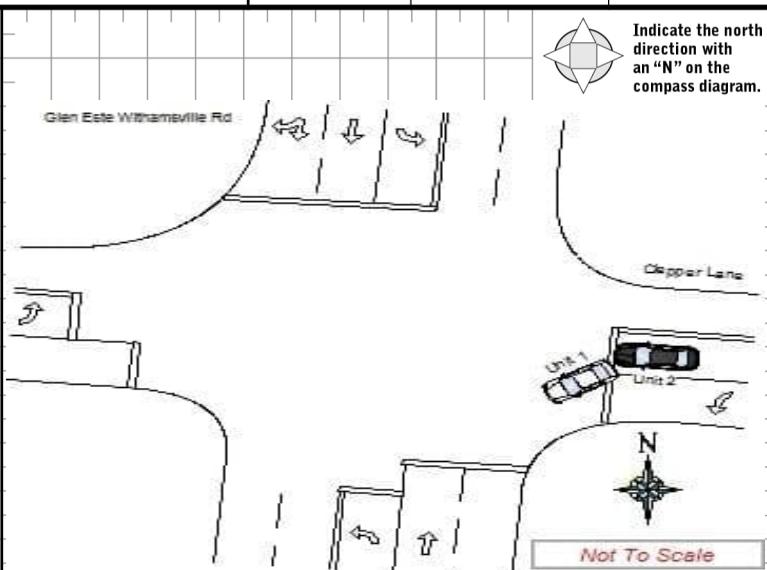


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION CLEPPER LANE		LOCAL REPORT NUMBER* 122007847		
<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* 08062022 1153	UNIT IN ERROR 01 98 - ANIMAL 01 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE TR	ROUTE NUMBER 252	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	LOCATION ROAD NAME CLEPPER		ROAD TYPE LA	LATITUDE DECIMAL DEGREES 39.094666	
	ROUTE TYPE CR	ROUTE NUMBER 55	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLEN ESTE WITHAMSVILLE		ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.264236	
REFERENCE POINT 1	DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 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	ROUTE TYPE RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE FROM REFERENCE 5	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				NUMBER OF APPROACHES <input type="checkbox"/> 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 2 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - REAR-END 10 - HEAD-ON 11 - 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 SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 3	CONDITIONS 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		
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 04 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE On the listed date and time both units were attempting to make a left hand turn (North) from Clepper@ Glen Este Withamsville Rd. Unit 1 was in the inside lane while unit 2 was in the outside lane. Unit 1 drifted into the outside lane while making the turn. the rear of unit 1 struck the front of unit 2.								
								
CRASH REPORTED DATE / TIME 08062022 1153		DISPATCH DATE / TIME 08062022 1154		ARRIVAL DATE / TIME 08062022 1157		SCENE CLEARED DATE / TIME 08062022 1230	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME	TOTAL MINUTES 0036	OFFICER'S NAME* Koszo, Alexander		CHECKED BY OFFICER'S NAME* Combs, Rodney D	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
				OFFICER'S BADGE NUMBER* 1 7		CHECKED BY OFFICER'S BADGE NUMBER* 8 1		

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

01

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
LUCAS TINA LYNN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
26 ROBIN WAY AMELIA OHIO 45102

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

INSURANCE COMPANY

INSURANCE POLICY #

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

UNIT #

UNIT TYPE

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

30 - HIT/SKIP

31 - PEDESTRIAN / SKATER

32 - WHEELCHAIR (ANY TYPE)

33 - OTHER NON-MOTORIST

34 - BICYCLE

35 - TRAIN

36 - ANIMAL DRAWN VEHICLE

37 - UNKNOWN OR HIT/SKIP

38 - HIT/SKIP

39 - PEDESTRIAN / SKATER

40 - WHEELCHAIR (ANY TYPE)

41 - OTHER NON-MOTORIST

42 - BICYCLE

43 - TRAIN

44 - ANIMAL DRAWN VEHICLE

45 - UNKNOWN OR HIT/SKIP

46 - HIT/SKIP

47 - PEDESTRIAN / SKATER

48 - WHEELCHAIR (ANY TYPE)

