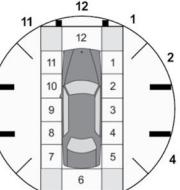
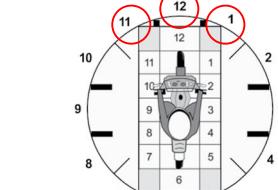
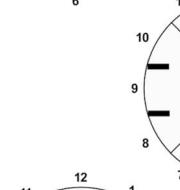
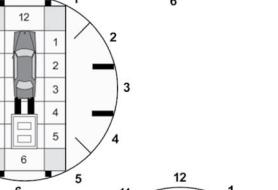
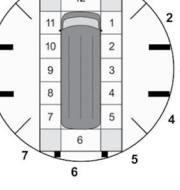
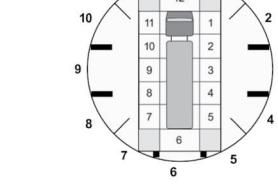
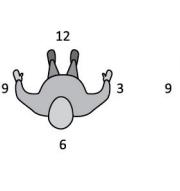
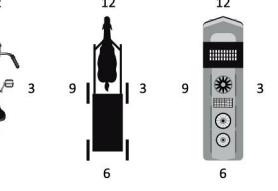


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION GLENESTE WITHAMSVILLE RD NEAR OLD ST RT 74		LOCAL REPORT NUMBER* 122004062		
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Union Township Police Dept.		NCIC*	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 02
COUNTY* 13	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 04222022 1352	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN	
REFERENCE LOCATION	ROUTE TYPE CR	ROUTE NUMBER 0055	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME GLENESTE WITHAMSVILLE	ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.099846	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
	ROUTE TYPE CR	ROUTE NUMBER 0171	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) OLD ST RT 74	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES -84.262573		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST S	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	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED			
DISTANCE FROM REFERENCE 45	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 3	ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA	
ROADWAY						NUMBER OF APPROACHES		
						<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT 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 01			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 - REAR-TO-REAR 12 - SHARED USE PATHS OR 13 - TRAILS 14 - BIKE LANE 15 - TOLL BOOTH 16 - OTHER / UNKNOWN 2			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		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 1		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 01		CONTOUR 1	CONDITIONS 1	SURFACE 2
<input type="checkbox"/> WORKERS PRESENT						1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT						2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE						3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
						4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
						9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
							6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
							7 - SLUSH	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 01 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN			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		
						SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<p>NARRATIVE</p> <p>On the listed date and time, the driver of Unit 1 advised traffic stopped suddenly in front of him and he was unable to stop before striking Unit 2. Unit 1 obtained functional damage and Unit 2 had minor. No injuries were reported. Photos were taken and information was exchanged. Driver of Unit 1 was cited.</p> <p>Indicate the north direction with an "N" on the compass diagram.</p>								
CRASH REPORTED DATE / TIME 04222022 1352		DISPATCH DATE / TIME 04222022 1353		ARRIVAL DATE / TIME 04222022 1356		SCENE CLEARED DATE / TIME 04222022 1445		REPORT TAKEN BY
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0052	OFFICER'S NAME* BOCK, BRANDON	CHECKED BY OFFICER'S NAME* Wagner, Richard J	<input checked="" type="checkbox"/> POLICE AGENCY	
					OFFICER'S BADGE NUMBER* 4 3	CHECKED BY OFFICER'S BADGE NUMBER* 7 9	<input type="checkbox"/> MOTORIST	
							<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)	

