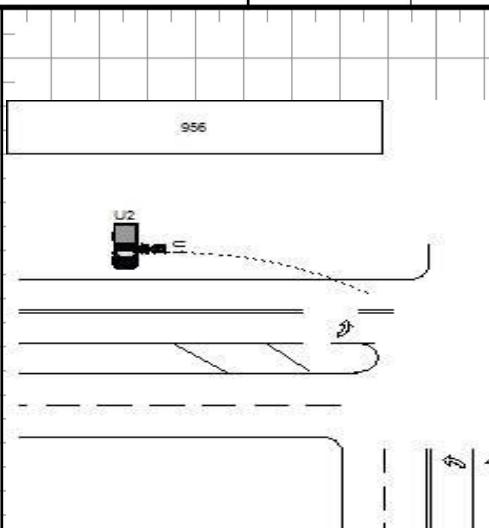


TRAFFIC CRASH REPORT

*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 956 OLD SR 74 REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316			LOCAL REPORT NUMBER* 122005730				
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP			LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)			CRASH DATE / TIME* 06092022 1627				
REFERENCE LOCATION CR 171	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME OLD SR 74	ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.100759				
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 956	ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.262634				
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 - 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		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	NUMBER OF APPROACHES 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 - DRIVEWAY/ALLEY ACCESS 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 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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 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 Unit #1 ran off the right side of the roadway and struck a parked vehicle (Unit #2)									 Indicate the north direction with an "N" on the compass diagram.	
									 Not To Scale Cincinnati-Batavia Pk	
CRASH REPORTED DATE / TIME 06092022 1627		DISPATCH DATE / TIME 06092022 1704		ARRIVAL DATE / TIME 06092022 1708		SCENE CLEARED DATE / TIME 06092022 1745		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0020		TOTAL MINUTES 0061		OFFICER'S NAME* Zimmerman, ROBERT		CHECKED BY OFFICER'S NAME* Wagner, Richard J		
						OFFICER'S BADGE NUMBER* 5 2		CHECKED BY OFFICER'S BADGE NUMBER* 7 9		
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)										

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MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 01 SINGLETON TRENT DANIEL					DATE OF BIRTH 03132005	AGE 017	GENDER M		
	ADDRESS: STREET,CITY,STATE, ZIP 825 DANNY DR, CINCINNATI, Ohio, 45255					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 08	DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
	OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER 0131652060920221724		
	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 1 1	DRUG TEST(S) 1 1			
	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	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST 1 1	DRUG TEST(S) 1 1			
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	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	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST 1 1	DRUG TEST(S) 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	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	1 - NONE					
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	2 - BLOOD					
2 - EMS	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE					
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	4 - BREATH					
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	10 - APPARENTLY NORMAL	5 - OTHER					
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	11 - PHYSICAL IMPAIRMENT	1 - BLOOD					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - URINE					
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	13 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - ILLNESS	3 - OTHER					
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	14 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - AMPHETAMINES					
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5 - BARBITURATES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	16 - PROSTHETIC AID	6 - BENZODIAZEPINES					
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - OTHER	17 - OTHER	7 - CANNABINOID					
7 - BOOSTER SEAT						8 - COCAINE					
8 - HELMET USED						9 - OPIATES / OPIOIDS					
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						7 - OTHER					
10 - REFLECTIVE CLOTHING						8 - NEGATIVE RESULTS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122005730

Traffic Crash/Non-Injury

6/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <i>22-5730</i>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <i>M 6 D 7 Y2022</i>
IN COUNTY OF Clermont	CRASH LOCATION <i>Farmer's Insurance</i>	

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

I, RANDALL MUELLER Hereby make this voluntary statement to Off Zimmerman At Accident Scene

- 1) What time did the accident happen? 4:00pm
- 2) What road were you traveling on? My Vehicle was parked & unoccupied
- 3) What direction were you traveling? _____
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? _____
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? _____
- 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 FORD F150

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

TRENT COLLIDED WITH DRIVER'S SIDE OF MY TRUCK. I HEARD THE IMPACT & LOOKED UP. I THEN WALKED OUT OF MY OFFICE TO THE SCENE. FOUND TRENT GETTING UP & TAKING OFF HIS HELMET & CALLED 911. TRENT APOLOGIZED & ADMITTED FAULT.

Insurance Company Farmer's Insurance Policy# 187 47111

Signature X

Randall A. Mueller

OFFICER'S SIGNATURE <i>Officer Z. Clay Jr.</i>	UNIT NO. <i>52</i>	PAGE NO. <i>2/2</i>
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122005730

Traffic Crash/Non-Injury

6/13/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-5730	REPORTING AGENCY Union Township Police Department	DATE OF CRASH May 13 2022
IN COUNTY OF Clermont	CRASH LOCATION Farmers Insurance	

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

I, Trent Singletor hereby make this voluntary statement to Offc Zimmerman At Accident Scene

- 1) What time did the accident happen? 8:00 a.m. 4:20 - 4:30
- 2) What road were you traveling on? Glen Este Unionville Rd
- 3) What direction were you traveling? west
- 4) Were you injured? YES or NO If yes, explain: No
- 5) What was your speed before the crash? 15 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.

- 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 2015 Honda CRV 300

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Trent Singletor</u>	<u>825 Danny of Cincinnati 45245</u>	<u>Driver</u>

12) Describe what happened?

Turning left onto Cincinnati-Batavia Pike when the bike failed to shift gears, causing me to hit off the road into hitting a tire side of a truck.

Insurance Company Progressive Policy # 956690009

Signature X

Trent Singletor

OFFICER'S SIGNATURE

Offc R. Clay J.

UNIT NO.

#52

PAGE NO.

1/2