49 - OTHER NON-MOTORIST

50 - BICYCLE

51 - TRAIN

52 - ANIMAL DRAWN VEHICLE

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54 - HIT/SKIP

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59 - TRAIN

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64 - WHEELCHAIR (ANY TYPE)

65 - OTHER NON-MOTORIST

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86 - HIT/SKIP

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91 - TRAIN

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94 - HIT/SKIP

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99 - TRAIN

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101 - UNKNOWN OR HIT/SKIP

102 - HIT/SKIP

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104 - WHEELCHAIR (ANY TYPE)

105 - OTHER NON-MOTORIST

106 - BICYCLE

107 - TRAIN

108 - ANIMAL DRAWN VEHICLE

109 - UNKNOWN OR HIT/SKIP

110 - HIT/SKIP

111 - PEDESTRIAN / SKATER

112 - WHEELCHAIR (ANY TYPE)

113 - OTHER NON-MOTORIST

114 - BICYCLE

115 - TRAIN

116 - ANIMAL DRAWN VEHICLE

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118 - HIT/SKIP

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126 - HIT/SKIP

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128 - WHEELCHAIR (ANY TYPE)

129 - OTHER NON-MOTORIST

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136 - WHEELCHAIR (ANY TYPE)

137 - OTHER NON-MOTORIST

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139 - TRAIN

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155 - TRAIN

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158 - HIT/SKIP

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160 - WHEELCHAIR (ANY TYPE)

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162 - BICYCLE

163 - TRAIN

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165 - UNKNOWN OR HIT/SKIP

166 - HIT/SKIP

167 - PEDESTRIAN / SKATER

168 - WHEELCHAIR (ANY TYPE)

169 - OTHER NON-MOTORIST

170 - BICYCLE

171 - TRAIN

172 - ANIMAL DRAWN VEHICLE

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174 - HIT/SKIP

175 - PEDESTRIAN / SKATER

176 - WHEELCHAIR (ANY TYPE)

177 - OTHER NON-MOTORIST

178 - BICYCLE

179 - TRAIN

180 - ANIMAL DRAWN VEHICLE

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182 - HIT/SKIP

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198 - HIT/SKIP

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206 - HIT/SKIP

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214 - HIT/SKIP

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222 - HIT/SKIP

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224 - WHEELCHAIR (ANY TYPE)

225 - OTHER NON-MOTORIST

226 - BICYCLE

227 - TRAIN

228 - ANIMAL DRAWN VEHICLE

229 - UNKNOWN OR HIT/SKIP

230 - HIT/SKIP

231 - PEDESTRIAN / SKATER

232 - WHEELCHAIR (ANY TYPE)

233 - OTHER NON-MOTORIST

234 - BICYCLE

235 - TRAIN

236 - ANIMAL DRAWN VEHICLE

237 - UNKNOWN OR HIT/SKIP

238 - HIT/SKIP

OWNER

VEHICLE

EVENT(s)

UNIT # **02**

OWNER

LP STATE **OH**

INSURANCE VERIFIED **✓**

UNIT TYPE **01**

SPECIAL FUNCTION **01**

CARGO BODY TYPE **01**

NON-MOTORIST LOCATION AT IMPACT **00**

ACTION **4**

CONTRIBUTING CIRCUMSTANCES **01**

SEQUENCE OF EVENTS **20**

COLLISION WITH FIXED OBJECT - STRUCK **4**

FIRST HARMFUL EVENT **1**

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

REDMOND DAVID ALLEN

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

1289 BETHEL NEW RICHMOND RD NEW RICHMOND OHIO 45157

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **02** LICENSE PLATE # **989ZKL**

VEHICLE IDENTIFICATION # **2G11Z5S1A3G912071584**

VEHICLE YEAR **2016**

VEHICLE MAKE **Chevrolet**

INSURANCE COMPANY **SELECTIVE INSURANCE**

INSURANCE POLICY #

COLOR **BLK**

VEHICLE MODEL **Impala**

TYPE OF USE **COMMERCIAL**

IN EMERGENCY RESPONSE

US DOT #

INTERLOCK DEVICE EQUIPPED **✓**

HIT/SKIP UNIT

VEHICLE WEIGHT GVWR/GCWR

#OCCUPANTS **01**

1 - PASSENGER CAR

7 - MOTORCYCLE 2-WHEELED

12 - GOLF CART

2 - PASSENGER VAN (MINIVAN)

