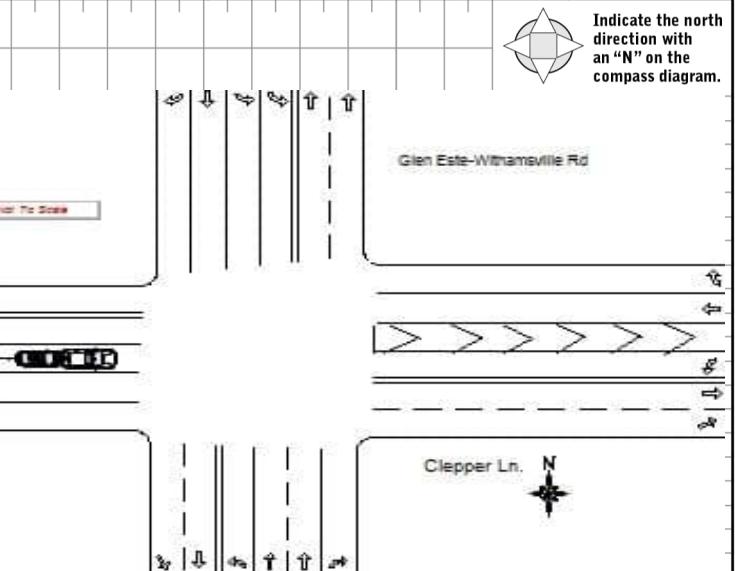


TRAFFIC CRASH REPORT

*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 CLEPPER LANE		LOCAL REPORT NUMBER* 122008391		
<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* 08212022 1421	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION ROUTE TYPE TR	ROUTE NUMBER 0252	PREFIX 3	LOCATION ROAD NAME CLEPPER		ROAD TYPE LA	LATITUDE DECIMAL DEGREES 39.092500		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.263890		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 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 100	DISTANCE UNIT OF MEASURE 2	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				NUMBER OF APPROACHES 4		
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 2 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			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		
NARRATIVE Both units were eastbound on Clepper Lane. Unit 2 was stopped for traffic ahead when she was struck in the rear by unit 1.								
 <p>Indicate the north direction with an "N" on the compass diagram.</p> 								
CRASH REPORTED DATE / TIME 08212022 1421		DISPATCH DATE / TIME 08212022 1433		ARRIVAL DATE / TIME 08212022 1434		SCENE CLEARED DATE / TIME 08212022 1520	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME	TOTAL MINUTES 0047	OFFICER'S NAME* DISBENNITT, DEREK		CHECKED BY OFFICER'S NAME* Wagner, Richard 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* 7 9		

OWNER

LP STATE **01** 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)

