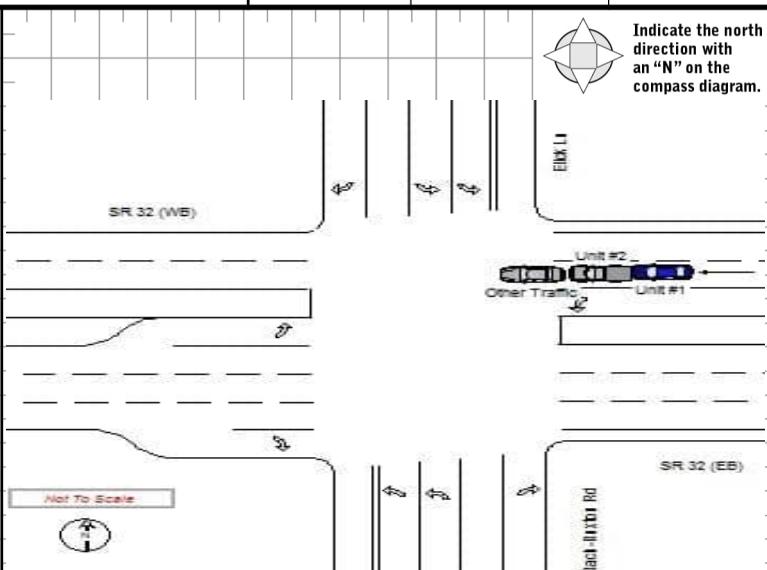


TRAFFIC CRASH REPORT

*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 STATE ROUTE 32 / ELICK LN REPORTING AGENCY NAME* Union Township Police Dept.			NCIC* 01316			LOCAL REPORT NUMBER* 122008382					
COUNTY* 13 LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)									HIT/SKIP 1-SOLVED 2-UNRESOLVED			NUMBER OF UNITS 02		
												UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN		
									CRASH DATE / TIME* 08212022 1154			CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME STATE ROUTE 32			ROAD TYPE	LATITUDE DECIMAL DEGREES 39.090744						
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ELICK			ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.247685						
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE				INTERSECTION RELATED			
REFERENCE POINT 10		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE							NUMBER OF APPROACHES			
LOCATION OF FIRST HARMFUL EVENT 01 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 2 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON				DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST			MEDIAN TYPE 1 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-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 Unit's #1, and #2, were westbound on State Route 32 in the left lane. Unit #2 stopped for other traffic, and was struck by Unit #1 in the rear.												 Indicate the north direction with an "N" on the compass diagram.		
														
CRASH REPORTED DATE / TIME 08212022 1154			DISPATCH DATE / TIME 08212022 1154			ARRIVAL DATE / TIME 08212022 1154			SCENE CLEARED DATE / TIME 08212022 1240			REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0046		TOTAL MINUTES 0046		OFFICER'S NAME* Pearcy, Anthony T		CHECKED BY OFFICER'S NAME* Wagner, Richard J		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
						OFFICER'S BADGE NUMBER* 5 1		CHECKED BY OFFICER'S BADGE NUMBER* 7 9		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)				

OWNER

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)
BELL JOSEPH W		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)		
1878 KAREN DR BATAVIA OHIO 45103		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH	LICENSE PLATE # JCG4696	VEHICLE IDENTIFICATION # 2T1B18E7WC047514		VEHICLE YEAR 1998	VEHICLE MAKE Toyota																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive Insurance	INSURANCE POLICY # 936959919		COLOR BLU	VEHICLE MODEL Corolla																														
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 <input type="checkbox"/>	#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																															
UNIT TYPE 01 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OF TRAILING UNITS																																	
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CARGO 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																														
VEHICLE 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																														
NON-MOTORIST LOCATION AT IMPACT 00		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS																														

EVENT(s)

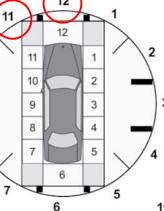
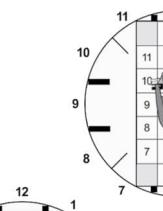
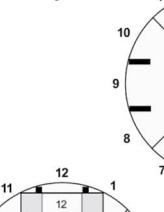
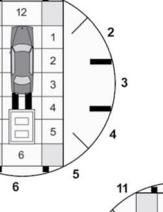
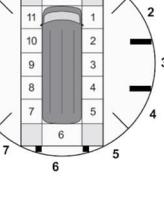
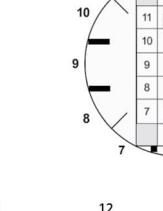
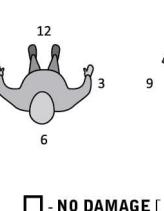
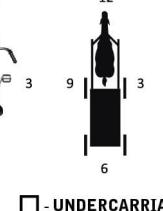
ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 01 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/ UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - LYING IN ROADWAY
CONTRIBUTING 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 - NOT DISCERNIBLE 22 - OPENING DOOR INTO ROADWAY 23 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