8 - MOTORCYCLE 3-WHEELED

18 - LIMO (LIVERY VEHICLE)

3 - SPORT UTILITY VEHICLE

9 - AUTOCYCLE

23 - PEDESTRIAN / SKATER

4 - PICK UP

10 - MOPED OR MOTORIZED

19 - BUS (16+ PASSENGERS)

5 - CARGO VAN

BICYCLE

24 - WHEELCHAIR (ANY TYPE)

6 - VAN (9-15 SEATS)

11 - ALL-TERRAIN VEHICLE (ATV/ UTV)

25 - OTHER NON-MOTORIST

1 - NO AUTOMATION

1 - DRIVER ASSISTANCE

21 - HEAVY EQUIPMENT

2 - NO AUTOMATION

2 - PARTIAL AUTOMATION

26 - BICYCLE

3 - NO AUTOMATION

3 - CONDITIONAL AUTOMATION

27 - TRAIN

4 - NO AUTOMATION

4 - HIGH AUTOMATION

99 - UNKNOWN

5 - NO AUTOMATION

5 - FULL AUTOMATION

1 - NONE

6 - BUS - CHARTER/TOUR

16 - FARM

2 - TAXI

7 - BUS - INTERCITY

21 - MAIL CARRIER

3 - ELECTRONIC RIDE SHARING

8 - BUS - SHUTTLE

22 - MILITARY

4 - SCHOOL TRANSPORT

9 - BUS - OTHER

23 - OTHER

5 - BUS - TRANSIT/COMMUTER

10 - AMBULANCE

24 - PUBLIC UTILITY

1 - NO CARGO BODY TYPE / NOT APPLICABLE

3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE

25 - CONSTRUCTION EQUIPMENT

2 - BUS

4 - LOGGING

26 - GARBAGE/REFUSE

1 - TURN SIGNALS

2 - HEAD LAMPS

27 - SNOW REMOVAL

3 - TAIL LAMPS

6 - BRAKES

28 - TOWING

1 - NO AUTOMATION

5 - STEERING

29 - APPROACHING

2 - NO AUTOMATION

8 - TRAILER EQUIPMENT

30 - LEAVING

3 - NO AUTOMATION

7 - WORN OR SLICK TIRES

31 - APPROVING

4 - NO AUTOMATION

10 - DEFECTIVE

32 - APPROVING

5 - NO AUTOMATION

11 - DEFECTIVE

33 - APPROVING

6 - NO AUTOMATION

12 - DEFECTIVE

34 - APPROVING

1 - NO AUTOMATION

13 - DEFECTIVE

35 - APPROVING

2 - NO AUTOMATION

14 - DEFECTIVE

36 - APPROVING

3 - NO AUTOMATION

15 - DEFECTIVE

37 - APPROVING

4 - NO AUTOMATION

16 - DEFECTIVE

38 - APPROVING

5 - NO AUTOMATION

17 - DEFECTIVE

39 - APPROVING

6 - NO AUTOMATION

18 - DEFECTIVE

40 - APPROVING

7 - NO AUTOMATION

19 - DEFECTIVE

41 - APPROVING

8 - NO AUTOMATION

20 - DEFECTIVE

42 - APPROVING

9 - NO AUTOMATION

21 - DEFECTIVE

43 - APPROVING

10 - NO AUTOMATION

22 - DEFECTIVE

44 - APPROVING

11 - NO AUTOMATION

23 - DEFECTIVE

45 - APPROVING

12 - NO AUTOMATION

24 - DEFECTIVE

46 - APPROVING

13 - NO AUTOMATION

25 - DEFECTIVE

47 - APPROVING

14 - NO AUTOMATION

26 - DEFECTIVE

48 - APPROVING

15 - NO AUTOMATION

27 - DEFECTIVE

49 - APPROVING

16 - NO AUTOMATION

28 - DEFECTIVE

50 - APPROVING

17 - NO AUTOMATION

29 - DEFECTIVE

51 - APPROVING

18 - NO AUTOMATION

30 - DEFECTIVE

52 - APPROVING

19 - NO AUTOMATION

31 - DEFECTIVE

53 - APPROVING

20 - NO AUTOMATION

32 - DEFECTIVE

54 - APPROVING

21 - NO AUTOMATION

33 - DEFECTIVE

55 - APPROVING

22 - NO AUTOMATION

34 - DEFECTIVE

56 - APPROVING

23 - NO AUTOMATION

35 - DEFECTIVE

57 - APPROVING

24 - NO AUTOMATION

36 - DEFECTIVE

58 - APPROVING

25 - NO AUTOMATION

37 - DEFECTIVE

59 - APPROVING

26 - NO AUTOMATION

38 - DEFECTIVE

60 - APPROVING

27 - NO AUTOMATION

39 - DEFECTIVE

61 - APPROVING

28 - NO AUTOMATION

40 - DEFECTIVE

62 - APPROVING

29 - NO AUTOMATION

41 - DEFECTIVE

63 - APPROVING

30 - NO AUTOMATION

42 - DEFECTIVE

64 - APPROVING

1 - NO AUTOMATION

43 - DEFECTIVE

65 - APPROVING

2 - NO AUTOMATION

44 - DEFECTIVE

66 - APPROVING

3 - NO AUTOMATION

45 - DEFECTIVE

67 - APPROVING

4 - NO AUTOMATION

46 - DEFECTIVE

68 - APPROVING

5 - NO AUTOMATION

47 - DEFECTIVE

69 - APPROVING

6 - NO AUTOMATION

48 - DEFECTIVE

70 - APPROVING

7 - NO AUTOMATION

