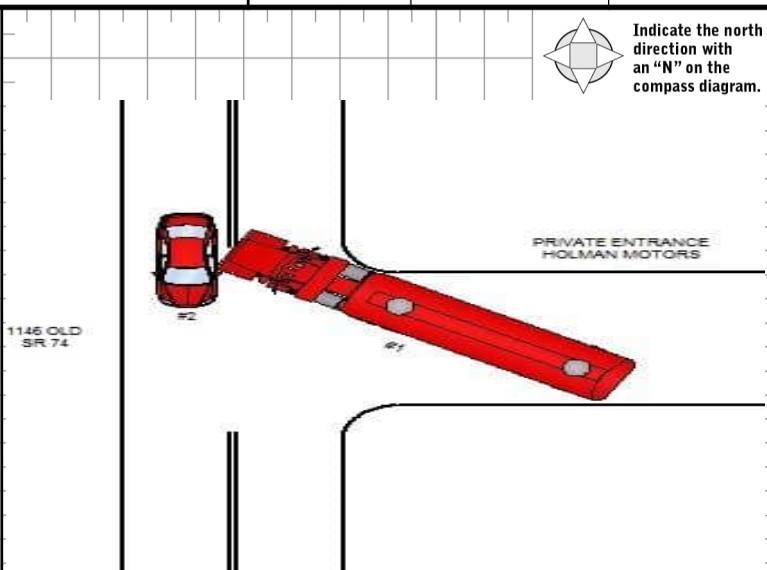


TRAFFIC CRASH REPORT

*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 1146 OLD SR 74 REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316			LOCAL REPORT NUMBER* 122008530						
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			CRASH DATE / TIME* 08252022 0757						
REFERENCE LOCATION CR 0171	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME OLD SR 74	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.093712						
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1146	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.247656						
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 CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	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		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
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 8 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN			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			CONDITIONS 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN			SURFACE 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 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 was making a right turn out of Holman Motors onto eastbound Old SR 74 and went left of center striking Unit #2 in a sideswipe collision (westbound Old SR 74).</p>						 <p>Indicate the north direction with an "N" on the compass diagram.</p>						
CRASH REPORTED DATE / TIME 08252022 0757		DISPATCH DATE / TIME 08252022 0812		ARRIVAL DATE / TIME 08252022 0826		SCENE CLEARED DATE / TIME 08252022 0955		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)				
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0103		OFFICER'S NAME* Pangallo, Joseph II		CHECKED BY OFFICER'S NAME* Williams, Eric J				
						OFFICER'S BADGE NUMBER* 3 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 5				

OWNER UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) COCA COLA BOTTLING COMPANY			OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)									
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5600 DUCK CREEK RD CINCINNATI, Ohio, 45227			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Coca Cola Bottling Company 5600 DUCK CREEK RD CINCINNATI, Ohio, 45227									
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 5 1 3 6 7 8 4 6 3 9													
LP STATE V A	LICENSE PLATE # 17444PZ	VEHICLE IDENTIFICATION # 1F1UB1C1YD1516H1W18014210			VEHICLE YEAR 2006	VEHICLE MAKE FREIGHTLINER							
INSURANCE VERIFIED X	INSURANCE COMPANY ACE AMERICAN INSURANCE	INSURANCE POLICY # MMT 25282450			COLOR RED	VEHICLE MODEL M2							
TYPE OF USE X COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 1 4 4 1 1 6 2		TOWED BY: COMPANY NAME									
INTERLOCK DEVICE EQUIPPED <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 <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD									
UNIT TYPE 15		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 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			
1 # OF TRAILING UNITS													
2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/ UNKNOWN		0 AUTONOMOUS MODE LEVEL		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		9 - UNKNOWN					
01 SPECIAL FUNCTION		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 - SAFETY SERVICE PATROL		21 - MAIL CARRIER 99 - OTHER/ UNKNOWN			
99 CARGO BODY TYPE		1 - NO CARGO BODY TYPE 2 - BUS		3 - VEHICLE TOWING ANOTHER 4 - LOGGING		5 - INTERMODAL CONTAINER 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 99 - OTHER/ UNKNOWN			
00 VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		99 - OTHER/ UNKNOWN			
00 NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK		9 - MEDIAN/ CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/ UNKNOWN			
3 ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 6 - & STRUCK 7 - ACTIONS		05 3 - CHANGING LANES 4 - OVERTAKING/ PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		1 - STRAIGHT AHEAD 2 - BACKING 3 - PRE-CRASH 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 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 99 - OTHER/ UNKNOWN	
07 CONTRIBUTING CIRCUMSTANCES		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 99 - OTHER IMPROPER ACTION			
SEQUENCE OF EVENTS													
EVENTS													
1 20		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 MOVEABLE OBJECT			
4 5 6		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 36 - MEDIAN OTHER BARRIER		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 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 99 - OTHER/ UNKNOWN			
1		FIRST HARMFUL EVENT		1		MOST HARMFUL EVENT							