1250 JENKINS DR BATAVIA OHIO 45103

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **01** LICENSE PLATE # **HQV1194** VEHICLE IDENTIFICATION # **3FAFP37N35R113804** VEHICLE YEAR **2005** VEHICLE MAKE **FORD**INSURANCE VERIFIED **X** INSURANCE COMPANY **GEICO** INSURANCE POLICY # **6097514464** COLOR **BLK** VEHICLE MODEL **FOCUS**TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **01**
US DOT # 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 #UNIT TYPE **01**
1 - PASSENGER CAR
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# OF TRAILING UNITS
01
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL
0 - NO AUTOMATION
1 - DRIVER ASSISTANCE
2 - PARTIAL AUTOMATION
3 - CONDITIONAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATIONSPECIAL FUNCTION **01**
1 - NONE
2 - TAXI
3 - ELECTRONIC RIDE SHARING
4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER
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 - MAIL CARRIER
21 - MAIL CARRIER
22 - OTHER / UNKNOWNCARGO BODY TYPE **01**
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
15 - CONSTRUCTION EQUIPMENT
16 - MAIL CARRIER
17 - MAIL CARRIER
18 - MAIL CARRIER
19 - MAIL CARRIER
20 - MAIL CARRIER
21 - MAIL CARRIER
22 - MAIL CARRIER
23 - MAIL CARRIER
24 - MAIL CARRIER
25 - MAIL CARRIERVEHICLE DEFECTS **00**
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 / UNKNOWNNON-MOTORIST LOCATION AT IMPACT **00**
1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK
3 - TRAVEL LANE - OTHER LOCATION
4 - MIDBLOCK - MARKED
5 - SHOULDER / ROADSIDE
6 - SIDEWALK
7 - MEDIAN/CROSSING ISLAND
8 - TRAIL
9 - DRIVEWAY ACCESS
10 - SHARED USE PATHS OR TRAILS
11 - OTHER / UNKNOWN
12 - FIRST RESPONDER AT INCIDENT SCENE
13 - OTHER / UNKNOWNACTION **03**
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING **01**
4 - STRUCK
5 - BOTH STRIKING & STRUCK
6 - MAKING LEFT TURN
7 - MAKING RIGHT TURN
8 - CHANGING LANES
9 - OVERTAKING/PASSING
10 - MAKING U-TURN
11 - BACKING
12 - APPROACHING
13 - LEAVING TRAFFIC LANE
14 - ENTERING TRAFFIC LANE
15 - LEAVING TRAFFIC LANE
16 - ENTERING OR CROSSING SPECIFIED LOCATION
17 - PARKED
18 - SLOWING OR STOPPED IN TRAFFIC
19 - SLOWING OR STOPPED IN TRAFFIC
20 - SLOWING OR STOPPED IN TRAFFIC
21 - WORKING
22 - APPROACHING OR LEAVING VEHICLE
23 - LEAVING TRAFFIC LANE
24 - WORKING
25 - SWERVING TO AVOID
26 - SWERVING TO AVOID
27 - SWERVING TO AVOID
28 - SWERVING TO AVOID
29 - SWERVING TO AVOID
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99 - SWERVING TO AVOIDCONTRIBUTING CIRCUMSTANCES **08**
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
25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
26 - MOTOR VEHICLE IN TRANSPORT
27 - WORKING
28 - APPROACHING OR LEAVING VEHICLE
29 - LEAVING TRAFFIC LANE
30 - WORKING
31 - APPROACHING OR LEAVING VEHICLE
32 - LEAVING TRAFFIC LANE
33 - WORKING
34 - APPROACHING OR LEAVING VEHICLE
35 - LEAVING TRAFFIC LANE
36 - WORKING
37 - APPROACHING OR LEAVING VEHICLE
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94 - APPROACHING OR LEAVING VEHICLE
95 - LEAVING TRAFFIC LANE
96 - WORKING
97 - APPROACHING OR LEAVING VEHICLE
98 - LEAVING TRAFFIC LANE
99 - WORKING

SEQUENCE OF EVENTS

EVENTS
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 - OTHER / UNKNOWNCOLLISION WITH FIXED OBJECT - STRUCK
1 - NONE
2 - MINOR
3 - MODERATE
4 - SEVERE
5 - CRITICAL
6 - FATAL1 - NONE
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5 - CRITICAL
6 - FATAL1 - NONE
2 - MINOR
3 - MODERATE
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6 - FATAL1 - NONE
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3 - MODERATE
4 - SEVERE
5 - CRITICAL
6 - FATAL1 - NONE
2 - MINOR
3 - MODERATE
4 - SEVERE
5 - CRITICAL
6 - FATAL1 - NONE
2 - MINOR
3 - MODER

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)

221 COMPASS CT NEW RICHMOND Ohio 45157

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

OWNER

VEHICLE

EVENT(s)

LP STATE **OH** LICENSE PLATE # **GCH6712**

VEHICLE IDENTIFICATION # **1C14RJFAG8NC119651**

VEHICLE YEAR **2012**

VEHICLE MAKE **Jeep**

INSURANCE VERIFIED

INSURANCE COMPANY **HANOVER INSURANCE COM**

INSURANCE POLICY # **ANW-H-957564**

COLOR **WHI**

VEHICLE MODEL **Cherokee**

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

#OCCUPANTS **02**

OF TRAILING UNITS

UNIT TYPE

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
6 - VAN (9-15 SEATS)

