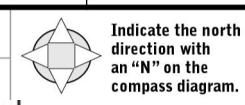


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input 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 UNION REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122006214			
COUNTY* 13 LOCALITY* 3 LOCATION: CITY, VILLAGE, TOWNSHIP* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP UNION (TOWNSHIP OF)				CRASH DATE / TIME* 06212022 2139				HIT/SKIP 1 - SOLVED 2 - UNSOLVED			NUMBER OF UNITS 01			
ROUTE TYPE CR ROUTE NUMBER 0144 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				LOCATION ROAD NAME GLEN ESTE - WITHAMSVILLE				ROAD TYPE RD			LATITUDE DECIMAL DEGREES 39.094406			
ROUTE TYPE SR ROUTE NUMBER 0032 PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SR 32				ROAD TYPE HW			LONGITUDE DECIMAL DEGREES -84.263039			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROUTE TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE		NUMBER OF APPROACHES						
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 TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN				ROADWAY						
<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				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			
LIGHT CONDITION 3 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				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			
NARRATIVE <p>Unit #1 appeared to have been making a U turn when the driver struck the guard rail. Driver of unit #1 appeared to be under the influence. Driver of unit #1 attempted to do SFST however was unable to complete the test. Driver of unit #1 was transported to the Union Twp. Police Dept. and refused a chemical test. Driver was then transported to Clermont County Jail on an active OVI warrant.</p>												 Indicate the north direction with an "N" on the compass diagram.  Back to Scale Scale 1:32		
CRASH REPORTED DATE / TIME 06212022 2139			DISPATCH DATE / TIME 06212022 2139			ARRIVAL DATE / TIME 06212022 2143			SCENE CLEARED DATE / TIME 06212022 2352			REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0133		OFFICER'S NAME* JAMES, BRENT		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)				
OFFICER'S BADGE NUMBER* 3 4		CHECKED BY OFFICER'S BADGE NUMBER* 8 2												

OWNER

VEHICLE

EVENT(s)

UNIT #

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)

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

5932 CROSEN RD, HILLSBORO OHIO 451339441

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

INSURANCE
VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

COLOR

VEHICLE MODEL

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY
RESPONSE

US DOT #

TOWED BY: COMPANY NAME

Grays TOWING

INTERLOCK
DEVICE
EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

01

VEHICLE WEIGHT GVWR/GCWR

1 - ≤10K LBS.

2 - 10,001 - 26K LBS.

3 - >26K LBS.

HAZARDOUS MATERIAL

MATERIAL
RELEASED

PLACARD

CLASS #

PLACARD ID #

UNIT TYPE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

11 - ALL TERRAIN VEHICLE
(ATV/ UTV)

7 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED
BICYCLE

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

17 - MOTORHOME

12 - GOLF CART

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR
ANIMAL-DRAWN VEHICLE

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

25 - OTHER NON-MOTORIST

26 - BICYCLE

27 - TRAIN

28 - ANIMAL DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

30 - UNKNOWN OR HIT/SKIP

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227 - UNKNOWN OR HIT/SKIP

LOCAL REPORT NUMBER
122006214

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 EASTRIDGE HANNAH NOLAN					DATE OF BIRTH 04091994	AGE 028	GENDER F		
	ADDRESS: STREET,CITY,STATE, ZIP 1102 FEESBURG POETOWN RD, HAMERSVILLE, Ohio, 45130					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure To Control		CITATION NUMBER 013163406212022253		
	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 checked="" type="checkbox"/> OTHER DRUG	CONDITION 6	ALCOHOL TEST STATUS 1 TYPE 1 VALUE .	DRUG TEST(S) STATUS 2 TYPE 1 RESULT SELECT UP TO 4		
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	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 <input type="checkbox"/>	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> RESULT SELECT UP TO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE 000	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 <input type="checkbox"/>	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE .	DRUG TEST(S) STATUS <input type="checkbox"/> TYPE <input type="checkbox"/> 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 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN						
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - TALKING ON HANDS-FREE COMMUNICATION DEVICE						
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	10 - SLEEPER SECTION OF TRUCK CAB	7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE						
2 - EMS	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	11 - NOT EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	11 - NOT EJECTED	H - HAZMAT	6 - PASSENGER	6 - BLOOD						
9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PARTIALLY EJECTED	M - MOTORCYCLE	7 - OTHER DISTRACTION INSIDE THE VEHICLE	7 - URINE						
SAFETY EQUIPMENT		13 - TRAILING UNIT	13 - TOTALLY EJECTED	P - PASSENGER	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE						
1 - NONE USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - NOT APPLICABLE	N - TANKER	9 - OTHER / UNKNOWN	9 - BREATH						
2 - SHOULDER BELT ONLY USED	15 - NON-MOTORIST	15 - NOT TRAPPED	Q - MOTOR SCOOTER	10 - LIMITED TO EMPLOYMENT	5 - OTHER						
3 - LAP BELT ONLY USED	99 - OTHER / UNKNOWN	16 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	11 - LIMITED TO OTHER	ALCOHOL TEST TYPE						
4 - SHOULDER & LAP BELT USED	17 - NON-MOTORIST	17 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	12 - LIMITED - OTHER	1 - NONE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	18 - OTHER / UNKNOWN	18 - NOT APPLICABLE	T - DOUBLE & TRIPLE TRAILERS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - BLOOD						
6 - CHILD RESTRAINT SYSTEM - REAR FACING	19 - OTHER / UNKNOWN	19 - NOT APPLICABLE	X - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY	3 - URINE						
7 - BOOSTER SEAT	20 - OTHER / UNKNOWN	20 - NOT APPLICABLE	F - FEMALE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - OTHER						
8 - HELMET USED	21 - OTHER / UNKNOWN	21 - NOT APPLICABLE	M - MALE	16 - OUTSIDE MIRROR	DRUG TEST TYPE						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	22 - OTHER / UNKNOWN	22 - NOT APPLICABLE	U - OTHER / UNKNOWN	17 - PROSTHETIC AID	1 - AMPHETAMINES						
10 - REFLECTIVE CLOTHING	23 - OTHER / UNKNOWN	23 - NOT APPLICABLE	24 - OTHER	18 - OTHER	2 - BARBITURATES						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	24 - OTHER / UNKNOWN	24 - NOT APPLICABLE	25 - OTHER	19 - OTHER / UNKNOWN	3 - BENZODIAZEPINES						
99 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN	25 - NOT APPLICABLE	26 - OTHER	20 - OTHER / UNKNOWN	4 - CANNABINOID						
			27 - OTHER	21 - OTHER / UNKNOWN	5 - COCAINE						
			28 - OTHER	22 - OTHER / UNKNOWN	6 - OPIATES / OPIOIDS						
			29 - OTHER	23 - OTHER / UNKNOWN	7 - OTHER						
			30 - OTHER	24 - OTHER / UNKNOWN	8 - NEGATIVE RESULTS						
TEST STATUS											
CONDITION											
DRUG TEST RESULT(S)											