49 - DEFECTIVE

71 - APPROVING

8 - NO AUTOMATION

50 - DEFECTIVE

72 - APPROVING

9 - NO AUTOMATION

51 - DEFECTIVE

73 - APPROVING

10 - NO AUTOMATION

52 - DEFECTIVE

74 - APPROVING

11 - NO AUTOMATION

53 - DEFECTIVE

75 - APPROVING

12 - NO AUTOMATION

54 - DEFECTIVE

76 - APPROVING

13 - NO AUTOMATION

55 - DEFECTIVE

77 - APPROVING

14 - NO AUTOMATION

56 - DEFECTIVE

78 - APPROVING

15 - NO AUTOMATION

57 - DEFECTIVE

79 - APPROVING

16 - NO AUTOMATION

58 - DEFECTIVE

80 - APPROVING

17 - NO AUTOMATION

59 - DEFECTIVE

81 - APPROVING

18 - NO AUTOMATION

60 - DEFECTIVE

82 - APPROVING

19 - NO AUTOMATION

61 - DEFECTIVE

83 - APPROVING

20 - NO AUTOMATION

62 - DEFECTIVE

84 - APPROVING

21 - NO AUTOMATION

63 - DEFECTIVE

85 - APPROVING

22 - NO AUTOMATION

64 - DEFECTIVE

86 - APPROVING

23 - NO AUTOMATION

65 - DEFECTIVE

LOCAL REPORT NUMBER
122007847

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	01	LUCAS TINA LYNN					08111960	061	F	
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
26 ROBIN WAY, AMELIA, Ohio, 45102										
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5					04	<input type="checkbox"/>	01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**			4511.33					0131617080620221206		
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	1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02	REDMOND DAVID ALLEN					05021965	057	M		
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
1289 BETHEL NEW RICHMOND RD, 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	<input type="checkbox"/>	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	1	1	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
						<input type="checkbox"/>				
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	1	1	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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	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 HAND-HELD COMMUNICATION DEVICE	6 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	7 - TEST GIVEN, RESULTS UNKNOWN				
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - BLOOD	8 - TEST GIVEN, RESULTS UNKNOWN				
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - URINE	9 - TEST GIVEN, RESULTS UNKNOWN				
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	10 - BREATH	10 - TEST GIVEN, RESULTS UNKNOWN				
SAFETY EQUIPMENT	4 - NOT APPLICABLE	TRAPPED	N - TANKER	11 - LIMITED TO EMPLOYMENT	11 - OTHER	11 - TEST GIVEN, RESULTS UNKNOWN				
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	12 - APPARENTLY NORMAL	12 - TEST GIVEN, RESULTS UNKNOWN				
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - PHYSICAL IMPAIRMENT	13 - TEST GIVEN, RESULTS UNKNOWN				
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	14 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	14 - TEST GIVEN, RESULTS UNKNOWN				
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - ILLNESS	15 - TEST GIVEN, RESULTS UNKNOWN				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	16 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	16 - TEST GIVEN, RESULTS UNKNOWN				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		GENDER	17 - PROSTHETIC AID	17 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	17 - TEST GIVEN, RESULTS UNKNOWN				
