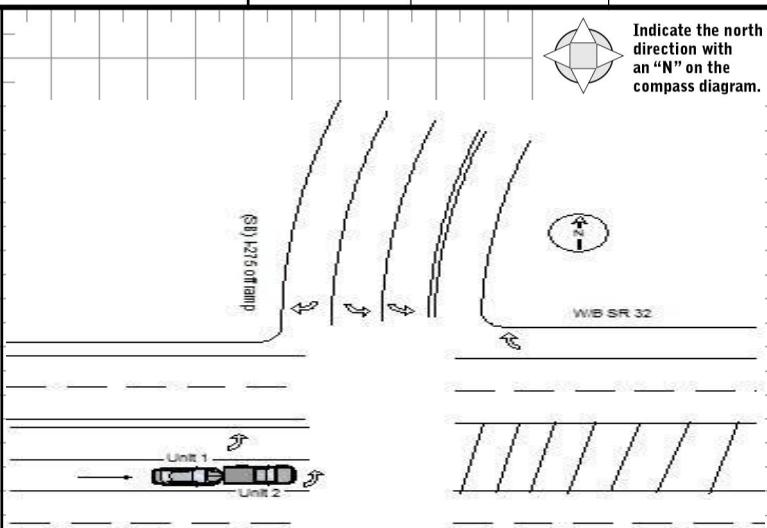


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY				<b>LOCAL INFORMATION</b> SR 32 E/B @ OLD STATE ROUTE 74 <b>REPORTING AGENCY NAME*</b> Union Township Police Dept.    01316				<b>LOCAL REPORT NUMBER*</b> <b>122007579</b>						
<b>COUNTY*</b> 13 <b>LOCALITY*</b> 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				<b>CRASH DATE / TIME*</b> 07292022 1933				<b>HIT/SKIP</b> 1-SOLVED    2-UNRESOLVED <b>NUMBER OF UNITS</b> 02 <b>UNIT IN ERROR</b> 01 98-ANIMAL    99-UNKNOWN						
<b>REFERENCE LOCATION</b>	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	<b>LATITUDE DECIMAL DEGREES</b> 39.104416						
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	<b>LONGITUDE DECIMAL DEGREES</b> -84.291285						
<b>REFERENCE POINT</b> 1- INTERSECTION 2- MILE POST 3- HOUSE #		<b>DIRECTION FROM REFERENCE</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST		<b>ROUTE TYPE</b> IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE		<b>ROAD TYPE</b> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<b>INTERSECTION RELATED</b> <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <b>NUMBER OF APPROACHES</b> 3 <input type="checkbox"/> WITHIN INTERCHANGE AREA						
<b>DISTANCE FROM REFERENCE</b> 10		<b>DISTANCE UNIT OF MEASURE</b> 1-MILES 2-FEET 3-YARDS		<b>ROUTE TYPE</b> CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<b>ROAD TYPE</b> HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED						
<b>LOCATION OF FIRST HARMFUL EVENT</b> 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 9-CROSSOVER 10-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN				<b>MANNER OF CRASH COLLISION/IMPACT</b> 2 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 9- OTHER / UNKNOWN				<b>DIRECTION OF TRAVEL</b> 1-NORTH 2-SOUTH 3-EAST 4-WEST			<b>MEDIAN TYPE</b> 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		<b>WORK ZONE TYPE</b> 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER OR MEDIAN 4- INTERMITTENT OR MOVING WORK 5- OTHER		<b>LOCATION OF CRASH IN WORK ZONE</b> 1- BEFORE THE 1ST WORK ZONE WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA		<b>CONTOUR</b> 1		<b>CONDITIONS</b> 1		<b>SURFACE</b> 2				
<b>LIGHT CONDITION</b> 1 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN				<b>WEATHER</b> 01 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				<b>CONTOUR</b> 1 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER/UNKNOWN		<b>CONDITIONS</b> 1 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN		<b>SURFACE</b> 2 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN		
<b>NARRATIVE</b> <p>Unit 2 was stopped at the intersection of SR 32 E/B waiting to turn north on Old State Route 74. Unit 1 failed to stop striking unit 2 in the rear. The driver of unit 1 was arrested for the listed offenses.</p>										 Indicate the north direction with an "N" on the compass diagram.  Not To Scale				
<b>CRASH REPORTED DATE / TIME</b> 07292022 1933		<b>DISPATCH DATE / TIME</b> 07292022 1935		<b>ARRIVAL DATE / TIME</b> 07292022 1935		<b>SCENE CLEARED DATE / TIME</b> 07292022 2045		<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> <b>SUPPLEMENT</b> (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)						
<b>TOTAL TIME ROADWAY CLOSED</b> 0000		<b>OTHER INVESTIGATION TIME</b>		<b>TOTAL MINUTES</b> 0070		<b>OFFICER'S NAME*</b> DWELLY, KYLE		<b>CHECKED BY OFFICER'S NAME*</b> JASPER, GREGORY C						
						<b>OFFICER'S BADGE NUMBER*</b> 5 4		<b>CHECKED BY OFFICER'S BADGE NUMBER*</b> 8 2						

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)

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

5620 IVY LN, MILFORD OHIO 451502609

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # UUH7090 VEHICLE IDENTIFICATION # 1F1A1F1P314N516W11248017 VEHICLE YEAR 2006 VEHICLE MAKE FORD

INSURANCE VERIFIED  INSURANCE COMPANY  INSURANCE POLICY #  COLOR TAN VEHICLE MODEL FOCUS

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT #  TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT 01 # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR  HAZARDOUS MATERIAL

1 - ≤10K LBS. MATERIAL RELEASED  CLASS #  PLACARD ID #

2 - 10,001 - 26K LBS. PLACARD

3 - >26K LBS.

