

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				LOCAL INFORMATION SR 32 / OLIVE BRANCH REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122008449			
COUNTY* 13 LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 08232022 1203			HIT/SKIP 1-SOLVED 2-UNRESOLVED			
ROUTE TYPE SR ROUTE NUMBER 0032 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				LOCATION ROAD NAME SR 32				ROAD TYPE HW LATITUDE DECIMAL DEGREES 39.088528			CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
ROUTE TYPE CR ROUTE NUMBER 0099 PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) OLIVE BRANCH-STONELICK				ROAD TYPE RD LONGITUDE DECIMAL DEGREES 84.225487						
REFERENCE POINT 1 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE W 1-NORTH 2-SOUTH 3-EAST 4-WEST		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		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA						
DISTANCE FROM REFERENCE 200 DISTANCE UNIT OF MEASURE 3 1-MILES 2-FEET 3-YARDS				ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT 04 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 1 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 2-REAR-END 3-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 SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		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 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				WEATHER 01 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL										
NARRATIVE <p>Unit 1 drifted off the right side of the roadway striking a guardrail then a wooden sign causing the vehicle to roll on its side before coming to final rest on its wheels.</p> <p>No citation issued.</p>												 Indicate the north direction with an "N" on the compass diagram.  One-Tenth Mile		
CRASH REPORTED DATE / TIME 08232022 1203		DISPATCH DATE / TIME 08232022 1206		ARRIVAL DATE / TIME 08232022 1210		SCENE CLEARED DATE / TIME 08232022 1515		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
TOTAL TIME ROADWAY CLOSED 0120		OTHER INVESTIGATION TIME		TOTAL MINUTES 0189		OFFICER'S NAME* Kresser, Terrence		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C			SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
						OFFICER'S BADGE NUMBER* 4 6		CHECKED BY OFFICER'S BADGE NUMBER* 8 2						

OWNER

VEHICLE

EVENT(s)

LP STATE

OWNER #

OWNER NAME:

LAST, FIRST, MIDDLE (SAME AS DRIVER)

HAYES JOY A

OWNER ADDRESS:

STREET, CITY, STATE, ZIP (SAME AS DRIVER)

4095 WOODSLEY DR BATAVIA Ohio 45103

COMMERCIAL CARRIER:

NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE:

INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

SAS006

LP STATE

LOCAL REPORT NUMBER
122008449

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 HAYES JOY A					DATE OF BIRTH 06031936	AGE 086	GENDER F			
	ADDRESS: STREET,CITY,STATE, ZIP 4095 WOODSLEY DR, BATAVIA, Ohio, 45103					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) UTFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) Anderson Mercy Hospital CINCINNATI	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 2		
	OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION				CITATION NUMBER		
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 4	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	GENDER			
	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION				CITATION NUMBER		
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	GENDER				
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION				CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	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, RESULTS KNOWN						
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	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 - TOTALLY EJECTED	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD						
2 - EMS	8 - THIRD - MIDDLE	8 - NOT APPLICABLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER / UNKNOWN	8 - OTHER / UNKNOWN	3 - URINE						
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - SLEEPER SECTION OF TRUCK CAB	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	4 - BREATH						
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER / UNKNOWN	10 - OTHER / UNKNOWN	5 - OTHER						
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	11 - LIMITED TO EMPLOYMENT	11 - APPARENTLY NORMAL	11 - APPARENTLY NORMAL	1 - NONE						
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	12 - LIMITED - OTHER	12 - PHYSICAL IMPAIRMENT	12 - PHYSICAL IMPAIRMENT	2 - BLOOD						
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	13 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE						
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14 - MILITARY VEHICLES ONLY	14 - ILLNESS	14 - ILLNESS	4 - OTHER						
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	15 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	1 - AMPHETAMINES						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	2 - BARBITURATES						
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID	3 - BENZODIAZEPINES						
7 - BOOSTER SEAT			18 - OTHER	18 - OTHER	18 - OTHER	4 - CANNABINOID						
8 - HELMET USED						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

