

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 (WB) SR 32 NEAR GLENESTE - WITH REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122006272					
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP				LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 06232022 1240			HIT/SKIP 1-SOLVED 02 2-UNRESOLVED 01					
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 32	PREFIX 4	LOCATION ROAD NAME SR 32				ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.094678			CRASH SEVERITY 5				
	ROUTE TYPE CR	ROUTE NUMBER 55	PREFIX 4	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLENESTE - WITHAMSVILLE				ROAD TYPE RD	LONGITUDE DECIMAL DEGREES 84.262273			1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
REFERENCE POINT 1		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		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						
LOCATION OF FIRST HARMFUL EVENT 01				MANNER OF CRASH COLLISION/IMPACT 2				DIRECTION OF TRAVEL 4			MEDIAN TYPE 4					
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				1-NOT COLLISION 2-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-HEAD-ON			1-NORTH 2-SOUTH 3-EAST 4-WEST			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 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				
LIGHT CONDITION 1			WEATHER 01													
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										
NARRATIVE On the above listed date and time, Unit#2 was stopped in traffic and was struck from behind by Unit#1.												 Indicate the north direction with an "N" on the compass diagram.				
CRASH REPORTED DATE / TIME 06232022 1240				DISPATCH DATE / TIME 06232022 1244				ARRIVAL DATE / TIME 06232022 1257				SCENE CLEARED DATE / TIME 06232022 1357				
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0073		OFFICER'S NAME* JOEHNK, JEFFREY		CHECKED BY OFFICER'S NAME* Wagner, Richard J		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
						OFFICER'S BADGE NUMBER* 2 8		CHECKED BY OFFICER'S BADGE NUMBER* 7 9		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)						