LOCAL REPORT NUMBER	
122008530	
DAMAGE	
DAMAGE SCALE	
1 - NONE	3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE	4 - DISABLING DAMAGE
9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE	14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
13 - TOP	99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	2 - SIGNAL
<u>2</u>	3 - FLASHER
<u>6</u>	4 - STOP SIGN
5 - YIELD SIGN	
6 - NO CONTROL	
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>2</u>	1 - NOT INVOLVED
<u>1</u>	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	DETECTED SPEED
<u>5</u>	1 - STATED / ESTIMATED SPEED
<u>1</u>	2 - CALCULATED / ED
	3 - UNDETERMINED
POSTED SPEED	
<u>45</u>	

OWNER

VEHICLE

EVENT(s)

UNIT # **02**

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
MORRIS TAYLOR PAIGE

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

4432 GENE LANE BATAVIA, Ohio, 45103

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH**

LICENSE PLATE # **JSQ5823**

VEHICLE IDENTIFICATION # **JT1DKN131DU9B15130150109**

VEHICLE YEAR **2011**

VEHICLE MAKE **TOYOTA**

INSURANCE VERIFIED

INSURANCE COMPANY **Progressive Insurance**

INSURANCE POLICY # **960050286**

COLOR **RED**

VEHICLE MODEL **PRIUS**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

OCCUPANTS **03**

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 # **CLAS#** **PLACARD ID #**

UNIT TYPE **01**

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

7 - PASSENGER CAR

8 - PASSENGER VAN (MINIVAN)