LOCAL REPORT NUMBER

122008449

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES			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		
	BAKER MATTHEW					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	19689 SR 250, PATRIOT, Indiana, 47038					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	RACE STEPHANIE LYNN					08301990	031	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	3999 BRANDYCHASE WAY 225, CINCINNATI, Ohio, 45245					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	SEYMOUR VONTIA LYANN					07262002	020	F		
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	1502 STONELICK WOODS DR, BATAVIA, Ohio, 451039114					CONTACT PHONE - INCLUDE AREA CODE				

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008449

Traffic Crash/Injury

8/24/2022 OH3

OHIO CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	22-8449	REPORTING AGENCY	Union Twp	DATE OF CRASH	OH2		
IN COUNTY OF	CLEMONT	CRASH LOCATION	ED SR 32 / olive Branch	M	8		
WEATHER CONDITIONS	Clear <input checked="" type="checkbox"/>	Cloudy <input type="checkbox"/>	Rain <input type="checkbox"/>	Drizzle <input type="checkbox"/>	Snow <input type="checkbox"/>	Fog <input type="checkbox"/>	Other <input type="checkbox"/>
ROAD CONDITIONS	Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Standing <input type="checkbox"/>	Water <input type="checkbox"/>	Other <input type="checkbox"/>
COORDINATE DIAGRAM MEASUREMENT FORM							
REFERENCE POINT (RP) DESCRIPTION / LOCATION	OVER HEAD LAMP @ olive Branch off ramp						
BASELINE DESCRIPTION LOCATION	WHITE FOG LINE SOUTH SIDE OF SR 32						
REFERENCE POINT (RP) TO BASELINE ORIGIN ("0" POINT)	45'						
	DIRECTION FROM (RP) TO ORIGIN ("0" POINT)						
"0" POINT TO	N	E	W	S			
A	40°			12°	TIRE OFF RAMP		
B	115°			8	START TIRE MARK		
C	176°			89	SCUFF		
D	180°			92	SCUFF		
E	192°			93	START TIRE MARK		
F	197			87	START TIRE MARK		
G	272°			7°	GOUGES / SIDE IN R		
H	273°			125	GUARD RAIL POST		
I	278°			8	GOUGES & RAIL		
J	280			125	GUARD RAIL POST END BARRIER		
K	284			101	TIRE		
L	289			92	END TIRE MARK		
M	286°			216	END TIRE MARK		
N	296°			199	CATANIA SIGN		
O	313			24	IMPACT / AFTER ROTATION		
P	318°			26°	IMPACT / AFTER ROTATION		
Q	322°			292	IMPACT / AFTER ROTATION		
R	333			23	IMPACT / AFTER ROTATION		
S							
T							
U							
V							
W							
X							
Y							
Z							
AA							
BB							
CC							
DD							
EE							
FF							
DATE COMPLETED	TIME COMPLETED	NAME		ID NUMBER			
8-23-22	1300	Kresser, T.		46			

NOT TO SCALE

SR 32

Olive Branch off ramp

ORP

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008449

Traffic Crash/Injury

8/24/2022 OH3



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-8449	Union Twp	M 08 D 23 Y 22

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

1. Stephanie Race

PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. McGill

OFFICER'S NAME

AT

SCENE

LOCATION

Q. What happened?

A. Silver car was headed toward batavia. Went to the right & the right lane hitting the guard rail flipping and landing.

Q. Did you speak to the driver?

A. No, I just helped open the passenger door.

Q. Prior to the crash, did you notice the vehicle unable to maintain its lane?

A. Near speedway, she drifted to the left one time.

Q. Do you have anything to add?

A. No.

ADDRESS OF WITNESS

3999 Brandy Chase Way Apt 725 Cincinnati OH 45245

SIGNATURE OF WITNESS

X Sr

OFFICER'S SIGNATURE

XTP. J. Mudill

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008449

Traffic Crash/Injury

8/24/2022 OH3



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-8849	Union Twp	M 6 23 22

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

1. Matthew Baker

PRINTED

TPR WILLIS 1604

OFFICER'S NAME

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

AT ON Scene

LOCATION

- I was 150' behind. saw car swerve a little then just slow move to the right and drive straight into the guard rail. no brake lights. I pulled over and ran to the car. opened passenger door and cut off the side curtain air bag. 1 woman inside conscience and alert she just seemed confused.

ADDRESS OF WITNESS

19699 SR 250 Patriot, IN 47038

SIGNATURE OF WITNESS



OFFICER'S SIGNATURE



1604