

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 CLEPPER AT BACH BUXTON REPORTING AGENCY NAME* Union Township Police Dept.		NCIC* 01316		LOCAL REPORT NUMBER* 123020057			
COUNTY* 13 LOCALITY* 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)		CRASH DATE / TIME* 12222023 1915		HIT/SKIP 1 - SOLVED 2 - UNSOLVED			
ROUTE TYPE TR ROUTE NUMBER 0252		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST LOCATION ROAD NAME CLEPPER		ROAD TYPE LA		LATITUDE DECIMAL DEGREES 39.087661			
ROUTE TYPE CR ROUTE NUMBER 0380		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BACH BUXTON		ROAD TYPE RD		LONGITUDE DECIMAL DEGREES -84.252608			
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 - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY			
DISTANCE FROM REFERENCE 100		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS				INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
						NUMBER OF APPROACHES 3			
						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 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 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR 13 - BIKE LANE 14 - TOLL BOOTH 99 - 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 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 4 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 # 3 was stopped at the traffic light at Clepper Lane and Bach Buxton Rd in the left tuning lane. Unit #2 was slowing down to stop for the traffic light at Clepper Lane and Bach Buxton Rd. Unit #2 was already in left turning lane when slowing down. Unit #1 traveling eastbound on Clepper lane and made a sudden lane change in front of unit Unit #2 and positioned the vehicle behind Unit #3. Unit #1 was struck by Unit #2 because Unit #1 made a lane change when it was not safe. Unit #1 was pushed into Unit #3 after being struck.</p>									
CRASH REPORTED DATE / TIME 12222023 1915		DISPATCH DATE / TIME 12222023 1917		ARRIVAL DATE / TIME 12222023 1919		SCENE CLEARED DATE / TIME 12222023 2006		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0049		TOTAL MINUTES 0049		OFFICER'S NAME* LONG, JAKE		CHECKED BY OFFICER'S NAME* MARSHALL, SCOTT	
						OFFICER'S BADGE NUMBER* 3 0		CHECKED BY OFFICER'S BADGE NUMBER* 8 0	
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)									


 Indicate the north direction with an "N" on the compass diagram.

Indicate the north direction with an "N" on the compass diagram.

Bach Buxton

OWNER UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) HAWK DEBORAH ELAINE			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) 3845 STATE ROUTE 286 MOUNT ORAB, Ohio, 45154			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE O H	LICENSE PLATE # DJX6933	VEHICLE IDENTIFICATION # 19IXF11F87AE046217		VEHICLE YEAR 2010
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY American Family Insur	INSURANCE POLICY # 410825121880		COLOR SIL
VEHICLE MAKE Honda Civic		TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 03	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME
UNIT TYPE 01		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
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	23 - PEDESTRIAN / SKATER 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
# OF TRAILING UNITS 01		24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
1 - YES 2 - NO 3 - OTHER/UNKNOWN				9 - UNKNOWN
SPECIAL FUNCTION 01		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
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL
VEHICLE DEFECTS 01		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
NON-MOTORIST LOCATION AT IMPACT 01		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK
ACTION 05		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 6 - & STRUCK 7 - PRE-CRASH 8 - ACTIONS 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
CONTRIBUTING CIRCUMSTANCES 09		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
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
2	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	21 - PARKED MOTOR VEHICLE
3	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
COLLISION WITH FIXED OBJECT - STRUCK				
4	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
5	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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER		123020057	
DAMAGE			
DAMAGE SCALE			
4		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]			
INITIAL POINT OF CONTACT			
06		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
		14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC			
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY		TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	
2		2 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
3		1	
UNIT / NON-MOTORIST DIRECTION			
FROM 4 TO 3		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
		5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED		DETECTED SPEED	
35		<input type="checkbox"/> 1 - STATED / ESTIMATED SPEED <input type="checkbox"/> 2 - CALCULATED / EDR <input type="checkbox"/> 3 - UNDETERMINED	
POSTED SPEED			

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
TRICASE LINDSEY MARIE		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
4372 LEGACY GREENS DR, BATAVIA OHIO 451037107		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # EJN3034	VEHICLE IDENTIFICATION # 1GNSKHKC3GRC353984		VEHICLE YEAR 2016	VEHICLE MAKE CHEVROLET
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY SAFE CO	INSURANCE POLICY # K-3751608	COLOR WHI	VEHICLE MODEL Suburban	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE 03	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
AUTONOMOUS MODE LEVEL					

