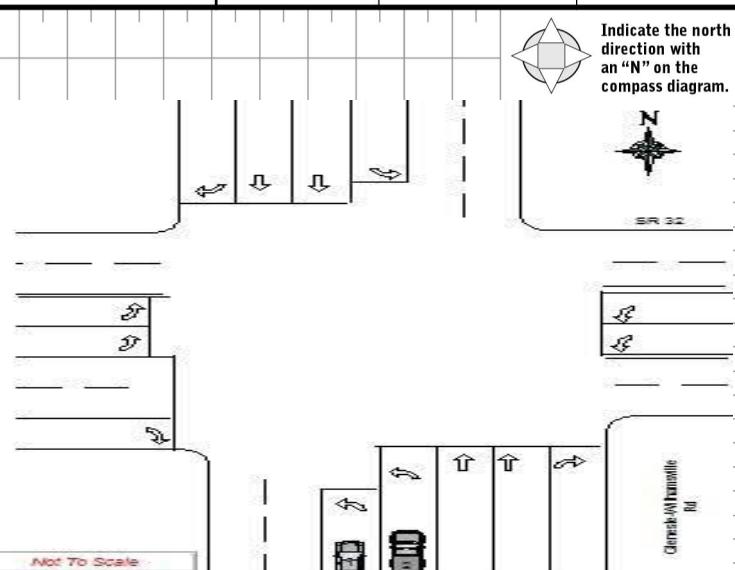


TRAFFIC CRASH REPORT

*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 GLENESTE-WITHAMSVILLE ROAD REPORTING AGENCY NAME* NCIC* Union Township Police Dept. 01316			LOCAL REPORT NUMBER* 122005907				
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)			CRASH DATE / TIME* 06132022 1627			HIT/SKIP 1-SOLVED 02 2-UNRESOLVED 99 UNIT IN ERROR 98-ANIMAL 99-UNKNOWN				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME GLENESTE-WITHAMSVILLE	ROAD TYPE	LATITUDE DECIMAL DEGREES 39.094773				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SR 32	ROAD TYPE	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 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 PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE 75		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS					ROADWAY <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			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-CROSSOVER 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR 2 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	CONDITIONS 1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	SURFACE 2 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN	
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN			WEATHER 02 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				
NARRATIVE According to Unit 1, she was traveling NB on Gleneste-Withamsville Rd and when just south of SR 32 entered the inner left turn lane for WB SR 32 when the accident occurred. According to Unit 2, he stated he was traveling in the same direction and entered the outer left turn lane when the accident occurred.										
CRASH REPORTED DATE / TIME 06132022 1627		DISPATCH DATE / TIME 06132022 1632		ARRIVAL DATE / TIME 06132022 1643		SCENE CLEARED DATE / TIME 06132022 1743		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
TOTAL TIME ROADWAY CLOSED 0000	OTHER INVESTIGATION TIME	TOTAL MINUTES 0071	OFFICER'S NAME* Williams, Richard		CHECKED BY OFFICER'S NAME* Combs, Rodney D					
			OFFICER'S BADGE NUMBER* 4 1		CHECKED BY OFFICER'S BADGE NUMBER* 8 1					

UNIT # 01 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)

1296 WHITE OAK BLDG 5 RD, AMELIA OHIO 451021798

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # GTW8476 VEHICLE IDENTIFICATION # 5XIXG124J121NG123442 VEHICLE YEAR 2012 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INS. CO. INSURANCE POLICY # 826247276 COLOR SIL VEHICLE MODEL Other/Unknown

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 US DOT # VEHICLE WEIGHT GVWR/GCWR
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

UNIT TYPE 01 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 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
6 - VAN (9-15 SEATS) 11 - ALL-TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 23 - ANIMAL-DRAWN VEHICLE 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE
15 - CONSTRUCTION EQUIPMENT 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 00 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 00 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 09 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK ACTIONS 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN

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

SEQUENCE OF EVENTS

120 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOBILE OBJECT
4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE
5 - CARGO / EQUIPMENT LOSS OR SHIFT

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
5 - 1 - 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
6 - 2 - 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
3 - 3 - 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
4 - 4 - 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

