

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 SR 32 / GLEN ESTE-WITHAMSVILLE REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316				LOCAL REPORT NUMBER* 122008862					
COUNTY* 13 LOCALITY* 1-CITY 1 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)				LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 09022022 1237				HIT/SKIP 2 NUMBER OF UNITS 02 UNIT IN ERROR 01					
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 0032	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME SR 32				ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.094757				CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
	ROUTE TYPE CR	ROUTE NUMBER 0055	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLEN ESTE-WITHAMSVILLE				ROAD TYPE RD	LONGITUDE DECIMAL DEGREES 84.262680								
REFERENCE POINT 1		DIRECTION FROM REFERENCE 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA												
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	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				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 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION 2 - BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON				DIRECTION OF TRAVEL 4		MEDIAN TYPE 4							
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA				CONTOUR 1		CONDITIONS 1	SURFACE 2						
LIGHT CONDITION 1		WEATHER 01						CONTOUR 1		CONDITIONS 1	SURFACE 2						
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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				CONTOUR 1		CONDITIONS 1	SURFACE 2						
NARRATIVE Unit 2 was traveling on WB SR 32 stopped for a red light at the intersection of Glen Este-Withamsville Rd. Unit 1 failed to assure a clear distance ahead striking unit 2 in the rear then fled the scene without providing any information to unit 2.												Indicate the north direction with an "N" on the compass diagram.					
CRASH REPORTED DATE / TIME 09022022 1237				DISPATCH DATE / TIME 09022022 1241				ARRIVAL DATE / TIME 09022022 1246				SCENE CLEARED DATE / TIME 09022022 1358				REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0077		OFFICER'S NAME* Kresser, Terrence				CHECKED BY OFFICER'S NAME* Williams, Eric J				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)			
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0077		OFFICER'S BADGE NUMBER* 4 6				CHECKED BY OFFICER'S BADGE NUMBER* 8 5							

OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)

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

UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H

LICENSE PLATE # UNKNOWN

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT # OCCUPANTS 01

UNIT TYPE

04

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

2 - PASSENGER VAN (MINIVAN)

1 - PASSENGER CAR

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

28 - ANIMAL DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

04

1 - NO AUTOMATION

2 - DRIVER ASSISTANCE

3 - PARTIAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES

2 - NO

3 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

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 - POLICE

12 - FIRE

13 - MILITARY

14 - PUBLIC UTILITY

15 - CONSTRUCTION EQUIPMENT

16 - FARM

17 - MOWING

18 - SNOW REMOVAL

19 - TOWING

20 - SAFETY SERVICE PATROL

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

15 - OTHER / UNKNOWN

16 - MAIL CARRIER

17 - OTHER / UNKNOWN

18 - APPROACHING OR LEAVING VEHICLE

19 - STANDING

20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE DISABLED VEHICLE

22 - WORKING

23 - PUSHING VEHICLE

24 - OTHER / UNKNOWN

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - STEERING

4 - BRAKES

5 - TRAILER EQUIPMENT

6 - DEFECTIVE

7 - WORN OR SLICK TIRES

8 - DEFECTIVE

9 - MOTOR TROUBLE

10 - DISABLED FROM PRIOR ACCIDENT

11 - OTHER / UNKNOWN

12 - OTHER / UNKNOWN

13 - OTHER / UNKNOWN

14 - OTHER / UNKNOWN

15 - OTHER / UNKNOWN

16 - OTHER / UNKNOWN

17 - OTHER / UNKNOWN

18 - OTHER / UNKNOWN

19 - OTHER / UNKNOWN

20 - OTHER / UNKNOWN

21 - OTHER / UNKNOWN

22 - OTHER / UNKNOWN

23 - OTHER / UNKNOWN

24 - OTHER / UNKNOWN

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159 - OTHER / UNKNOWN

160 - OTHER / UNKNOWN

161 - OTHER / UNKNOWN

162 - OTHER / UNKNOWN

163 - OTHER / UNKNOWN

164 - OTHER / UNKNOWN

165 - OTHER / UNKNOWN

166 - OTHER / UNKNOWN

167 - OTHER / UNKNOWN

168 - OTHER / UNKNOWN

169 - OTHER / UNKNOWN

170 - OTHER / UNKNOWN

OWNER

VEHICLE

EVENT(s)

UNIT # **02**

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

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
4204 CANNON GATE DR CINCINNATI

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **O H**

LICENSE PLATE # **P512564**

INSURANCE VERIFIED

INSURANCE COMPANY **ALLSTATE**

INSURANCE POLICY # **992543490**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS **01**

UNIT TYPE **01**

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25 - OTHER NON-MOTORIST

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27 - TRAIN

99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

9 - UNKNOWN

1 - NONE

2 - TAXI

3 - ELECTRONIC RIDE SHARING

4 - SCHOOL TRANSPORT

5 - BUS - TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR

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5 - CARGO VAN/ENCLOSED BOX

6 - GRAIN/CHIPS/GRAVEL

7 - FLAT BED

8 - DUMP

9 - CONCRETE MIXER

10 - AUTO TRANSPORTER

11 - GARBAGE/REFUSE

12 - FLATBED

13 - DUMP

14 - APPROACHING OR LEAVING VEHICLE

15 - ENTERING OR CROSSING SPECIFIED LOCATION

16 - LEAVING TRAFFIC LANE

17 - PARKED

18 - SLOWING OR STOPPED IN TRAFFIC

19 - WORKING

20 - PUSHING VEHICLE

21 - DRIVINGLESS

22 - LYING IN ROADWAY

23 - NOT DISCERNIBLE

24 - OPENING DOOR INTO ROADWAY

25 - LOAD SHIFTING/FALLING/SPILLING

26 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - 4-AN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - MIDBLOCK - MARKED CROSSWALK

