

## 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 1107 SR 32 REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122007944		
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 08092022 1625		UNIT IN ERROR 03 01 98-ANIMAL 99-UNKNOWN			
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME SR 32		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.090019		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY		
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 1107		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.245010				
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		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		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		NUMBER OF APPROACHES <input checked="" type="checkbox"/> ROADWAY <input checked="" 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-REAR-END 6-SIDEWIPE, SAME DIRECTION 7-SIDEWIPE, OPPOSITE DIRECTION 8-HEAD-ON 9-OTHER / UNKNOWN				DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 4 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 checked="" type="checkbox"/> WORK ZONE RELATED <input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 4 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 4 1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 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				6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		1107 SR 32			
NARRATIVE Unit #1 was traveling westbound on SR 32 (near Elick Lane), when he struck Unit #2 in a rear-end collision. The collision between Unit #1 and Unit #2 caused Unit #2 to strike Unit #3 in a rear-end collision.										 Indicate the north direction with an "N" on the compass diagram.  N			
CRASH REPORTED DATE / TIME 08092022 1625		DISPATCH DATE / TIME 08092022 1627		ARRIVAL DATE / TIME 08092022 1631		SCENE CLEARED DATE / TIME 08092022 1735		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0068		TOTAL MINUTES 0068		OFFICER'S NAME* Pangallo, Joseph II		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C					
						OFFICER'S BADGE NUMBER* 3 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 2					
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)													

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		6125 SQUIRRELWOODS LN CINCINNATI, Ohio, 45247
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>OH</b>	LICENSE PLATE # <b>542ZGP</b>	VEHICLE IDENTIFICATION # <b>W M W L U 5 C 5 9 H 2 C 4 6 0 6 5</b>		VEHICLE YEAR <b>2017</b>	VEHICLE MAKE <b>MINI</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>ALLSTATE</b>	INSURANCE POLICY # <b>826141839</b>		COLOR <b>BLK</b>	VEHICLE MODEL <b>Cooper Clubman</b>
TYPE OF USE □ COMMERCIAL □ GOVERNMENT □ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <b>02</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL □ MATERIAL RELEASED □ PLACARD		

UNIT TYPE <b>01</b>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS					

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL			

SPECIAL FUNCTION <b>01</b>	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
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CARGO BODY TYPE <b>01</b>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS <b>00</b>	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 <b>00</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 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	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
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ACTION <b>03</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>01</b> 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 99 - OTHER / UNKNOWN
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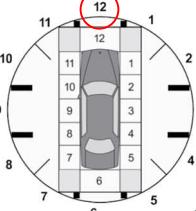
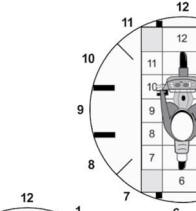
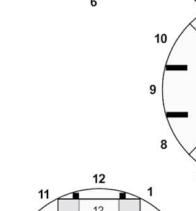
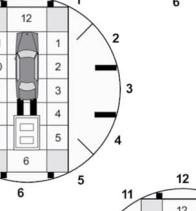
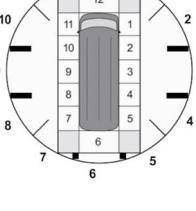
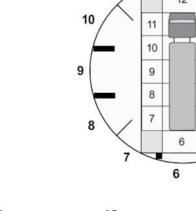
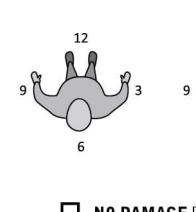
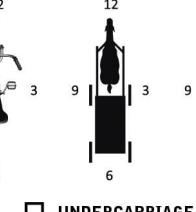
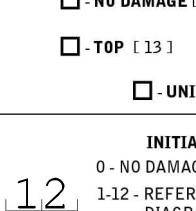
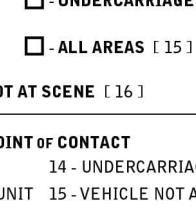
CONTRIBUTING CIRCUMSTANCES <b>08</b>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM 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
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SEQUENCE OF EVENTS					
<b>1</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	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

<b>4</b>	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 99 - OTHER / UNKNOWN
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<b>5</b>	29 - BRIDGE RAIL	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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<b>6</b>	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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LOCAL REPORT NUMBER <b>122007944</b>		
DAMAGE		
DAMAGE SCALE		
<b>4</b>	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	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		
<b>12</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW <b>2</b>	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>2</b>	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM <b>3</b>	TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <b>35</b>		
DETECTED SPEED <b>1</b>		
POSTED SPEED <b>50</b>		

<b>OWNER</b>	<b>UNIT #</b> <u>02</u>	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <u>PIERCE DEREK F</u>	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER) <hr/>
	<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER) <u>1348 REDLEAF DR BATAVIA, Ohio, 45103</u>		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE <hr/>
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP <hr/>			