9 - SPORT UTILITY VEHICLE

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

28 - ANIMAL DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES

2 - NO

3 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

SPECIAL FUNCTION **01**

4 - SCHOOL TRANSPORT

5 - BUS - TRANSIT/COMMUTER

6 - ELECTRONIC RIDE SHARING

7 - TAXI

8 - BUS - SHUTTLE

9 - BUS - OTHER

10 - AMBULANCE

11 - MIDBLOCK - MARKED CROSSWALK

12 - INTERSECTION - MARKED CROSSWALK

13 - INTERSECTION - UNMARKED CROSSWALK

14 - TURN SIGNALS

15 - HEAD LAMPS

16 - BRAKES

17 - STEERING

18 - DEFECTIVE

19 - TIRE BLOWOUT

20 - SIDEWALK

21 - TURN SIGNALS

22 - HEAD LAMPS

23 - TAIL LAMPS

24 - BRAKES

25 - STEERING

26 - DEFECTIVE

27 - TIRE BLOWOUT

28 - SIDEWALK

29 - TURN SIGNALS

30 - HEAD LAMPS

31 - BRAKES

32 - STEERING

33 - DEFECTIVE

34 - TIRE BLOWOUT

35 - SIDEWALK

36 - TURN SIGNALS

37 - HEAD LAMPS

38 - BRAKES

39 - STEERING

40 - DEFECTIVE

41 - TIRE BLOWOUT

42 - SIDEWALK

43 - TURN SIGNALS

44 - HEAD LAMPS

45 - BRAKES

46 - STEERING

47 - DEFECTIVE

48 - TIRE BLOWOUT

49 - SIDEWALK

50 - TURN SIGNALS

51 - HEAD LAMPS

52 - BRAKES

53 - STEERING

54 - DEFECTIVE

55 - TIRE BLOWOUT

56 - SIDEWALK

57 - TURN SIGNALS

58 - HEAD LAMPS

59 - BRAKES

60 - STEERING

61 - DEFECTIVE

62 - TIRE BLOWOUT

63 - SIDEWALK

64 - TURN SIGNALS

65 - HEAD LAMPS

66 - BRAKES

67 - STEERING

68 - DEFECTIVE

69 - TIRE BLOWOUT

70 - SIDEWALK

71 - TURN SIGNALS

72 - HEAD LAMPS

73 - BRAKES

74 - STEERING

75 - DEFECTIVE

76 - TIRE BLOWOUT

77 - SIDEWALK

78 - TURN SIGNALS

79 - HEAD LAMPS

80 - BRAKES

81 - STEERING

82 - DEFECTIVE

83 - TIRE BLOWOUT

84 - SIDEWALK

85 - TURN SIGNALS

86 - HEAD LAMPS

87 - BRAKES

88 - STEERING

89 - DEFECTIVE

90 - TIRE BLOWOUT

91 - SIDEWALK

92 - TURN SIGNALS

93 - HEAD LAMPS

94 - BRAKES

95 - STEERING

96 - DEFECTIVE

97 - TIRE BLOWOUT

98 - SIDEWALK

99 - TURN SIGNALS

100 - HEAD LAMPS

101 - BRAKES

102 - STEERING

103 - DEFECTIVE

104 - TIRE BLOWOUT

105 - SIDEWALK

106 - TURN SIGNALS

107 - HEAD LAMPS

108 - BRAKES

109 - STEERING

110 - DEFECTIVE

111 - TIRE BLOWOUT

112 - SIDEWALK

113 - TURN SIGNALS

114 - HEAD LAMPS

115 - BRAKES

116 - STEERING

117 - DEFECTIVE

118 - TIRE BLOWOUT

119 - SIDEWALK

120 - TURN SIGNALS

121 - HEAD LAMPS

122 - BRAKES

123 - STEERING

124 - DEFECTIVE

125 - TIRE BLOWOUT

126 - SIDEWALK

127 - TURN SIGNALS

128 - HEAD LAMPS

129 - BRAKES

130 - STEERING

131 - DEFECTIVE

132 - TIRE BLOWOUT

133 - SIDEWALK

134 - TURN SIGNALS

135 - HEAD LAMPS

136 - BRAKES

137 - STEERING

138 - DEFECTIVE

139 - TIRE BLOWOUT

140 - SIDEWALK

141 - TURN SIGNALS

142 - HEAD LAMPS

143 - BRAKES

144 - STEERING

145 - DEFECTIVE

146 - TIRE BLOWOUT

147 - SIDEWALK

148 - TURN SIGNALS

149 - HEAD LAMPS

150 - BRAKES

151 - STEERING

152 - DEFECTIVE

153 - TIRE BLOWOUT

154 - SIDEWALK

155 - TURN SIGNALS

156 - HEAD LAMPS

157 - BRAKES

158 - STEERING

159 - DEFECTIVE

160 - TIRE BLOWOUT

161 - SIDEWALK

162 - TURN SIGNALS

163 - HEAD LAMPS

164 - BRAKES

165 - STEERING

166 - DEFECTIVE

167 - TIRE BLOWOUT

168 - SIDEWALK

169 - TURN SIGNALS

170 - HEAD LAMPS

171 - BRAKES

172 - STEERING

173 - DEFECTIVE

174 - TIRE BLOWOUT

175 - SIDEWALK

176 - TURN SIGNALS

177 - HEAD LAMPS

178 - BRAKES

179 - STEERING

180 - DEFECTIVE

181 - TIRE BLOWOUT

182 - SIDEWALK

183 - TURN SIGNALS

184 - HEAD LAMPS

185 - BRAKES

186 - STEERING

187 - DEFECTIVE

188 - TIRE BLOWOUT

189 - SIDEWALK

190 - TURN SIGNALS

191 - HEAD LAMPS

192 - BRAKES

193 - STEERING

194 - DEFECTIVE

195 - TIRE BLOWOUT

196 - SIDEWALK

197 - TURN SIGNALS

198 - HEAD LAMPS

199 - BRAKES

200 - STEERING

201 - DEFECTIVE

202 - TIRE BLOWOUT

203 - SIDEWALK

204 - TURN SIGNALS

205 - HEAD LAMPS

206 - BRAK

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	MORGAN TODD A					02171966	056	M			
ADDRESS: STREET,CITY,STATE, ZIP		1003 ABILENE CT, HAMILTON, Ohio, 45013					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5						04		01	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
**				4511.33					0131635082520220905			
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				
02	MORRIS TAYLOR PAIGE					01032001	021	F				
ADDRESS: STREET,CITY,STATE, ZIP		4432 GENE LANE, 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	
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				