US DOT #

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 #

SPECIAL FUNCTION

4 - SCHOOL TRANSPORT
5 - BUS - TRANSIT/COMMUTER

CARGO BODY TYPE

1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS

VEHICLE DEFECTS

3 - ELECTRONIC RIDE SHARING
4 - TURN SIGNALS
5 - HEAD LAMPS
6 - TAIL LAMPS

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK
2 - INTERSECTION - UNMARKED CROSSWALK

ACTION

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
6 - OTHER/ UNKNOWN

CONTRIBUTING CIRCUMSTANCES

1 - FAILURE TO YIELD
2 - RAN RED LIGHT
3 - RAN STOP SIGN
4 - UNSAFE SPEED
5 - IMPROPER TURN

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE

FIRST HARMFUL EVENT

1 - EQUIPMENT FAILURE
2 - SEPARATION OF UNITS
3 - RAN OFF ROAD RIGHT
4 - RAN OFF ROAD LEFT
5 - CROSS MEDIAN

COLLISION WITH FIXED OBJECT - STRUCK

31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER

MOST HARMFUL EVENT

37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT

COLLISION WITH FIXED OBJECT - STRUCK

43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT

WORK ZONE

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION
14 - PEDESTRIAN
15 - PEDALCYCLE

WORK ZONE

16 - RAILWAY VEHICLE
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE

WORK ZONE

22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOBILE OBJECT

WORK ZONE

25 - WORK ZONE MAINTENANCE EQUIPMENT
26 - WALL
27 - BUILDING
28 - TUNNEL
29 - FENCE
30 - MAILBOX

WORK ZONE

31 - CURB
32 - DITCH
33 - EMBANKMENT
34 - FENCE
35 - MAILBOX
36 - TREE

WORK ZONE

37 - OVERHEAD SIGN POST
38 - LIGHT / LUMINARIES SUPPORT
39 - UTILITY POLE
40 - OTHER POST, POLE OR SUPPORT
41 - CULVERT

WORK ZONE

42 - CURB
43 - DITCH
44 - EMBANKMENT
45 - FENCE
46 - MAILBOX
47 - TREE

WORK ZONE

48 - WORK ZONE MAINTENANCE EQUIPMENT
49 - WALL
50 - BUILDING
51 - TUNNEL
52 - FENCE
53 - MAILBOX

WORK ZONE

54 - OTHER FIXED OBJECT
55 - FIRE HYDRANT

LOCAL REPORT NUMBER **122008391**

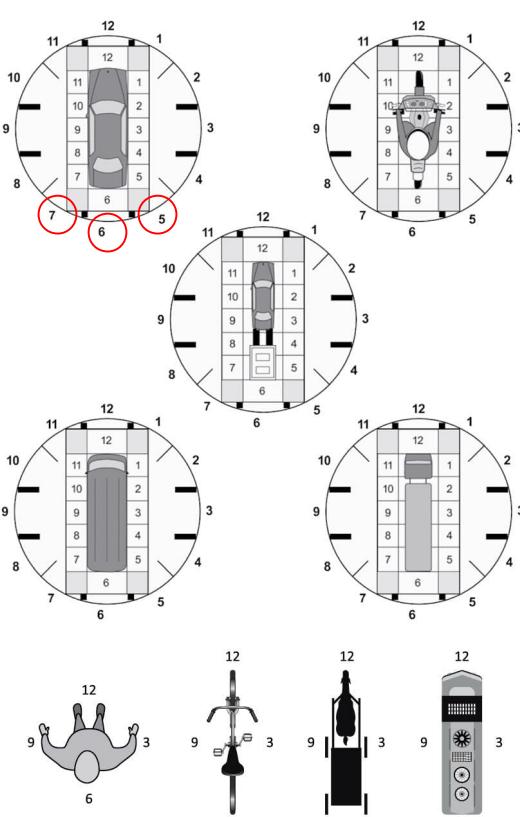
DAMAGE

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 [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