SPECIAL FUNCTION 01	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	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL					

CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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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 DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	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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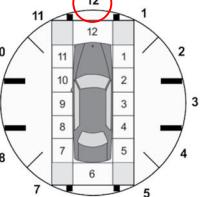
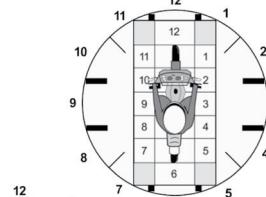
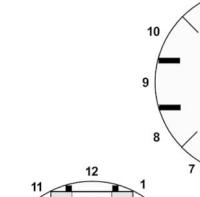
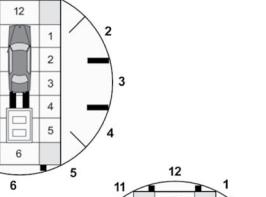
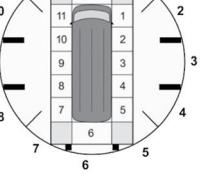
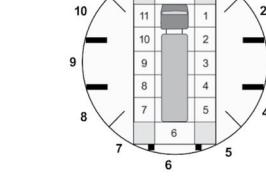
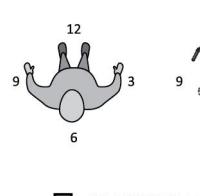
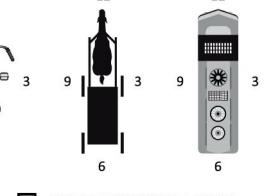
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	01 ACTIONS 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 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 01	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	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	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK					
4	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 BARRIER 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

1 1	FIRST HARMFUL EVENT	1 1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER 123020057		
DAMAGE		
DAMAGE SCALE		
2	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		
12	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC		
TRAFFICWAY FLOW 2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION		
FROM 4 TO 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST
UNIT SPEED	DETECTED SPEED	
3	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 35		

UNIT # 03 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DEROSA JENNA ELIZABETH OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

3218 CHURCH ST CINCINNATI, Ohio, 45244

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # JHW8869 VEHICLE IDENTIFICATION # 3GKALPVE4ML337633 VEHICLE YEAR 2021 VEHICLE MAKE GMC

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 826182825 COLOR GRY VEHICLE MODEL Terrain

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

UNIT TYPE 03 4 - PICK UP
3 - SPORT UTILITY VEHICLE
5 - CARGO VAN
6 - VAN (9-15 SEATS) 1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
9 - AUTOCYCLE
10 - MOPED OR MOTORIZED BICYCLE
11 - ALL TERRAIN VEHICLE (ATV / UTV) 7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME 12 - GOLF CART
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 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 AUTONOMOUS MODE LEVEL

1 - NO AUTOMATION
2 - DRIVER ASSISTANCE
3 - PARTIAL AUTOMATION
4 - HIGH AUTOMATION
5 - FULL AUTOMATION

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 - POLICE
12 - MILITARY
13 - FIRE
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

1 - NO CARGO BODY TYPE / NOT APPLICABLE
2 - BUS
3 - LOGGING
4 - INTERMODAL CONTAINER CHASSIS
5 - CARGO VAN/ENCLOSED BOX
6 - CARGO TANK
7 - FLAT BED
8 - GRAIN/CHIPS/GRAVEL
9 - POLE
10 - AUTO TRANSPORTER
11 - GARBAGE/REFUSE
12 - DUMP
13 - CONCRETE MIXER
14 - OTHER / UNKNOWN

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

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
13 - APPROACHING OR LEAVING VEHICLE
14 - ENTERING OR CROSSING SPECIFIED LOCATION
15 - WALKING, RUNNING, JOGGING, PLAYING
16 - WORKING
17 - PUSHING VEHICLE
18 - STANDING
19 - OTHER / UNKNOWN