LP STATE O H	LICENSE PLATE # HQU7788	VEHICLE IDENTIFICATION # 2B13LJ54T99H502284								VEHICLE YEAR 2009	VEHICLE MAKE DODGE	
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY			INSURANCE POLICY #						COLOR SIL	VEHICLE MODEL CHALLENGER	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE				US DOT #				TOWED BY: COMPANY NAME				
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT		#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			CLASS # PLACARD ID #
1 - PASSENGER CAR 01 UNIT TYPE		7 - MOTORCYCLE 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE		2 - WHEELED 8 - MOTORCYCLE 9 - AUTOCYCLE		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST		
4 - PICK UP		10 - MOPED OR MOTORIZED 5 - CARGOVAN		11 - ALL TERRAIN VEHICLE (ATV / UTV)		15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE		26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS												

# OF TRAILING UNITS						
VEHIC	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	
	1 - YES	2 - NO		9 - OTHER/ UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
SPECIAL FUNCTION	1 - NONE		6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	
	2 - TAXI		7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	
	3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
	4 - SCHOOL TRANSPORT		9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
	5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
	CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE
		2 - BUS		4 - LOGGING	9 - CARGO VAN/ENCLOSED BOX	12 - CONCRETE MIXER
					10 - FLAT BED	13 - AUTO TRANSPORTER
					11 - DUMP	14 - GARBAGE/REFUSE
						99 - OTHER/ UNKNOWN
VEHICLE DEFECTS	1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	
	2 - HEAD LAMPS		5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR	
	3 - TAIL LAMPS		6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT	

00	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 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
NON-MOTORIST LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED 5 - TRAVEL LANE - OTHER LOCATION			

	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
	3 - STRIKING	11 - CHANGING LANES	9 - LEAVING TRAFFIC LANE		20 - OTHER NON-MOTORIST
<b>ACTION</b>	4 - STRUCK	PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	10 - PARKED	21 - STANDING OUTSIDE DISABLED VEHICLE
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	99 - OTHER / UNKNOWN
		6 - MAKING LEFT TURN		17 - PUSHING VEHICLE	
	9 - OTHER / UNKNOWN		12 - DRIVERLESS		

01 CONTRIBUTING CIRCUMSTANCES	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE /ACDA	PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING/FALLING/ SPILLING	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY		
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS		EVENTS					
<u>1</u>	<u>20</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE –	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	17 - ANIMAL – FARM	EQUIPMENT	
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	TRAVEL	18 - ANIMAL – DEER	23 - STRUCK BY FALLING,	
<u>2</u>	<u>07</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19 - ANIMAL – OTHER	SHIFTING CARGO OR	
		5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN	ANYTHING SET IN MOTION	
				14 - PEDESTRIAN	TRANSPORT	BY A MOTOR VEHICLE	

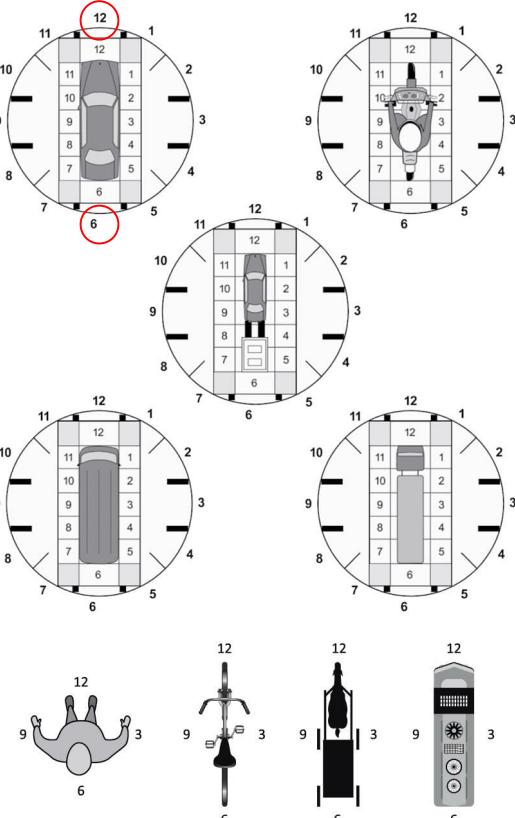
3	20	LOSS OR SHIFT	14 - PEDESTRIAN	TRANSPORT	24 - OTHER MOVEABLE OBJECT
			15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE	
<b>COLLISION WITH FIXED OBJECT - STRUCK</b>					
4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
			32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
		26 - BRIDGE OVERHEAD STRUCTURE	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
5			34 - MEDIAN GUARDRAIL	SUPPORT	46 - FENCE
		27 - BRIDGE PIER OR ABUTMENT	BARRIER	40 - UTILITY POLE	47 - MAILBOX
		28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE	48 - TREE
6			BARRIER	OR SUPPORT	49 - FIRE HYDRANT
		29 - BRIDGE RAIL			99 - OTHER/ UNKNOWN