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER	18 - OTHER / UNKNOWN	18 - TEST GIVEN, RESULTS UNKNOWN				
8 - HELMET USED			M - MALE			19 - TEST GIVEN, RESULTS UNKNOWN				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			20 - TEST GIVEN, RESULTS UNKNOWN				
10 - REFLECTIVE CLOTHING						21 - TEST GIVEN, RESULTS UNKNOWN				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						22 - TEST GIVEN, RESULTS UNKNOWN				
99 - OTHER / UNKNOWN						23 - TEST GIVEN, RESULTS UNKNOWN				

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007847

Traffic Crash/Non-Injury

8/08/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-7847	Union Township Police Department	08 06 22
IN COUNTY OF	CRASH LOCATION	
Clermont	Clepper GE	

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

I, DAVID REDMOND Hereby make this voluntary statement to Officer Koszo #17 At Accident Scene

- 1) What time did the accident happen? 12:01 pm
- 2) What road were you traveling on? Clepper
- 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? 3 mph
- 6) What is the speed limit? 25
- 7) Is there anything you could have done to avoid the accident? N/A
- 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) Make of Vehicle Chevrolet Model Impala Color Black Year 2010 License Plate 9892KL
- 11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position

- 12) Describe what happened?

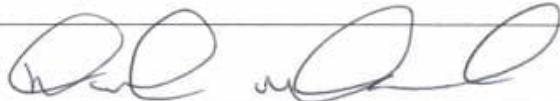
CAR IN front of me switched into my lane right at the Red light, I didn't have enough room to stop in time

Vehicle Owner Name/address DAVID REDMOND 1289 Beech- New Richmond Rd 45157

Insurance Company Selective Ins Policy Number F 5275561

13) Home phone: _____ Work phone: _____ Cell Phone: _____

Signature X



OFFICER'S SIGNATURE

X POK

UNIT NO.

2

PAGE NO.

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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007847

Traffic Crash/Non-Injury

8/08/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22-7847</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 8 D 6 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>Clepper / Glen Este Withamsville</u>	

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

I, Tina Lucas Hereby make this voluntary statement to Officer Koszo #17 At Accident Scene

- 1) What time did the accident happen? 11:45? am
- 2) What road were you traveling on? Clepper Rd
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? maybe 5 mph
- 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.
479 Gennie Ln Cincinnati Oh 45244
- 9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Make of Vehicle Chevy Model Sonic Color white Year 2019 License Plate HGU7605
- 11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>Tina Lucas</u>	<u>479 Gennie Ln</u>	<u>513-6738</u>	<u>8-11-60</u>	<u>Driving</u>

- 12) Describe what happened?
I was coming up on a light, and I needed the other to turn blinder on, took did not see a car so I turn - then a black car came for no worse and hit me.

Vehicle Owner Name/address <u>Tommy & Tina Lucas</u>	Insurance Company <u>State Farm</u>	Policy Number <u>Q06 5208877</u>
13) Home phone: _____	Work phone: _____	Cell Phone: [REDACTED]
Signature X <u>Tina Lucas</u>		

OFFICER'S SIGNATURE <u>X PO [Signature]</u>	UNIT NO. <u>)</u>	PAGE NO. <u>1</u>
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