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING 11 3 - CHANGING LANES
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN
6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN
1 - STRAIGHT AHEAD
2 - BACKING
3 - ENTERING TRAFFIC LANE
4 - LEAVING TRAFFIC LANE
5 - PARKED
6 - SLOWING OR STOPPED IN TRAFFIC
7 - DRIVING ON WRONG SIDE OF ROAD
8 - DRIVING ON WRONG SIDE OF ROAD
9 - DRIVING ON WRONG SIDE OF ROAD
10 - DRIVING ON WRONG SIDE OF ROAD
11 - DRIVING ON WRONG SIDE OF ROAD
12 - DRIVING ON WRONG SIDE OF ROAD
13 - NEGOTIATING A CURVE
14 - ENTERING OR CROSSING SPECIFIED LOCATION
15 - WALKING, RUNNING, JOGGING, PLAYING
16 - WORKING
17 - PUSHING VEHICLE
18 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE DISABLED VEHICLE
22 - LYING IN ROADWAY
23 - NOT DISCERNIBLE
24 - OPENING DOOR INTO ROADWAY
25 - LOAD SHIFTING/FALLING/SPILLING
26 - SWERVING TO AVOID
27 - DRIVING ON WRONG SIDE OF ROAD
28 - DRIVING ON WRONG SIDE OF ROAD
29 - DRIVING ON WRONG SIDE OF ROAD
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99 - DRIVING ON WRONG SIDE OF ROAD

1 - LEFT OF CENTER
2 - FOLLOWING TOO CLOSE / ACDA
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN
7 - IMPROPER BACKING
8 - IMPROPER LANE CHANGE
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 - IMPROPER CROSSING
22 - LYING IN ROADWAY
23 - NOT DISCERNIBLE
24 - OPENING DOOR INTO ROADWAY
25 - LOAD SHIFTING/FALLING/SPILLING
26 - SWERVING TO AVOID
27 - DRIVING ON WRONG SIDE OF ROAD
28 - DRIVING ON WRONG SIDE OF ROAD
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99 - DRIVING ON WRONG SIDE OF ROAD

SEQUENCE OF EVENTS

1 - 20 1 - OVERTURN/ROLLOVER
2 - FIRE/EXPLOSION
3 - IMMERSION
4 - JACKKNIFE
5 - CARGO / EQUIPMENT LOSS OR SHIFT
3 - 20 1 - EQUIPMENT FAILURE
2 - SEPARATION OF UNITS
3 - RAN OFF ROAD RIGHT
4 - RAN OFF ROAD LEFT
5 - 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 - 25 1 - IMPACT ATTENUATOR / CRASH CUSHION
2 - BRIDGE OVERHEAD STRUCTURE
3 - BRIDGE PIER OR ABUTMENT
4 - BRIDGE PARAPET
5 - BRIDGE RAIL
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL
52 - BUILDING
53 - TUNNEL
54 - OTHER FIXED OBJECT
55 - OTHER / UNKNOWN

5 - 27 1 - FIRST HARMFUL EVENT
1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER
123020057

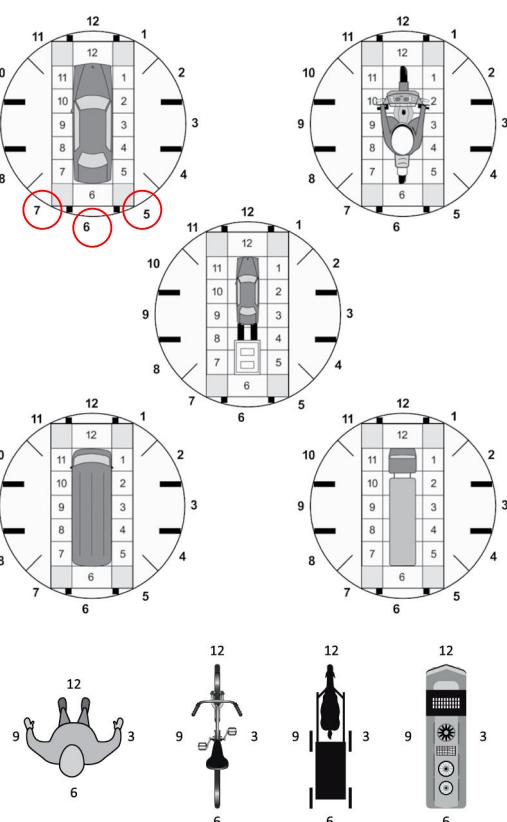
DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

