPTO 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		DRUG 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							
					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							
					DRUG TEST RESULT(S)							
					1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS							

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

122006595

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	01	KNABB EVELYN A				10171935	086	F	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
4593 WINNERS CIR, BATAVIA, Ohio, 451039216					<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED					04	03	01	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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
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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - VEHICLE OCCUPANT 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 - 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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		
INJURED TAKEN BY							EJECTION		
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		
GENDER							TRAPPED		
F - FEMALE M - MALE U - OTHER / UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE			

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122006595

Traffic Crash/Non-Injury

7/05/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-6595</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 7 D 2 Y22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>Old SR 74 @ Glen Este-Withamsville Rd Cnt. Oh. 45245</u>	

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

I, _____ hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? 1 PM
- 2) What road were you traveling on? Old SR 74
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 5 MPH
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? did not turn
- 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 2022 Corolla Toyota

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Robert Rueff</u>	<u>074 956 Old 74</u>	
<u>Cindy Rueff</u>	<u>2535 Minnow Circle</u>	
	<u>Batavia Ohio 45107</u>	

12) Describe what happened?

drove G15, turned left into meat store
the hit on passenger side, did not see on coming car

Insurance Company AARP

Policy# 55 PH 3231582

Signature X

R. R. Rueff

OFFICER'S SIGNATURE <u>X PO R. Williams</u>	UNIT NO. <u>41</u>	PAGE NO. <u>1 of 1</u>
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122006595

Traffic Crash/Non-Injury

7/05/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>22-6595</i>	REPORTING AGENCY Union Township Police Department	DATE OF CRASH <i>M 7 D 2 Y22</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Rufus Peery* hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? *7/7/22*
- 2) What road were you traveling on? *Old 74*
- 3) What direction were you traveling? *W*
- 4) Were you injured? YES or NO If yes, explain: *No*
- 5) What was your speed before the crash? *35*
- 6) What is the speed limit? *45*
- 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.
505A Main St Batavia
- 9) Were you wearing your seat belt? YES or NO If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model *2015 Jetta 2012*
- 11) List all the occupants below: *N/A*

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

Driving on Old 74 going thru light car turned in front of me

Insurance Company _____ Policy# _____

Signature X

Rufus Peery

OFFICER'S SIGNATURE

X Po R. Williams

UNIT NO.

41

PAGE NO.

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