

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION STATE ROUTE 32		LOCAL REPORT NUMBER* 122007348		
<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* 07232022 1234	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 0032	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME STATE ROUTE 32	ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.094797	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE ROUTE	ROUTE NUMBER 3	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3	ROAD TYPE MP	LONGITUDE DECIMAL DEGREES -84.262716		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST W	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROAD 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	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE 1	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 1	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED			NUMBER OF APPROACHES 4		
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 01			MANNER OF CRASH COLLISION/IMPACT 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 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 2			DIRECTION OF TRAVEL 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 4 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 1	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 01	CONTOUR 1	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 01	1 - SNOW 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	9 - OTHER/UNKNOWN				
<p>NARRATIVE</p> <p>Both units were westbound on SR 32. Unit 2 was stopped at a traffic signal when he was struck in the rear by unit 1.</p> <div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid black; padding: 10px; margin-right: 20px;"></div> <div style="position: relative; width: 300px; height: 300px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> N </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> Not To Scale </div> </div> </div>								
CRASH REPORTED DATE / TIME 07232022 1234		DISPATCH DATE / TIME 07232022 1238		ARRIVAL DATE / TIME 07232022 1245		SCENE CLEARED DATE / TIME 07232022 1319		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0000	OTHER INVESTIGATION TIME 0020	TOTAL MINUTES 0061	OFFICER'S NAME* DISBENNITT, DEREK		CHECKED BY OFFICER'S NAME* Williams, Eric J		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
			OFFICER'S BADGE NUMBER* 2 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 5			

OWNER

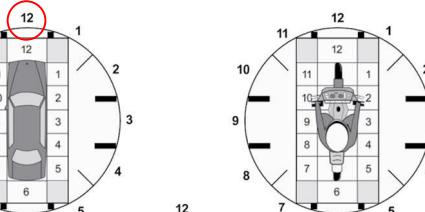
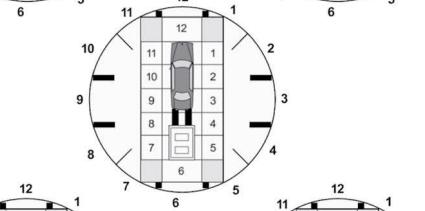
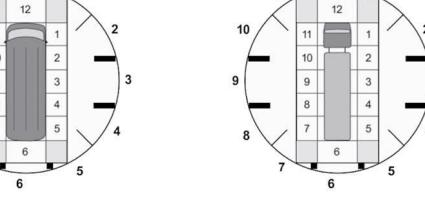
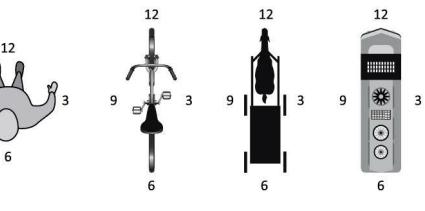
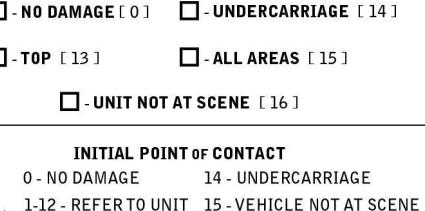
VEHICLE

EVENT(s)

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
SINGLETTON SAMANTHA ERIN
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
2025 Arrowood Pl Cincinnati Ohio 45231
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

LP STATE O H	LICENSE PLATE # JDK9823	VEHICLE IDENTIFICATION # JN18A15MIVXBW1297641			VEHICLE YEAR 120111	VEHICLE MAKE NISSAN	
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive Insurance	INSURANCE POLICY # 40994244	COLOR WHI	VEHICLE MODEL ROGUE			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME				
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT 01		#OCCUPANTS 01	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 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 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - ANIMAL DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP							
# OF TRAILING UNITS 03							
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION							
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							
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 99 - OTHER / UNKNOWN							
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							
1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 5 - - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN							
1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN							
1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 12 - IMPROPER BACKING							
SEQUENCE OF EVENTS							
1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 14 - PEDESTRIAN 15 - PEDALCYCLE							
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 46 - FENCE 53 - TUNNEL 36 - MEDIAN OTHER BARRIER 42 - CULVERT 47 - MAILBOX 48 - TREE 54 - OTHER FIXED OBJECT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN							
4 - 1 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	
	
	
	
	
	
<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 12 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 55	

OWNER

VEHICLE

EVENT(s)