UNIT # 01	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)			1169 MCCANE RD BATAVIA, Ohio, 45103																														
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE O H	LICENSE PLATE # GGV47	VEHICLE IDENTIFICATION # 1H1D1KEM17C1B6124206	VEHICLE YEAR 2012																														
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6098075234	VEHICLE MAKE Harley Davidson																														
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 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 07	# OCCUPANTS 01																																
<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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6 - VAN (9-15 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP																													
# OF TRAILING UNITS																																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?																																	
2	0	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 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 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN																														
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																												
VEHICLE DEFECTS																																	
00	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																																	
00	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	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN																												
ACTION																																	
3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	01 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																											
CONTRIBUTING CIRCUMSTANCES																																	
08	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION																												
SEQUENCE OF EVENTS																																	
20	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT																												
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																												
FIRST HARMFUL EVENT																																	
1	1 MOST HARMFUL EVENT																																

LOCAL REPORT NUMBER 122004062		
DAMAGE		
DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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	TRAFFIC CONTROL 2	
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 1	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION		
FROM 2 TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 45		

UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
01		RABE ROBERT E					1 0 1 7 1 9 7 0		051	M				
ADDRESS:		STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
1169 MCCANE RD, 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
5							01				01	5	1	1
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER			
**		*****			4511.21A				Assured Clear Distance Ahead		0131643042220221408			
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	1		1	1	1	1	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG								
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
02		WILLIAMS LORRAINE M					0 8 0 9 1 9 5 5		066	F				
ADDRESS:		STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
4507 NEW MARKET CT, 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
5							04				01	1	1	1
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	1		1	1	1	1	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG								
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER				
							0 0 0							
ADDRESS:		STREET,CITY,STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER			

OL CLASS		ENDORSEMENT SELECT 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	1		1	1	1	1	RESULT SELECT UP TO 4
						<input type="checkbox"/> OTHER DRUG								
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS		
1- FATAL		1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1- NOT DEPLOYED		1- CLASS A		1- ALCOHOL INTERLOCK DEVICE		1- NOT DISTRACTED		1- NONE GIVEN		
2- SUSPECTED SERIOUS INJURY		2- FRONT - MIDDLE		2- DEPLOYED FRONT		2- CLASS B		2- CDL INTRASTATE ONLY		2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2- TEST REFUSED		
3- SUSPECTED MINOR INJURY		3- FRONT - RIGHT SIDE		3- DEPLOYED SIDE		3- CLASS C		3- CORRECTIVE LENSES		3- TALKING ON HANDS-FREE COMMUNICATION DEVICE		3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		
4- POSSIBLE INJURY		4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4- DEPLOYED BOTH FRONT / SIDE		4- REGULAR CLASS (OHIO = D)		4- FARM WAIVER		4- TALKING ON HAND-HELD COMMUNICATION DEVICE		4- TEST GIVEN, RESULTS KNOWN		
5- NO APPARENT INJURY		5- SECOND - MIDDLE		5- NOT APPLICABLE		5- M/C MOPED ONLY		5- EXCEPT CLASS A BUS		5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5- TEST GIVEN, RESULTS UNKNOWN		
INJURED TAKEN BY		6- SECOND - RIGHT SIDE		9- DEPLOYMENT UNKNOWN		6- NO VALID OL		6- EXCEPT CLASS A & CLASS B BUS		6- PASSENGER		ALCOHOL TEST TYPE		
1- NOT TRANSPORTED /TREATED AT SCENE		7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1- NOT EJECTED		H- HAZMAT		7- EXCEPT TRACTOR-TRAILER		7- OTHER DISTRACTION INSIDE THE VEHICLE		1- NONE		
2- EMS		8- THIRD - MIDDLE		2- PARTIALLY EJECTED		M- MOTORCYCLE		8- INTERMEDIATE LICENSE RESTRICTIONS		8- OTHER DISTRACTION OUTSIDE THE VEHICLE		2- BLOOD		
3- POLICE		9- THIRD - RIGHT SIDE		3- TOTALLY EJECTED		P- PASSENGER		9- LEARNER'S PERMIT RESTRICTIONS		9- OTHER / UNKNOWN		3- URINE		
9- OTHER / UNKNOWN		10- SLEEPER SECTION OF TRUCK CAB		4- NOT APPLICABLE		N- TANKER		10- LIMITED TO DAYLIGHT ONLY		10- APPARENTLY NORMAL		4- BREATH		
SAFETY EQUIPMENT		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1- NOT TRAPPED		Q- MOTOR SCOOTER		11- LIMITED TO EMPLOYMENT		11- PHYSICAL IMPAIRMENT		5- OTHER		
1- NONE USED		12- PASSENGER IN UNENCLOSED CARGO AREA		2- EXTRICATED BY MECHANICAL MEANS		R- THREE-WHEEL MOTORCYCLE		12- LIMITED - OTHER		12- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		ALCOHOL TEST TYPE		
2- SHOULDER BELT ONLY USED		13- TRAILING UNIT		3- FREED BY NON-MECHANICAL MEANS		S- SCHOOL BUS		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13- ILLNESS		1- NONE		
3- LAP BELT ONLY USED		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F- FEMALE		T- DOUBLE & TRIPLE TRAILERS		14- MILITARY VEHICLES ONLY		14- FELL ASLEEP, FAINTED, FATIGUED, ETC.		2- BLOOD		
4- SHOULDER & LAP BELT USED		15- NON-MOTORIST		M- MALE		X- TANKER / HAZMAT		15- MOTOR VEHICLES WITHOUT AIR BRAKES		15- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		3- URINE		
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		99- OTHER / UNKNOWN		U- OTHER / UNKNOWN		GENDER		16- OUTSIDE MIRROR		16- OTHER / UNKNOWN		4- OTHER		
6- CHILD RESTRAINT SYSTEM - REAR FACING								17- PROSTHETIC AID		17- OTHER / UNKNOWN		DRUG TEST RESULT(S)		
7- BOOSTER SEAT								18- OTHER		18- OTHER / UNKNOWN		1- AMPHETAMINES		
8- HELMET USED												2- BARBITURATES		
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3- BENZODIAZEPINES		
10- REFLECTIVE CLOTHING												4- CANNABINOID		
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY												5- COCAINE		
12- OTHER / UNKNOWN												6- OPIATES / OPIOIDS		
												7- OTHER		
												8- NEGATIVE RESULTS		