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

06 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

3

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

1

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

35



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

123020057

UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
01		HAWK DEBORAH ELAINE				0 9 0 8 1 9 7 0		053	F		
ADDRESS: STREET, CITY, STATE, ZIP											
3845 STATE ROUTE 286, MOUNT ORAB, Ohio, 45154											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE					
5					04						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**	*****		4511.33			Failure To Stay In Marked Lanes		0131630122220231946			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 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	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
02		TRICASE LINDSEY MARIE				0 1 2 8 1 9 8 9		034	F		
ADDRESS: STREET, CITY, STATE, ZIP											
4372 LEGACY GREENS DR, BATAVIA, Ohio, 451037107											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE					
5					04						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**	*****										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	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	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
03		DEROSE JENNA ELIZABETH				0 7 0 1 2 0 0 4		019	F		
ADDRESS: STREET, CITY, STATE, ZIP											
3218 CHURCH ST, CINCINNATI, Ohio, 45244											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	CONTACT PHONE - INCLUDE AREA CODE					
5					04						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
**	*****										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	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	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES		SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS				
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- NOT DISTRACTED	1- NONE GIVEN						
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)							
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- TEST GIVEN, RESULTS KNOWN							
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- EXCEPT CLASS A BUS	5- TEST GIVEN, RESULTS UNKNOWN							
	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- EXCEPT CLASS A & CLASS B BUS								
	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- EXCEPT TRACTOR-TRAILER								
	8- THIRD - MIDDLE		8- INTERMEDIATE LICENSE RESTRICTIONS								
	9- THIRD - RIGHT SIDE		9- LEARNER'S PERMIT RESTRICTIONS								
	10- SLEEPER SECTION OF TRUCK CAB		10- LIMITED TO DAYLIGHT ONLY								
	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11- LIMITED TO EMPLOYMENT								
	12- PASSENGER IN UNENCLOSED CARGO AREA		12- LIMITED - OTHER								
	13- TRAILING UNIT		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)								
	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		14- MILITARY VEHICLES ONLY								
	15- NON-MOTORIST		15- MOTOR VEHICLES WITHOUT AIR BRAKES								
	99- OTHER / UNKNOWN		16- OUTSIDE MIRROR								
			17- PROSTHETIC AID								
			18- OTHER								
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE							
1- NOT TRANSPORTED /TREATED AT SCENE	1- NOT EJECTED	H- HAZMAT	1- NOT DISTRACTED	1- NONE							
2- EMS	2- PARTIALLY EJECTED	M- MOTORCYCLE	2- MANUALLY OPERATING AN ELECTRONIC DEVICE								
3- POLICE	3- TOTALLY EJECTED	P- PASSENGER	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
9- OTHER / UNKNOWN	4- NOT APPLICABLE	N- TANKER	4- TEST GIVEN, RESULTS KNOWN								
SAFETY EQUIPMENT		TRAPPED	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
1- NONE USED	1- NOT TRAPPED	Q- MOTOR SCOOTER	5- OTHER								
2- SHOULDER BELT ONLY USED	2- EXTRICATED BY MECHANICAL MEANS	R- THREE-WHEEL MOTORCYCLE	1- NONE								
3- LAP BELT ONLY USED	3- FREED BY NON-MECHANICAL MEANS	S- SCHOOL BUS	2- BLOOD								
4- SHOULDER & LAP BELT USED		T- DOUBLE & TRIPLE TRAILERS	3- URINE								
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		X- TANKER / HAZMAT	4- BREATH								
6- CHILD RESTRAINT SYSTEM - REAR FACING			5- OTHER								
7- BOOSTER SEAT											
8- HELMET USED											
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10- REFLECTIVE CLOTHING											
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99- OTHER / UNKNOWN											
GENDER		DRUG TEST TYPE									
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								
CONDITION		DRUG TEST RESULT(S)									
1- APPARENTLY NORMAL	2- PHYSICAL IMPAIRMENT	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4- ILLNESS								
5- FELLA SLEAP FAINTED, FATIGUED, ETC.	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	7- OTHER	5- COCAINE								
9- OTHER / UNKNOWN			6- OPIATES / OPIOIDS								
			7- OTHER								
			8- NEGATIVE RESULTS								



OCCUPANT / WITNESS ADDENDUM

UNIT # NAME: LAST, FIRST, MIDDLE

01 HAWK KACIE E

ADDRESS: STREET, CITY, STATE, ZIP

3845 STATE ROUTE 286, MT ORAB, Ohio, 45154

INJURIES
5

INJURED TAKEN BY

EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED
04 DOT-COMPLIANT MC HELMETSEATING POSITION
04AIR BAG USAGE
01EJECTION
1TRAPPED
1

UNIT # NAME: LAST, FIRST, MIDDLE

01 HAWK DAVID W

ADDRESS: STREET, CITY, STATE, ZIP

3845 STATE ROUTE 286, MT ORAB, Ohio, 45154

INJURIES
5

INJURED TAKEN BY

EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED
04 DOT-COMPLIANT MC HELMETSEATING POSITION
03AIR BAG USAGE
01EJECTION
1TRAPPED
1