120	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 24 - OTHER MOBILE OBJECT
------------	--	--	---	--	--

451	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN
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FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

DAMAGE		
DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
11	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

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

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

UNIT SPEED 35	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 55	

OWNER

VEHICLE

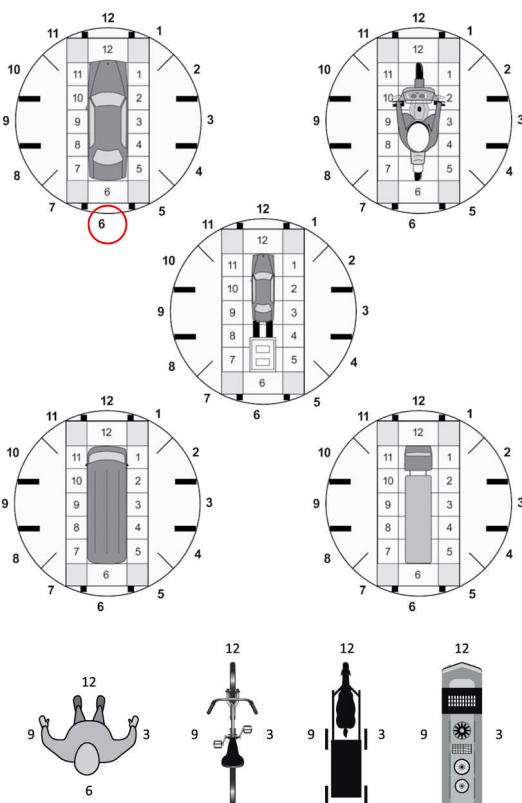
EVENT(s)

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)
18799 US HWY 68 FAYETTEVILLE, Ohio, 45118