30 - GUARDRAIL FACE      36 - MEDIAN OTHER BARRIER      42 - CULVERT

LOCAL REPORT NUMBER  
122007944

**DAMAGE**  
**DAMAGE SCALE**

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]

□ - TOP [ 13 ] □ - ALL AREAS [ 15 ]

- UNIT NOT AT SCENE [16]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE	14 - UNDERCARRIAGE
1-12 - REFERTO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE
	99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT
2 - TWO-WAY	4 - STOP SIGN
<u>2</u>	<u>6</u>
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<u>2</u>	<u>1</u>
	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

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

<b>UNIT SPEED</b> 	<b>DETECTED SPEED</b>  1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b> 	

UNIT # <u>03</u>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		11978 RT 774 ST, BETHEL OHIO 45106
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <u>JXS1424</u>	VEHICLE IDENTIFICATION # <u>5N1AZ2MH8JN170189</u>		VEHICLE YEAR <u>2018</u>	VEHICLE MAKE <u>NISSAN</u>																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <u>CANTER INSURANCE</u>	INSURANCE POLICY # <u>43 93868000</u>		COLOR <u>BLK</u>	VEHICLE MODEL <u>Van</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 <input type="checkbox"/>	#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																															
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV/UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>						1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV/UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS <u>02</u>																																			

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		<u>2</u>	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN																									
1 - YES 2 - NO 9 - OTHER / UNKNOWN		<u>0</u>	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION																										
		<u>AUTONOMOUS MODE LEVEL</u>	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																										
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NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
		2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
			8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	19 - OTHER / UNKNOWN	
		5 - TRAVEL LANE - OTHER LOCATION				

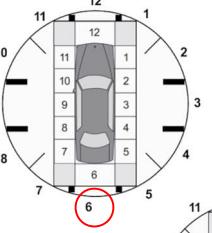
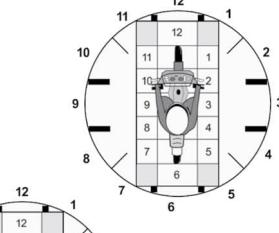
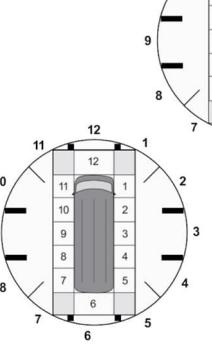
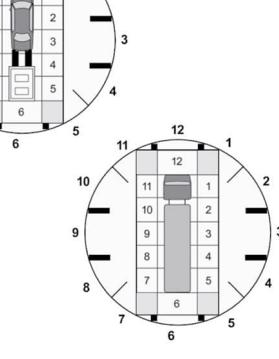
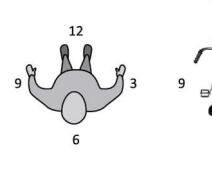
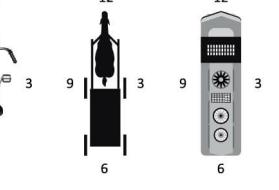
ACTION		1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
		2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
		3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
		4 - STRUCK	PRE-CRASH ACTIONS	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
			6 - MAKING LEFT TURN	12 - DRIVERLESS		
		9 - OTHER / UNKNOWN				

CONTRIBUTING CIRCUMSTANCES		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
		2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
		3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
		4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
		5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
		6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS					
EVENTS					
<u>1</u>	<u>20</u>	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
<u>2</u>	<u>1</u>	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - MOTOR VEHICLE IN MOTION BY A MOTORVEHICLE
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - PEDESTRIAN	25 - OTHER MOBILE OBJECT
				21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK					
<u>4</u>	<u>1</u>	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
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		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE
<u>6</u>	<u>1</u>	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	48 - TREE	49 - FIRE HYDRANT

<u>1</u>	<u>1</u>	FIRST HARMFUL EVENT	<u>1</u>	MOST HARMFUL EVENT
----------	----------	---------------------	----------	--------------------

LOCAL REPORT NUMBER <u>122007944</u>	
DAMAGE	
DAMAGE SCALE	
<u>2</u>	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	
<u>06</u>	0 - NO DAMAGE 14 - UNDERCARRIAGE
	1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
	13 - TOP 99 - UNKNOWN
TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL
1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN
	3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>2</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 5 - NORTHEAST
	2 - SOUTH 6 - NORTHWEST
	3 - EAST 7 - SOUTHEAST
	4 - WEST 8 - SOUTHWEST
	9 - OTHER / UNKNOWN
UNIT SPEED <u>5</u>	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED
	2 - CALCULATED / EDR
	3 - UNDETERMINED
POSTED SPEED <u>50</u>	