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES
INJURED TAKEN BY
EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED
INJURIES DOT-COMPLIANT MC HELMET

SEATING POSITION

AIR BAG USAGE

EJECTION

TRAPPED

UNIT # NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

INJURIES
INJURED TAKEN BY
EMS AGENCY (NAME)

INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)

SAFETY EQUIPMENT USED
INJURIES DOT-COMPLIANT MC HELMET

SEATING POSITION

AIR BAG USAGE

EJECTION

TRAPPED

INJURIES
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURYSAFETY EQUIPMENT USED
1 - NONE USED - VEHICLE OCCUPANT
2 - SHOULDER BELT ONLY USED
3 - LAP BELT ONLY USED
4 - SHOULDER & LAP BELT USED
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING
6 - CHILD RESTRAINT SYSTEM - REAR FACING
7 - BOOSTER SEAT
8 - HELMET USED
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)
10 - REFLECTIVE CLOTHING
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY
99 - OTHER / UNKNOWNSEATING POSITION
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
2 - FRONT - MIDDLE
3 - FRONT - RIGHT SIDE
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
5 - SECOND - MIDDLE
6 - SECOND - RIGHT SIDE
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
8 - THIRD - MIDDLE
9 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF TRUCK CAB
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)
12 - PASSENGER IN UNENCLOSED CARGO AREA
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
15 - NON-MOTORIST
99 - OTHER / UNKNOWNAIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN**EJECTION**1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE**TRAPPED**1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

INJURED TAKEN BY

1 - NOT TRANSPORTED /TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN**GENDER**F - FEMALE
M - MALE
U - OTHER / UNKNOWN

NAME: LAST, FIRST, MIDDLE

BALLARD ERIC JOSEPH

ADDRESS: STREET, CITY, STATE, ZIP

1669 TRI COUNTY HWY, WILLIAMSBURG, Ohio, 45176

NAME: LAST, FIRST, MIDDLE

WATERS ANDREW JACOB

ADDRESS: STREET, CITY, STATE, ZIP

1669 TRI COUNTY HWY, WILLIAMSBURG, Ohio, 45176

NAME: LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

LOCAL REPORT NUMBER
123020057DATE OF BIRTH
01131991AGE
032GENDER
F

CONTACT PHONE - INCLUDE AREA CODE

 DOT-COMPLIANT MC HELMET
04
01
1
1DATE OF BIRTH
07031975AGE
048GENDER
M

CONTACT PHONE - INCLUDE AREA CODE

 DOT-COMPLIANT MC HELMET
04
03
01
1
1

DATE OF BIRTH

AGE

GENDER

CONTACT PHONE - INCLUDE AREA CODE

 DOT-COMPLIANT MC HELMET
INJURIES

SEATING POSITION

AIR BAG USAGE

EJECTION

TRAPPED

CONTACT PHONE - INCLUDE AREA CODE

 DOT-COMPLIANT MC HELMET

SEATING POSITION

AIR BAG USAGE

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CONTACT PHONE - INCLUDE AREA CODE

 DOT-COMPLIANT MC HELMET

SEATING POSITION

AIR BAG USAGE

EJECTION

TRAPPED

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020057

Traffic Crash/Non-Injury

12/26/2023 OH3

Ohio

Department of Public Safety

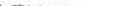
TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
28-020057	Union Township	M 12 D 22 Y 98

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

1. <u>Eric Ballard</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
<u>C Moran</u> OFFICER'S NAME	AT	LOCATION
<p>I was in the passenger seat of a truck in the right lane of the two turning lanes on Archaltz rd turning onto back buxton when I seen the head/lights of a small silver car cut over from the straight lane into the turning lane in front of the suv already in the turning lane then the suv didn't have time to stop and locked up the tires and still hit the back of the small silver car which pushed that car into the back of the smaller suv directly behind the truck I was in</p>		

ADDRESS OF WITNESS
1669 tri county hwy Williamsburg Oh 45176
SIGNATURE OF WITNESS 
OFFICER'S SIGNATURE  X  47

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020057

Traffic Crash/Non-Injury

12/26/2023 OH3

Ohio

Department of
Public Safety

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
03-020057	Union Township	12/26/2023