						000	000	000				
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	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

LOCAL REPORT NUMBER

122008530

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 ECCLES VICTOR				DATE OF BIRTH	AGE	GENDER		
					05262019	003	U			
	ADDRESS: STREET, CITY, STATE, ZIP 4432 GENE LANE, 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				05	04	01	1	1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 ECCLES EMMRICK				DATE OF BIRTH	AGE	GENDER		
					03012017	005	U			
	ADDRESS: STREET, CITY, STATE, ZIP 4432 GENE LANE, 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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5				04	06	01	1	1	
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	<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					
	INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE						
	1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED						
	2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT						
	3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE						
	4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE						
	5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE						
	INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	9 - DEPLOYMENT UNKNOWN						
	1 - NOT TRANSPORTED /TREATED AT SCENE		7 - BOOSTER SEAT	EJECTION						
	2 - EMS		8 - HELMET USED	1 - NOT EJECTED						
	3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	2 - PARTIALLY EJECTED						
	9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING	3 - TOTALLY EJECTED						
	GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	4 - NOT APPLICABLE						
	F - FEMALE		99 - OTHER / UNKNOWN	TRAPPED						
	M - MALE			1 - NOT TRAPPED						
	U - OTHER / UNKNOWN			2 - EXTRICATED BY MECHANICAL MEANS						
					3 - FREED BY NON-MECHANICAL MEANS					
WITNESS	NAME: LAST, FIRST, MIDDLE TODD MICHAEL D				DATE OF BIRTH	AGE	GENDER			
			06201965	057	M					
	ADDRESS: STREET, CITY, STATE, ZIP 1146 OLD STATE ROUTE 74, BATAVIA, Ohio, 451031502				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008530

Traffic Crash/Non-Injury

8/30/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 122008530	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 8 25 Y 21
IN COUNTY OF Clermont	CRASH LOCATION 1416 Old SR 74	

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

I, Taylor Morris hereby make this voluntary statement to _____ At Accident Scene

- 1) What time did the accident happen? 8:00 am
- 2) What road were you traveling on? Old State Route 74
- 3) What direction were you traveling? Straight West
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? between 35 - 45
- 6) What is the speed limit? 45
- 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.
4432 Gene In Batavia OH 45103
- 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 2011 Toyota Prius
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Taylor Morris	4432 Gene In, Batavia, OH, 45103	Driver
Victor Eccles		left rear
Emmrick Eccles		right rear

12) Describe what happened?

Was driving down Old State Route 74 when the truck turned and was suddenly in my lane then I was collided into the corner of his semi

Insurance Company Progressive Policy# 9100050286

Signature X



Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008530

Traffic Crash/Non-Injury

8/30/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>2L-8530</i>	REPORTING AGENCY Union Township Police Department	DATE OF CRASH <i>M 8 D 25 Y 22</i>
IN COUNTY OF Clermont	CRASH LOCATION <i>1146 Old 74</i>	

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

I, Todd Morgan Hereby make this voluntary statement to At Accident Scene

- 1) What time did the accident happen? 8:15 AM
- 2) What road were you traveling on? Elk LIn
- 3) What direction were you traveling? EAST
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? 5 mph
- 6) What is the speed limit? 35
- 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 2006 Freightliner M2

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

Turning right out of Holman Motors hit car that was coming the other way.

Insurance Company Ace American Ins. Co. Policy# MMT 25282450

2006 Freightliner M2

Signature X



OFFICER'S SIGNATURE

X *Todd Morgan*

UNIT NO.

PAGE NO.