LOCAL REPORT NUMBER  
**122007944**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	DURKIN MICHAEL PHILIP					05041980	042	M		
	ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	6125 SQUIRRELWOODS LN, CINCINNATI, Ohio, 45247										
	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	1
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
	**			4511.21A					0131635080920221653		
	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	PIERCE DEREK F					02151967	055	M			
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
1348 REDLEAF DR, BATAVIA, Ohio, 45103											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
3	1	UTFD			04	01	1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**											
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			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			
03	MULLINS EDNA JEAN					06221936	086	F			
ADDRESS: STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
11978 RT 774 ST, BETHEL, Ohio, 45106											
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5					04	01	1	1	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
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			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	RESULT SELECT UPTO 4		
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	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		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>		<b>OL ENDORSEMENT</b>			<b>ALCOHOL TEST TYPE</b>			
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		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
<b>SAFETY EQUIPMENT</b>			<b>TRAPPED</b>				<b>DRUG TEST TYPE</b>				
1 - NONE USED 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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER				
					<b>GENDER</b>			<b>DRUG TEST RESULT(S)</b>			
					F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS			

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

122007944

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE <u>01</u> PATTEMORE ERIC W				DATE OF BIRTH	AGE	GENDER																																																																																
	ADDRESS: STREET, CITY, STATE, ZIP 305 SYLVAN ST, BUCHANAN, Michigan, 49107	INJURIES <u>5</u>	INJURED TAKEN BY <u></u>	EMS AGENCY (NAME) <u></u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <u></u>	SAFETY EQUIPMENT USED <u>04</u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>03</u>	AIR BAG USAGE <u>01</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>																																																																													
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## ***Union Township Police Dept.***

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007944

## Traffic Crash/Injury

8/11/2022 OH3



## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>22-7944</i>	REPORTING AGENCY <b><u>Union Township Police Department</u></b>	DATE OF CRASH <i>M 8 D 9 Y 20</i>
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <i>5952 Elick</i>	

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

I, DEREK PRICE Hereby make this voluntary statement to Officer Pangallo At Accident Scene

- 1) What time did the accident happen? 4:20 - 4:30
- 2) What road were you traveling on? SL 32
- 3) What direction were you traveling? WEST
- 4) Were you injured? YES or NO If yes, explain: HEAD BANGED AROUND
- 5) What was your speed before the crash? STOPPED
- 6) What is the speed limit? 50
- 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.  
1148 REDWAF DR BATAVIA OH 45103
- 9) Were you wearing your seat belt? YES or NO If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model 2009 DODGE CHALLENGER RT
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
DEREK PIERCE	1148 REDLEAF DR 45103	DRIVER

12) Describe what happened?

STOPPED @ ELLICK TRAFFIC LIGHT, HIT FROM BEHIND

Signature X



	OFFICER'S SIGNATURE <b>X</b> 	UNIT NO. <b>2</b>	PAGE NO. <b>1</b>
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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007944

Traffic Crash/Injury

8/11/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-7944	Union Township Police Department	M 7 D 9 Y 22
IN COUNTY OF	CRASH LOCATION	
Clermont	74, RT. 32	

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

I, Edna Mullins hereby make this voluntary statement to Officer Pangallo At Accident Scene

- 1) What time did the accident happen? 4:30
- 2) What road were you traveling on? St. RT. 32
- 3) What direction were you traveling? west
- 4) Were you injured? YES or NO If yes, explain: slight head ache
- 5) What was your speed before the crash? slight still in traffic speed
- 6) What is the speed limit? 15
- 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 2019

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>No one</u>		

12) Describe what happened?

I heard a loud noise and then a strong jolt as the car behind me slammed the rear of my car after the car behind him slammed into his car

Insurance Company Auto Owners Policy# AO1652237

Signature X

Edna J. Mullins

OFFICER'S SIGNATURE

x O Pangallo

UNIT NO.

PAGE NO.

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007944

Traffic Crash/Injury

8/11/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-7944	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 8 D 9 Y 22
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>SR 321 Eliz</u>	

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

I, Michael Durkin Hereby make this voluntary statement to Officer Pangallo At Accident Scene

- 1) What time did the accident happen? Approx 4:30PM
- 2) What road were you traveling on? Rt 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
- 6) What is the speed limit? 50
- 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 Mini clubman 2017 BIK

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Eric Pattamore</u>	<u>305 Sylvan St Buchanan MI</u>	<u>Passenger</u>

12) Describe what happened?

I was looking at the progress of the new overpass and couldn't stop in time

Insurance Company Allstate

Policy# 826 141 839

Signature X



OFFICER'S SIGNATURE

x R Pangallo

UNIT NO.

PAGE NO.

1

1