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 28 - ANIMAL DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

UNIT TYPE 01 # OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 # OF TRAILING UNITS 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 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 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER  
/ NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 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 10 - DISABLED FROM PRIOR  
3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT

1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER  
CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED 8 - SIDEWALK 11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN  
CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION TRAILS

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19 - STANDING  
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED 21 - STANDING OUTSIDE  
5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN IN TRAFFIC 12 - DRIVERLESS 16 - WORKING  
6 - MAKING LEFT TURN 13 - SWERVING TO AVOID 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN

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

SEQUENCE OF EVENTS

1 - 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - OPPOSITE DIRECTION OF 17 - ANIMAL - FARM EQUIPMENT  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - DOWNHILL RUNAWAY 18 - ANIMAL - DEER 23 - STRUCK BY FALLING,  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - OTHER NON-COLLISION 19 - ANIMAL - OTHER SHIFTING CARGO OR  
5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 15 - PEDESTRIAN 20 - MOTOR VEHICLE IN ANYTHING SET IN MOTION  
LOSS OR SHIFT 16 - PEDALCYCLE 17 - TRANSPORT BY A MOTORVEHICLE  
21 - PARKED MOTOR VEHICLE 24 - OTHER MOBILE OBJECT

25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE  
/ CRASH CUSHION 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH EQUIPMENT  
26 - BRIDGE OVERHEAD 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 51 - WALL  
STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 46 - FENCE 52 - BUILDING  
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE 40 - UTILITY POLE 47 - MAILBOX 53 - TUNNEL  
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE 48 - TREE 54 - OTHER FIXED OBJECT  
29 - BRIDGE RAIL 37 - GUARDRAIL FACE 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN  
30 - GUARDRAIL FACE

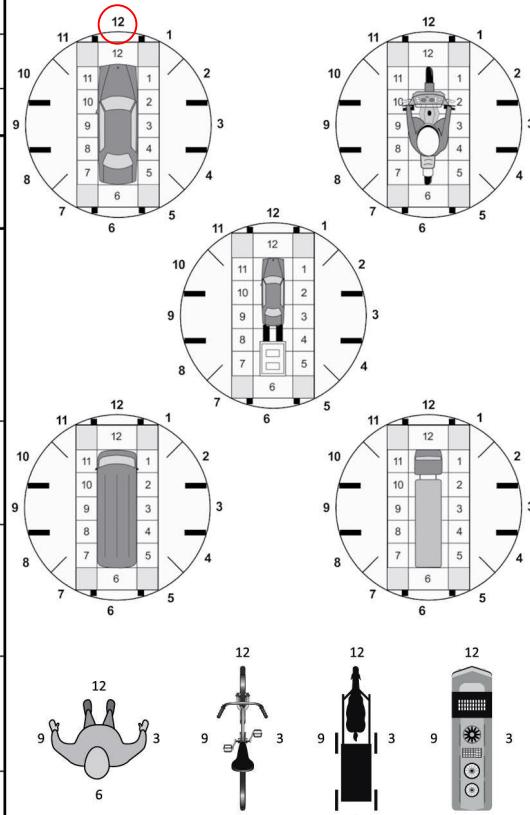
1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER 122007579

DAMAGE

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY



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

TRAFFIC

TRAFFICWAY FLOW  
1 - ONE-WAY 2 - TWO-WAY

RAIL GRADE CROSSING  
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED  
0 - STATED / ESTIMATED SPEED  
3 - CALCULATED / EDR

DETECTED SPEED  
3 - UNDETERMINED  
POSTED SPEED  
50



MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	01	HENDREN HERMAN DARYL					07101961	061	M	
ADDRESS: STREET,CITY,STATE, ZIP		5620 IVY LN, MILFORD, Ohio, 451502609					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	<input type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**	4511.19a1a					OVI Personal Contact		073973		
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
			1	<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	2	2	1	1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02	JANSEN KIMBERLY K					10091971	050	F		
ADDRESS: STREET,CITY,STATE, ZIP		4125 W FORK RIDGE DR, BATAVIA, Ohio, 45103					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	<input type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**	*****									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	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	1	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
						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
						<input type="checkbox"/>				
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
	*****									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	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	
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>	
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 - TALKING ON HAND-HELD COMMUNICATION DEVICE		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	
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE		6 - 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 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD	
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE	
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		4 - BREATH	
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY			5 - OTHER	
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		<b>TRAPPED</b>		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT			<b>ALCOHOL TEST TYPE</b>	
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER			1 - NONE	
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			2 - BLOOD	
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY			3 - URINE	
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST				X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES			4 - OTHER	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				<b>GENDER</b>	16 - OUTSIDE MIRROR			<b>DRUG TEST TYPE</b>	
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE	17 - PROSTHETIC AID			1 - AMPHETAMINES	
7 - BOOSTER SEAT					M - MALE	18 - OTHER			2 - BARBITURATES	
8 - HELMET USED					U - OTHER / UNKNOWN				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										

## ***Union Township Police Dept.***

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007579

## Traffic Crash/Non-Injury/Incident Report

8/01/2022 OH3



## Department of Public Safety

## TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 22-7579	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 7 D 29 Y 82
--------------------------------	--	--------------------------------

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

ADDRESS OF WITNESS  
4125 West Fork Ridge Dr. Batavia Ohio 45103  
SIGNATURE OF WITNESS  
X Kim Jansen  
OFFICER'S SIGNATURE  
X 