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

LP STATE <u>OH</u>	LICENSE PLATE # <u>GZD5973</u>	VEHICLE IDENTIFICATION # <u>1GTHIK23133F177365</u>			VEHICLE YEAR <u>2003</u>	VEHICLE MAKE <u>GMC</u>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <u>SHELTER MUTUAL INSUR</u>	INSURANCE POLICY # <u>34-1-10632497-8</u>			COLOR <u>GRY</u>	VEHICLE MODEL <u>Sierra</u>																														
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		#OCCUPANTS <u>01</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																
UNIT TYPE <u>04</u>		VEHICLE 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																																		
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VEHICLE DEFECTS <u>00</u>		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/ UNKNOWN																																		
NON-MOTORIST LOCATION AT IMPACT <u>00</u>		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - TRAVEL LANE - OTHER LOCATION 4 - MIDBLOCK - MARKED 5 - SIDEWALK 6 - SHOULDER / ROADSIDE 7 - SHARED USE PATHS OR TRAILS 8 - MEDIAN/CROSSING ISLAND 9 - DRIVeway ACCESS 10 - OTHER/ UNKNOWN 11 - FIRST RESPONDER AT INCIDENT SCENE 12 - STANDING 13 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - STANDING OUTSIDE DISABLED VEHICLE 19 - DRIVING 20 - MAIL CARRIER 21 - AUTO TRANSPORTER 22 - GARBAGE/REFUSE 23 - CONCRETE MIXER 24 - OTHER/ UNKNOWN																																		
ACTION <u>4</u>		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>11</u> 4 - OVERTAKING/PASSING 4 - STRUCK <u>PRE-CRASH ACTIONS</u> 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 7 - MAKING RIGHT TURN 8 - BACKING 9 - MAKING U-TURN 10 - CHANGING LANES 11 - MAKING TURN 12 - DRIVING ON ROAD 13 - ENTERING TRAFFIC LANE 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - LEAVING TRAFFIC LANE 17 - LEAVING TRAFFIC LANE 18 - LEAVING TRAFFIC LANE 19 - LEAVING TRAFFIC LANE 20 - LEAVING TRAFFIC LANE 21 - LEAVING TRAFFIC LANE 22 - LEAVING TRAFFIC LANE 23 - LEAVING TRAFFIC LANE 24 - LEAVING TRAFFIC LANE 25 - LEAVING TRAFFIC LANE 26 - LEAVING TRAFFIC LANE 27 - LEAVING TRAFFIC LANE 28 - LEAVING TRAFFIC LANE 29 - LEAVING TRAFFIC LANE 30 - LEAVING TRAFFIC LANE 31 - LEAVING TRAFFIC LANE 32 - LEAVING TRAFFIC LANE 33 - LEAVING TRAFFIC LANE 34 - LEAVING TRAFFIC LANE 35 - LEAVING TRAFFIC LANE 36 - LEAVING TRAFFIC LANE 37 - LEAVING TRAFFIC LANE 38 - LEAVING TRAFFIC LANE 39 - LEAVING TRAFFIC LANE 40 - LEAVING TRAFFIC LANE 41 - LEAVING TRAFFIC LANE 42 - LEAVING TRAFFIC LANE 43 - LEAVING TRAFFIC LANE 44 - LEAVING TRAFFIC LANE 45 - LEAVING TRAFFIC LANE 46 - LEAVING TRAFFIC LANE 47 - LEAVING TRAFFIC LANE 48 - LEAVING TRAFFIC LANE 49 - LEAVING TRAFFIC LANE 50 - LEAVING TRAFFIC LANE 51 - LEAVING TRAFFIC LANE 52 - LEAVING TRAFFIC LANE 53 - LEAVING TRAFFIC LANE 54 - LEAVING TRAFFIC LANE 55 - LEAVING TRAFFIC LANE 56 - LEAVING TRAFFIC LANE 57 - LEAVING TRAFFIC LANE 58 - LEAVING TRAFFIC LANE 59 - LEAVING TRAFFIC LANE 60 - LEAVING TRAFFIC LANE 61 - LEAVING TRAFFIC LANE 62 - LEAVING TRAFFIC LANE 63 - LEAVING TRAFFIC LANE 64 - LEAVING TRAFFIC LANE 65 - LEAVING TRAFFIC LANE 66 - LEAVING TRAFFIC LANE 67 - LEAVING TRAFFIC LANE 68 - LEAVING TRAFFIC LANE 69 - LEAVING TRAFFIC LANE 70 - LEAVING TRAFFIC LANE 71 - LEAVING TRAFFIC LANE 72 - LEAVING TRAFFIC LANE 73 - LEAVING TRAFFIC LANE 74 - LEAVING TRAFFIC LANE 75 - LEAVING TRAFFIC LANE 76 - LEAVING TRAFFIC LANE 77 - LEAVING TRAFFIC LANE 78 - LEAVING TRAFFIC LANE 79 - LEAVING TRAFFIC LANE 80 - LEAVING TRAFFIC LANE 81 - LEAVING TRAFFIC LANE 82 - LEAVING TRAFFIC LANE 83 - LEAVING TRAFFIC LANE 84 - LEAVING TRAFFIC LANE 85 - LEAVING TRAFFIC LANE 86 - LEAVING TRAFFIC LANE 87 - LEAVING TRAFFIC LANE 88 - LEAVING TRAFFIC LANE 89 - LEAVING TRAFFIC LANE 90 - LEAVING TRAFFIC LANE 91 - LEAVING TRAFFIC LANE 92 - LEAVING TRAFFIC LANE 93 - LEAVING TRAFFIC LANE 94 - LEAVING TRAFFIC LANE 95 - LEAVING TRAFFIC LANE 96 - LEAVING TRAFFIC LANE 97 - LEAVING TRAFFIC LANE 98 - LEAVING TRAFFIC LANE 99 - LEAVING TRAFFIC LANE																																		
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DAMAGE	
DAMAGE SCALE	
<u>2</u>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
<u>06</u>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>3</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>0</u>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>55</u>	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
122008382