UNIT #

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MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	01	SINGLETON SAMANTHA ERIN					12202002	019	F	
ADDRESS: STREET,CITY,STATE, ZIP	2025 Arrowwood Pl, Cincinnati, Ohio, 45231					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	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**	4511.21A							0131621072320221305		
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	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02	WILSON WILLIAM I					06011939	083	M		
ADDRESS: STREET,CITY,STATE, ZIP	107 RED BUD LN, MT ORAB, Ohio, 45154					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
4	1				04	01	1	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	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						000	000	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	1	1	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 - 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	1 - NONE				
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD				
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE				
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	4 - BREATH				
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		5 - OTHER				
SAFETY EQUIPMENT		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT		ALCOHOL TEST TYPE				
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		Q - MOTOR SCOOTER	12 - LIMITED - OTHER		1 - NONE				
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		2 - BLOOD				
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY		3 - URINE				
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - OTHER				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR		DRUG TEST TYPE				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			17 - PROSTHETIC AID		1 - AMPHETAMINES				
7 - BOOSTER SEAT				18 - OTHER		2 - BARBITURATES				
8 - HELMET USED						3 - BENZODIAZEPINES				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						4 - CANNABINOID				
10 - REFLECTIVE CLOTHING						5 - COCAINE				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS				
99 - OTHER / UNKNOWN						7 - OTHER				
						8 - NEGATIVE RESULTS				

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

122007348

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u>02</u> WILSON JOYCE A				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	107 REDBUD LN, MOUNT ORAB, Ohio, 451549038				CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
	<u>4</u>	<u>1</u>	<u> </u>	<u> </u>	<u>04</u>	<u>03</u>	<u>01</u>	<u>1</u>	<u>1</u>	<u> </u>
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u> </u>				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u> </u>				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u> </u>				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	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
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
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

122007348

Traffic Crash/Injury

7/27/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-7348</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 7 D 23 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>SR 32 / GLEN ESTATE WITHAMSVILLE RD</u>	

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

I, William L. Wilson, hereby make this voluntary statement to P.O. DeBonnet At Accident Scene

- 1) What time did the accident happen? 12:30 p.m.
- 2) What road were you traveling on? S.R. 32
- 3) What direction were you traveling? WEST
- 4) Were you injured? YES or NO. If yes, explain: NECK - BOTH OF US.
- 5) What was your speed before the crash? SETTING STILL
- 6) What is the speed limit? 55 MPH
- 7) Is there anything you could have done to avoid the accident? NO
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.

- 9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model 2012 FORD F 250 TRUCK
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>William L. Wilson</u>	<u>107 REDBUD LANE MELAR-OHIO 45154</u>	<u>DRIVER</u>
<u>JOYCE A. Wilson</u>	<u>"</u>	<u>PASSENGER</u>

- 12) Describe what happened?

I WAS DRIVING WEST ON S.R. 32 AND STOPPED AT THE LIGHT AT GLEN ESTATE WITHAMSVILLE RD. WHEN THE CAR BEHIND ME HIT ME IN THE REAR END.

Insurance Company GRANGE Policy# 4371513

Signature William L. Wilson

OFFICER'S SIGNATURE <u>X P.C. B.</u>	UNIT NO. <u>21</u>	PAGE NO. <u>1-1</u>
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007348

Traffic Crash/Injury

7/27/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-7348</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 7 D 23 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>SR 32 / GLEN ESTE WITHAMSVILLE RD</u>	

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

Samantha Singleton Hereby make this voluntary statement to P.O. DISCERNIT At Accident Scene

- 1) What time did the accident happen? About 12:10 pm Roughly
- 2) What road were you traveling on? State Route 32
- 3) What direction were you traveling? West Bound
- 4) Were you injured? YES or NO If yes, explain: Maybe 1 mph. It was at a red light
- 5) What was your speed before the crash? 1 mph? or 0, I'm not exactly sure
- 6) What is the speed limit? 1 mph? or 0, I'm not exactly sure
- 7) Is there anything you could have done to avoid the accident? I don't think so, I just blinked
- 8) Is the address on your license correct? YES or NO If no, please list the correct address below. 2025 Arrowwood Pl. Cincinnati OH 45231
- 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 2011 Nissan Rogue
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Samantha Singleton</u>	<u>2025 Arrowwood Pl. Cincinnati OH, 45231</u>	<u>Driver</u>

12) Describe what happened?

We were at a red light, I started to blink / close my eyes for a few seconds, because I'm + I am I was tired, in closing so, I accidentally released the break pedal. Which then I hit the back of them.

Insurance Company Progressive Specialty Insurance Policy# 40994244
Grawe 4321513

Signature X