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

I, <u>Andrew Waters</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO	
<u>C. Moran</u> OFFICER'S NAME	AT	LOCATION
I was in the the right side Left turn lane Stopped when I looked in my rearview I witnessed a car cut over quickly into the same turn lane. the SUV behind that car had almost no time to respond hitting the brakes and sliding into the back end of that car causing the car to rear end the small SUV directly behind me to be ended to almost hit me.		
ADDRESS OF WITNESS 1669 Tri County Hwy Williamsburg OH, 45176	SIGNATURE OF WITNESS <u>X Andrew Waters</u>	
SIGNATURE OF WITNESS <u>X Andrew Waters</u>	OFFICER'S SIGNATURE	<u>C. Moran</u>

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020057

Traffic Crash/Non-Injury

12/26/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-020057	Union Township Police Department	12/26/2023
IN COUNTY OF	CRASH LOCATION	
Clermont	Clapper Ln / Back Burton	

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

I, _____, hereby make this voluntary statement to Officer At:

What time did the accident happen?

1) What road were you traveling on? Clapper Ln

2) What direction were you traveling? East

3) Were you injured? YES or NO If yes, explain: No

4) What was your speed before the crash? _____

5) What is the speed limit? 35

6) Is there anything you could have done to avoid the accident? _____

7) Is the address on your license correct? YES or NO. If no, please list the correct address below.

8) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

9) Vehicle Year / Make/ Model _____

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

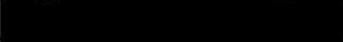
11) Describe what happened I was continuing in the left turn lane when they tried to come over from the straight lane on my right. As I saw the car try to squeeze in I hit the breaks but could not stop in time. The car that cut over never came to a stop and continued to accelerate into the car in front of her

Insurance Company State CO Policy# K 3751608

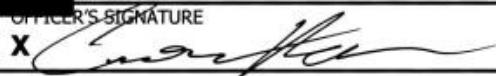
Signature X



PHONE X



OFFICER'S SIGNATURE



UNIT NO.

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PAGE NO.

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020057

Traffic Crash/Non-Injury

12/26/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-090057	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 18 D 00 Y 23
IN COUNTY OF Clermont	CRASH LOCATION <i>Choper In / Bach Berton</i>	

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

I, _____ Hereby make this voluntary statement to C. Moran At:

What time did the accident happen? _____

- 1) What road were you traveling on? Choper In
- 2) What direction were you traveling? East
- 3) Were you injured? YES or NO If yes, explain: No
- 4) What was your speed before the crash? 0
- 5) What is the speed limit? 35
- 6) Is there anything you could have done to avoid the accident? No
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.

- 8) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO

- 9) Vehicle Year / Make/ Model

- 10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

11) Describe what happened I was stopped at a red light and was hit from behind by a silver Honda.

Insurance Company Allstate Policy# 32 6 182 825

Signature X



PHONE X

OFFICER'S SIGNATURE
X C. Moran

UNIT NO.
47

PAGE NO.

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123020057

Traffic Crash/Non-Injury

12/26/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>23-020057</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 22 Y 28</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>Clepper Lane / Bach Buxton</u>	

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

I, Deborah Hawk Hereby make this voluntary statement to C. Moran At:

What time did the accident happen?

- 1) What road were you traveling on? Clepper Lane
- 2) What direction were you traveling? Towards Bach Buxton
- 3) Were you injured? YES or NO If yes, explain: Not sure Knee & lower back Sore
- 4) What was your speed before the crash? Fully Stopped
- 5) What is the speed limit? 35
- 6) Is there anything you could have done to avoid the accident? No
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.

- 8) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 9) Vehicle Year / Make/ Model 2010 Honda Civic

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Deborah Hawk</u>	<u>3845 State Route 286 mt crab</u>	<u>driver</u>
<u>David Hawk</u>	<u>'' Same</u>	<u>front passenger</u>
<u>Kacie Hawk</u>	<u>'' same</u>	<u>back driverside</u>

11) Describe what happened I was on Clepper Lane in the left turn lane (middle lane) towards Bach Buxton Rd at a full stop as traffic in front of me was stopped. I was at a complete stop and was stopped maybe 20 seconds when my car was hit hard from behind pushing my car into the car in front of me. Both front air bags deployed.

Insurance Company American Family Policy# 410825121880

Signature X

Deborah Hawk

PHONE X

OFFICER'S SIGNATURE

X C. Moran

UNIT NO.

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