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	BELL ISAAC JAMES					04272005	017	M		
ADDRESS: STREET,CITY,STATE, ZIP		1878 KAREN DR, BATAVIA, Ohio, 45103					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE **		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.21A	LOCAL CODE □	OFFENSE DESCRIPTION Assured Clear Distance Ahead		CITATION NUMBER 074062			
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02		RACE PATRICK THOMAS					09071995	026	M		
ADDRESS: STREET,CITY,STATE, ZIP		5552 BUCKTOWN RD, WILLIAMSBURG, Ohio, 45176					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 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 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
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000							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 UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 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, 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- TEST GIVEN, RESULTS KNOWN	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- TEST GIVEN, RESULTS UNKNOWN	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- TALKING ON HANDS-FREE COMMUNICATION DEVICE	6- TALKING ON HANDS-FREE COMMUNICATION DEVICE				
1- NOT TRANSPORTED /TREATED AT SCENE		7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7- NOT EJECTED	H- HAZMAT	7- EXCEPT TRACTOR-TRAILER	7- TALKING ON HAND-Held COMMUNICATION DEVICE	7- TALKING ON HAND-Held COMMUNICATION DEVICE				
2- EMS		8- THIRD - MIDDLE	2- PARTIALLY EJECTED	M- MOTORCYCLE	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE				
3- POLICE		9- THIRD - RIGHT SIDE	3- TOTALLY EJECTED	P- PASSENGER	9- LEARNER'S PERMIT RESTRICTIONS	6- PASSENGER	6- PASSENGER				
9- OTHER / UNKNOWN		10- SLEEPER SECTION OF TRUCK CAB	4- NOT APPLICABLE	N- TANKER	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE	7- OTHER DISTRACTION INSIDE THE VEHICLE				
SAFETY EQUIPMENT		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11- NOT TRAPPED	Q- MOTOR SCOOTER	11- LIMITED TO EMPLOYMENT	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	8- OTHER DISTRACTION OUTSIDE THE VEHICLE				
1- NONE USED		12- PASSENGER IN UNENCLOSED CARGO AREA	2- EXTRICATED BY MECHANICAL MEANS	R- THREE-WHEEL MOTORCYCLE	12- LIMITED - OTHER	9- OTHER / UNKNOWN	9- OTHER / UNKNOWN				
2- SHOULDER BELT ONLY USED		13- TRAILING UNIT	3- FREED BY NON-MECHANICAL MEANS	S- SCHOOL BUS	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	10- APPARENTLY NORMAL	10- APPARENTLY NORMAL				
3- LAP BELT ONLY USED		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F- FEMALE	T- DOUBLE & TRIPLE TRAILERS	14- MILITARY VEHICLES ONLY	1- PHYSICAL IMPAIRMENT	1- PHYSICAL IMPAIRMENT				
4- SHOULDER & LAP BELT USED		15- NON-MOTORIST	M- MALE	X- TANKER / HAZMAT	15- MOTOR VEHICLES WITHOUT AIR BRAKES	2- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		99- OTHER / UNKNOWN	U- OTHER / UNKNOWN	GENDER	16- OUTSIDE MIRROR	3- ILLNESS	3- ILLNESS				
6- CHILD RESTRAINT SYSTEM - REAR FACING					17- PROSTHETIC AID	4- FELL ASLEEP, FAINTED, FATIGUED, ETC.	4- FELL ASLEEP, FAINTED, FATIGUED, ETC.				
7- BOOSTER SEAT					18- OTHER	5- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL				
8- HELMET USED						6- COCAINE	6- COCAINE				
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						7- OPIATES / OPIOIDS	7- OPIATES / OPIOIDS				
10- REFLECTIVE CLOTHING						8- OTHER	8- OTHER				
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						9- NEGATIVE RESULTS	9- NEGATIVE RESULTS				
99- OTHER / UNKNOWN											

Union Township Police Dept.

OHIO ACCIDENT INVESTIGATION

122008382

Traffic Crash/Non-Injury

02/2022 08

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-8382	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 8 D 21 Y 22
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>STATE ROUTE 72 / ELLICK LN</u>	

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

I, Isaac Bell Hereby make this voluntary statement to Officer Peary At Accident Scene

- 1) What time did the accident happen? 11:50ish
- 2) What road were you traveling on? 32
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 35-40
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? Not much
- 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 1995 Toyota Corolla

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened? We had a green light. Light where half the cars in my lane went. But an officer was needed. Someone right than so he turned his lights on to run the light. Where 2 cars stopped ahead of me, one with his hazard lights on and the other swerving left to miss the car ahead of him. Where I hit my break as sliding into the truck ahead of me.

Insurance Company Progressive Policy# Q36959919

Signature X Isaac Bell

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OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X A. Peary</u>	51	1/1

Union Township Police Dept.

OHIO TRAFFIC CRASH WITNESS STATEMENT

122008382

Traffic Crash/Non-Injury

02/2022 08

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-8382	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 8 D 21 Y 22
IN COUNTY OF Clermont	CRASH LOCATION STATE ROUTE 32 / ELLICK LN	

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

I, Patrick Race hereby make this voluntary statement to Off. PEARCE At Accident Scene

- 1) What time did the accident happen? 11:55 AM
- 2) What road were you traveling on? St Rt 32 at Ellick Ln Intersection
- 3) What direction were you traveling? West bound on St Rt 32
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 0 MPH
- 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 2003 GMC Sierra 2500 HD

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Patrick Race</u>	<u>103 Fawn Ln, Blanchester OH 45107</u>	<u>Driver</u>

12) Describe what happened?
Upon approaching Intersection West bound on St Rt 32. Car stopped in intersection when a Union Twp cop approached the intersection with his lights and sirens. I came to a complete stop to the left of the car in front of me when the car behind me hit the right rear of the vehicle I was driving. Officer pulled over to us. Took statements and Pictures in a nearby parking lot.

Patrick T Race INS# 34-1-10632497-8 Shelter Ins Co
Nicholas Morris (owner)
Insurance Company Eric Ins Co Policy# Q05-6207884

Signature X

Patrick T Race

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OFFICER'S SIGNATURE <u>X</u> <u>A. Race</u>	UNIT NO. <u>51</u>	PAGE NO. <u>111</u>
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