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004062

Traffic Crash/Non-Injury

4/25/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22 - 4062	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	GEW near Old 74	

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

I, _____ hereby make this voluntary statement to Ofc. B. Bock #43 At Accident Scene

- 1) What time did the accident happen? 2 pm
- 2) What road were you traveling on? Glen Este Withamsville
- 3) What direction were you traveling? North
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? stopped
- 6) What is the speed limit? _____
- 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 2012 Chevy Tahoe
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Lorraine Williams	4507 New Market ct Batavia OH	Driver

- 12) Describe what happened?

stopped at light - motorcycle ran into back of my vehicle

39099846 84 262573
171/55

Insurance Company State Farm Policy# D38 8574 F23-35

Signature X

Lorraine Williams

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

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004062

Traffic Crash/Non-Injury

4/25/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22-4062	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	Old 74 and Glen Este Withamsville	

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

I, Robert E. Rabe, hereby make this voluntary statement to Ofc. B. Bock #43 At Accident Scene

- 1) What time did the accident happen? 1400
- 2) What road were you traveling on? Glen Este Williams Ville
- 3) What direction were you traveling? North
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 5 mph
- 6) What is the speed limit? 45 mph
- 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.
1169 McCaw Ct Batavia OH 45103
- 9) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model 2012 Ultra Classic Harley Davidson
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Robert Rabe		

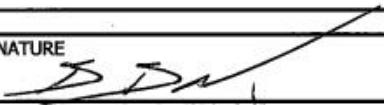
12) Describe what happened?

Came up to the intersection and the
Column stopped suddenly.

Insurance Company Geico Policy# 6098075234

Signature X

Robert E. Rabe

	OFFICER'S SIGNATURE X 	UNIT NO. 1	PAGE NO. 1
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