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

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED

0 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

35 1 - 30 MPH
2 - 40 MPH
3 - 50 MPH

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	YADEN BOBBIE DEAN					1 2 0 3 1 9 5 0	071	M			
	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	1250 JENKINS LN, BATAVIA, Ohio, 45103											
	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		
	**				4511.21A					0131621082120221454		
	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
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
02	RICKETTS ASHLEY NICHOLE					0 1 1 3 1 9 8 4	038	F				
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
221 COMPASS CT, NEW RICHMOND, Ohio, 45157												
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			
**												
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)				
				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)		1 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD			
2 - EMS	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE			
3 - POLICE	9 - THIRD - RIGHT SIDE		3 - 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	10 - APPARENTLY NORMAL		5 - OTHER			
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	11 - PHYSICAL IMPAIRMENT		1 - BLOOD			
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - URINE			
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)	13 - APPARENTLY NORMAL		3 - OTHER			
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	14 - PHYSICAL IMPAIRMENT		4 - OTHER			
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST				X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - AMPHETAMINES			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				GENDER	16 - OUTSIDE MIRROR	16 - APPARENTLY NORMAL		2 - BARBITURATES			
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE	17 - PROSTHETIC AID	17 - APPARENTLY NORMAL		3 - BENZODIAZEPINES			
7 - BOOSTER SEAT					M - MALE	18 - OTHER	18 - APPARENTLY NORMAL		4 - CANNABINOID			
8 - HELMET USED					U - OTHER / UNKNOWN				5 - COCAINE			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									6 - OPIATES / OPIOIDS			
10 - REFLECTIVE CLOTHING									7 - OTHER			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									8 - NEGATIVE RESULTS			
99 - OTHER / UNKNOWN												



OCCUPANT / WITNESS ADDENDUM

OCCUPANT / WITNESS ADDENDUM										122008391							
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH		AGE	GENDER						
	02	RICKETTS PIERCE						12042012		009	M						
ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE							
221 COMPASS COURT, NEW RICHMOND, Ohio, 45157																	
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED										
4		1	UNION TOWNSHIP				04										
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										
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										
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-INCIDENT-INVESTIGATION

122008391

Traffic Crash/Non-Injury

02/2022

08

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-8391</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 8 D 21 Y 20</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>CEDAR IN/CLAY ESTE WITHAMSVILLE</u>	

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

Bobby York Hereby make this voluntary statement to P.O. DesBennet At Accident Scene

- 1) What time did the accident happen? _____
- 2) What road were you traveling on? CEDAR IN
- 3) What direction were you traveling? E/B
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 10 MPH
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? Road wet/snow/sledd
- 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 2005 Ford
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I stopped at Red light Roads wet/sledd is to back of car going about 10 mph

Insurance Company GEICO Policy# 6097-51-44-64

Signature X

Bobby York

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

OHIO TRAFFIC CRASH WITNESS STATEMENT

122008391

Traffic Crash/Non-Injury

02/2022 08

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
02-8391	Union Township Police Department	M 8 D 21 Y22
IN COUNTY OF Clermont	CRASH LOCATION	CLEOPEL LN / GLEN ESTE WILMINGTON

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

Ashley Ricketts

Hereby make this voluntary statement to P.O. Duggan At Accident Scene

- 1) What time did the accident happen? _____
- 2) What road were you traveling on? CLEOPEL LEFT LANE (RIGHT TURN)
- 3) What direction were you traveling? EAST BOUND
- 4) Were you injured? YES or NO. If yes, explain: HEAD / NECK PAIN
- 5) What was your speed before the crash? 0
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? _____
- 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 _____
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
X Pierce Ricketts 12/4/2012 SB	221 compass court New Richmond OH 45157	rear driver passenger

- 12) Describe what happened?

stopped at red light to turn left and man in ford focus skid & hit the back of my car.

Signature X

Ashley Ricketts

Insurance Company THE HANOVER INS Policy# ANW-11 957564

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X P.O. Duggan</u>	21	1/1