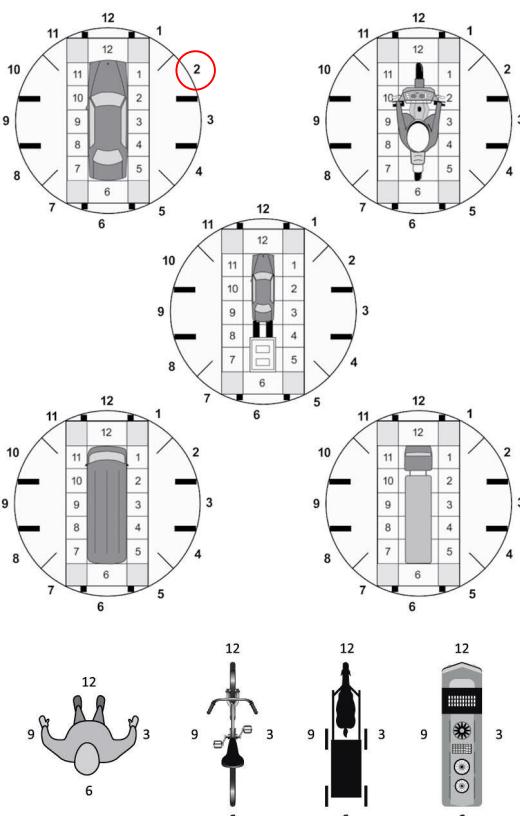
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 122005907

DAMAGE

DAMAGE SCALE
2 - 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
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING
1 - NOT INVOLVED 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING 2 - INVOLVED-PASSIVE 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 25 DETECTED SPEED
1 - STATED / ESTIMATED SPEED 1 - 1
2 - CALCULATED / EDR 2 - 2
3 - UNDETERMINED 3 - 3

POSTED SPEED 45

LP STATE O H	LICENSE PLATE # PKY1053	VEHICLE IDENTIFICATION # 1F1TEW1EPI5KFIB61086			VEHICLE YEAR 2019	VEHICLE MAKE Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY EMPLOYERS MUTUAL CAS.	INSURANCE POLICY # 3E1-56-38			COLOR BLU	VEHICLE MODEL F-150
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		#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		
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		
UNIT TYPE 04						

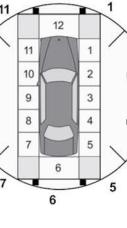
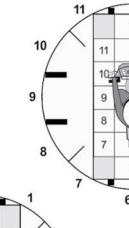
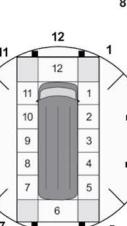
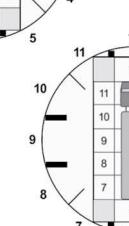
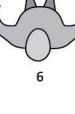
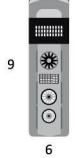
# OF TRAILING UNITS						
VEHIC	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	
			1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	5 - FULL AUTOMATION	
2	1 - YES 2 - NO 9 - OTHER/ UNKNOWN	0				
SPECIAL FUNCTION	1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER	
	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER/ UNKNOWN	
	3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL		
	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING		
		5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
			7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE	
				11 - DUMP	99 - OTHER/ UNKNOWN	
VEHICLE DEFECTS	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER/ UNKNOWN	
	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT	10 - DISABLED FROM PRIOR		
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT		

00 NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
9 ACTION	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
01 ACTIONS	3 - STRIKING	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST
	4 - STRUCK	4 - OVERTAKING/PASSING	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE
33 22	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
	6 - ACTIONS	6 - MAKING LEFT TURN	12 - DRIVERLESS		
1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / A/CDA	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE	
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED		23 - OPENING DOOR INTO	

CONTRIBUTING CIRCUMSTANCES	4 - RAN STOP SIGN	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	ROADWAY
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
	6 - IMPROPER TURN	12 - IMPROPER BACKING			

EVE NU M	SEQUENCE OF EVENTS						EVENTS
	1	2	3	4	5	6	
1	20	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE – OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
		2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS		17 - ANIMAL – FARM		
		3 - IMMERSION	8 - RAN OFF ROAD RIGHT		18 - ANIMAL – DEER		
2		4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	19 - ANIMAL – OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	BY A MOTOR VEHICLE	
3				14 - PEDESTRIAN			
				15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVEABLE OBJECT	

COLLISION WITH FIXED OBJECT - STRUCK				
4 []	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
5 []	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE
6 []	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE
				49 - FIRE HYDRANT
				50 - WORK ZONE MAINTENANCE EQUIPMENT
				51 - WALL
				52 - BUILDING
				53 - TUNNEL
				54 - OTHER FIXED OBJECT
				99 - OTHER / UNKNOWN

LOCAL REPORT NUMBER 122005907											
DAMAGE											
DAMAGE SCALE											
1 - NONE				3 - FUNCTIONAL DAMAGE							
2 - MINOR DAMAGE				4 - DISABLING DAMAGE							
9 - UNKNOWN											
DAMAGED AREA(S) INDICATE ALL THAT APPLY											
											