8 - SIDEWALK

9 - SHARED USE PATHS OR TRAILS

10 - MEDIAN/CROSSING ISLAND

11 - DRIVeway ACCESS

12 - FIRST RESPONDER AT INCIDENT SCENE

13 - OTHER / UNKNOWN

1 - TURN SIGNALS

2 - HEAD LAMPS

3 - BRAKES

4 - STEERING

5 - TIRE BLOWOUT

6 - TURN SIGNALS

7 - HEAD LAMPS

8 - BRAKES

9 - STEERING

10 - TIRE BLOWOUT

11 - TURN SIGNALS

12 - HEAD LAMPS

13 - BRAKES

14 - STEERING

15 - TIRE BLOWOUT

16 - TURN SIGNALS

17 - HEAD LAMPS

18 - BRAKES

19 - STEERING

20 - TIRE BLOWOUT

1 - INTERSECTION - MARKED CROSSWALK

2 - INTERSECTION - UNMARKED CROSSWALK

3 - TRAFFIC ISLAND - OTHER LOCATION

4 - SIDEWALK - OTHER LOCATION

5 - MEDIAN/CROSSING ISLAND

6 - DRIVeway ACCESS

7 - SHARED USE PATHS OR TRAILS

8 - OTHER / UNKNOWN

1 - STRIKING 11 - CHANGING LANES

2 - STRIKING 12 - OVERTAKING/PASSING

3 - STRIKING 13 - MAKING RIGHT TURN

4 - STRIKING 14 - MAKING LEFT TURN

5 - BOTH STRIKING & STRUCK 15 - OTHER / UNKNOWN

6 - OTHER / UNKNOWN

7 - STRIKING 16 - STRIKING 17 - STRIKING 18 - STRIKING 19 - STRIKING 20 - STRIKING 21 - STRIKING 22 - STRIKING 23 - STRIKING 24 - STRIKING 25 - STRIKING 26 - STRIKING 27 - STRIKING 28 - STRIKING 29 - STRIKING 30 - STRIKING

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1 - FIRST HARMFUL EVENT **1**

1 - MOST HARMFUL EVENT

DAMAGE

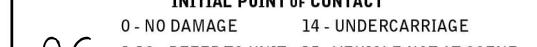
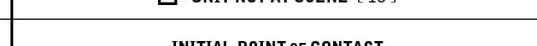
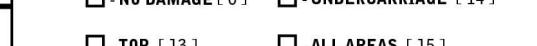
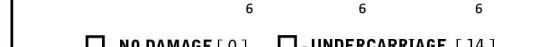
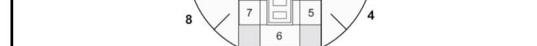
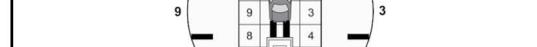
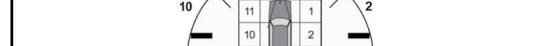
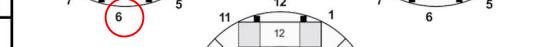
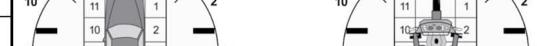
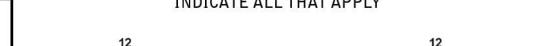
DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



LOCAL REPORT NUMBER
122008862

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 UNKNOWN						DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET,CITY,STATE, ZIP UNKNOWN, Ohio						CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1	
	OL STATE	OPERATOR LICENSE NUMBER **			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE 02 PERRY JAELYN IRA						DATE OF BIRTH 08062004		AGE	GENDER 018			
	ADDRESS: STREET,CITY,STATE, ZIP 2513 BAUER RD, BATAVIA, Ohio, 45103						CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE	OPERATOR LICENSE NUMBER **			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH 000		AGE	GENDER				
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4	
INJURIES	SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS			
1 - FATAL 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			
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT		TRAPPED		CONDITION		DRUG TEST TYPE					
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 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
SAFETY EQUIPMENT	TRAPPED		GENDER		DRUG TEST RESULT(S)		CONDITION		DRUG TEST TYPE					
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	F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN		1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS					

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008862

Traffic Crash/Non-Injury/Incident Report

9/06/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-8862	Union Township Police Department	M 9 D 2 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	SR 32 @ Glen Este - Withersville

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

I, Jaelyn Perry Hereby make this voluntary statement to Officer Kresser At Accident Scene

- 1) What time did the accident happen? 12:40
- 2) What road were you traveling on? 32 West
- 3) What direction were you traveling? West
- 4) Were you injured? NO If yes, explain:
- 5) What was your speed before the crash? 0 mph
- 6) What is the speed limit? 55
- 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) Make of Vehicle SCION Model TC Color gray Year 2008 License Plate _____
- 11) List all the occupants other than driver below:

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

- 12) Describe what happened?
Stopped at red light got rear ended
Describe Truck + occupants: Old Red truck male with brown hair younger male passenger

Vehicle Owner Name/address Roger Fields 4204 Cannon glade Dr
Insurance Company Allstate Policy Number 992543490

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

Signature X

Jaelyn Perry

OFFICER'S SIGNATURE	<u>X P.O. Kresser</u>	UNIT NO.	PAGE NO.
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