											
											
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]											

- TOP [13] - ALL AREAS [15]

 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
09 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN

13 - TOP		TRAFFIC			
TRAFFICWAY FLOW		TRAFFIC CONTROL			
1 - ONE-WAY		1 - ROUNDABOUT			4 - STOP SIGN
2 - TWO-WAY		2 - SIGNAL			5 - YIELD SIGN
2		3 - FLASHER			6 - NO CONTROL
# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING			
4		1 - NOT INVOLVED			
1		2 - INVOLVED-ACTIVE CROSSING			
		3 - INVOLVED-PASSIVE CROSSING			

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

UNIT SPEED  15	DETECTED SPEED  1 1 - STATED / ESTIMATED SPEED
POSTED SPEED  45	 2 - CALCULATED / EDR 3 - UNDETERMINED

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	HALCOMB DESIREA L					09121989	032	F		
ADDRESS: STREET,CITY,STATE, ZIP		1296 WHITE OAK BLDG 5 RD, AMELIA, Ohio, 451021798					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
5					04			01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**											
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	REED CHAD DARIN					04121974	048	M			
ADDRESS: STREET,CITY,STATE, ZIP		6165 TEAGARDEN CIR, DAYTON, Ohio, 454493013					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
5					04			01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**											
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
			9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
							000				
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 UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)				
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			1	1	1	1	1
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		3 - TEST GIVEN, RESULTS UNKNOWN		
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 UNKNOWN		4 - TEST GIVEN, RESULTS UNKNOWN		
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 - OTHER		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		6 - BLOOD		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - URINE		
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH		
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		9 - OTHER		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	10 - APPARENTLY NORMAL		10 - DRUG TEST TYPE		
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		TRAPPED		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	11 - PHYSICAL IMPAIRMENT		11 - DRUG TEST RESULT(S)		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		12 - DRUG TEST TYPE		
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		13 - DRUG TEST RESULT(S)		
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	14 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		14 - DRUG TEST TYPE		
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		F - FEMALE		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - COCAINE		15 - DRUG TEST RESULT(S)		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		M - MALE			16 - OUTSIDE MIRROR	16 - OPIATES / OPIOIDS		16 - DRUG TEST TYPE		
6 - CHILD RESTRAINT SYSTEM - REAR FACING			U - OTHER / UNKNOWN			17 - PROSTHETIC AID	17 - OTHER		17 - DRUG TEST RESULT(S)		
7 - BOOSTER SEAT						18 - OTHER	18 - NEGATIVE RESULTS		18 - DRUG TEST TYPE		
8 - HELMET USED											
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122005907

Traffic Crash/Non-Injury

6/14/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>22.5907</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 6 D 13 Y 22</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>Glen-este Withamsville Rd near SR32 Cinci, Oh. 45245</u>	

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

I, Desirea Halcomb hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? 4:15 pm
- 2) What road were you traveling on? Glen-este Withamsville Rd
- 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? 20-25
- 6) What is the speed limit? 45
- 7) Is there anything you could have done to avoid the accident? Not over faster
- 8) Is the address on your license correct? YES or NO If no, please list the correct address below.
814 Clough Pike Apt 4 Cincinnati 45245
- 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 2022 Kia KS
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

Merging ~~reenter~~ left on to 32 to turn and my passenger side got bumped. I was already in the turn lane.

Insurance Company Allstate Ins. Co. Policy# 826247276

Signature X

Desirea Halcomb

OFFICER'S SIGNATURE <u>X R. Williams</u>	UNIT NO. <u>41</u>	PAGE NO. <u>1 of 1</u>
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122005907

Traffic Crash/Non-Injury

6/14/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>22.5907</i>	REPORTING AGENCY Union Township Police Department	DATE OF CRASH <i>M 6 D 13 Y 22</i>
IN COUNTY OF Clermont	CRASH LOCATION <i>Glen Este - W. Thansville Rd near SR32. Cht. Oh. 45245</i>	

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

I, Chad Reed hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

- 1) What time did the accident happen? 4:15a
- 2) What road were you traveling on? Este Williams Drive
- 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? 15 mph
- 6) What is the speed limit? 25 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.

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

10) Vehicle Year / Make/ Model 2019 Ford F-150

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

Turning from middle lane to outer (right) left turn lane, car behind going to the far left left hand lane. Skinned my bumper while we both turned to our respective lanes.

Insurance Company Employers Mutual Casualty Co. Policy# 3E1-52-38

Signature X



OFFICER'S SIGNATURE

X R. Williams

UNIT NO.

41

PAGE NO.

1 of 1