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OWNER #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)			OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
02 RIZZUTO ANGELA ROSE			4170 LONG LAKE DR UNIT 15110 BATAVIA, Ohio, 45103			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE		LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H		HRK8133	1 F M C U 9 J 9 8 M U A 6 1 5 1 7 9		2011	Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #		COLOR	VEHICLE MODEL
		GEICO	6022633595		GRY	Escape
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> INTERLOCK EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT			US DOT #	TOWED BY: COMPANY NAME		
				<input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
<input type="checkbox"/> #OCCUPANTS 01			VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
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		
03 UNIT TYPE			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			
# OF TRAILING UNITS						
2 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN			0 AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION		
01 SPECIAL FUNCTION			1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
01 CARGO BODY TYPE			6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE			
00 VEHICLE DEFECTS			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			
01 NON-MOTORIST LOCATION AT IMPACT			1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
00 CONTRIBUTING CIRCUMSTANCES			4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT			
00 SEQUENCE OF EVENTS			1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			
00 ACTION			3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION			
00 4			6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS			
01 4			1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER/UNKNOWN			
01 4			11 - 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			
01 4			13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE			
01 4			18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - OTHER/ UNKNOWN			
01 4			21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT			
01 4			13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY			
01 4			17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING			
20 1			1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE / ACDA 3 - IMPROPER LANE CHANGE 4 - IMPROPER PASSING 5 - DROVE OFF ROAD 6 - IMPROPER BACKING			
20 2			7 - FOLLOWING TOO CLOSE / ACDA 8 - IMPROPER LANE CHANGE 9 - IMPROPER PASSING 10 - DROVE OFF ROAD 11 - IMPROPER BACKING			
20 3			12 - IMPROPER LANE CHANGE 13 - IMPROPER PASSING 14 - DROVE OFF ROAD 15 - IMPROPER BACKING			
20 4			16 - IMPROPER LANE CHANGE 17 - IMPROPER PASSING 18 - DROVE OFF ROAD 19 - IMPROPER BACKING			
20 5			20 - IMPROPER LANE CHANGE 21 - IMPROPER PASSING 22 - DROVE OFF ROAD 23 - IMPROPER BACKING			
20 6			24 - IMPROPER LANE CHANGE 25 - IMPROPER PASSING 26 - DROVE OFF ROAD 27 - IMPROPER BACKING			
20 7			28 - IMPROPER LANE CHANGE 29 - IMPROPER PASSING 30 - DROVE OFF ROAD 31 - IMPROPER BACKING			
20 8			32 - IMPROPER LANE CHANGE 33 - IMPROPER PASSING 34 - DROVE OFF ROAD 35 - IMPROPER BACKING			
20 9			36 - IMPROPER LANE CHANGE 37 - IMPROPER PASSING 38 - DROVE OFF ROAD 39 - IMPROPER BACKING			
20 10			40 - IMPROPER LANE CHANGE 41 - IMPROPER PASSING 42 - DROVE OFF ROAD 43 - IMPROPER BACKING			
20 11			44 - IMPROPER LANE CHANGE 45 - IMPROPER PASSING 46 - DROVE OFF ROAD 47 - IMPROPER BACKING			
20 12			48 - IMPROPER LANE CHANGE 49 - IMPROPER PASSING 50 - DROVE OFF ROAD 51 - IMPROPER BACKING			
20 13			52 - IMPROPER LANE CHANGE 53 - IMPROPER PASSING 54 - DROVE OFF ROAD 55 - IMPROPER BACKING			
20 14			56 - IMPROPER LANE CHANGE 57 - IMPROPER PASSING 58 - DROVE OFF ROAD 59 - IMPROPER BACKING			
20 15			60 - IMPROPER LANE CHANGE 61 - IMPROPER PASSING 62 - DROVE OFF ROAD 63 - IMPROPER BACKING			
20 16			64 - IMPROPER LANE CHANGE 65 - IMPROPER PASSING 66 - DROVE OFF ROAD 67 - IMPROPER BACKING			
20 17			68 - IMPROPER LANE CHANGE 69 - IMPROPER PASSING 70 - DROVE OFF ROAD 71 - IMPROPER BACKING			
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20 101			404 - IMPROPER LANE CHANGE 405 - IMPROPER PASSING 406 - DROVE OFF ROAD 407 - IMPROPER BACKING			
20 102			408 - IMPROPER LANE CHANGE 409 - IMPROPER PASSING 410 - DROVE OFF ROAD 411 - IMPROPER BACKING			
20 103			412 - IMPROPER LANE CHANGE 413 - IMPROPER PASSING 414 - DROVE OFF ROAD 415 - IMPROPER BACKING			
20 104			416 - IMPROPER LANE CHANGE 417 - IMPROPER PASSING 418 - DROVE OFF ROAD 419 - IMPROPER BACKING			
20 105			420 - IMPROPER LANE CHANGE 421 - IMPROPER PASSING 422 - DROVE OFF ROAD 423 - IMPROPER BACKING			
20 106			424 - IMPROPER LANE CHANGE 425 - IMPROPER PASSING 426 - DROVE OFF ROAD 427 - IMPROPER BACKING			
20 107			428 - IMPROPER LANE CHANGE 429 - IMPROPER PASSING 430 - DROVE OFF ROAD 431 - IMPROPER BACKING			
20 108			432 - IMPROPER LANE CHANGE 433 - IMPROPER PASSING 434 - DROVE OFF ROAD 435 - IMPROPER BACKING			
20 109			436 - IMPROPER LANE CHANGE 437 - IMPROPER PASSING 438 - DROVE OFF ROAD 439 - IMPROPER BACKING			
20 110			440 - IMPROPER LANE CHANGE 441 - IMPROPER PASSING 442 - DROVE OFF ROAD 443 - IMPROPER BACKING			
20 111			444 - IMPROPER LANE CHANGE 445 - IMPROPER PASSING 446 - DROVE OFF ROAD 447 - IMPROPER BACKING			
20 112			448 - IMPROPER LANE CHANGE 449 - IMPROPER PASSING 450 - DROVE OFF ROAD 451 - IMPROPER BACKING			
20 113			452 - IMPROPER LANE CHANGE 453 - IMPROPER PASSING 			

LOCAL REPORT NUMBER
122006272

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	TORRES-ORTIZ KARINA					1 1 2 8 2 0 0 2	019	U		
ADDRESS: STREET,CITY,STATE,ZIP 250 DIXIE HIGHWAY 6, FAIRFIELD, Ohio, 45014											
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 <input type="checkbox"/> OTHER DRUG		1	1 1	1 1	RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	RIZZUTO ANGELA ROSE					0 7 2 9 1 9 7 3	048	F			
ADDRESS: STREET,CITY,STATE,ZIP 4170 LONG LAKE DR UNIT 15110, 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 <input type="checkbox"/> OTHER DRUG		1	1 1	1 1	RESULT SELECT UP TO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						0 0 0	000				
ADDRESS: STREET,CITY,STATE,ZIP											
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 <input type="checkbox"/> OTHER DRUG		1	1 1	1 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		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 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER						
SAFETY EQUIPMENT	TRAPPED		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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		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						
	GENDER		DRUG TEST RESULT(S)								
			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

122006272

Traffic Crash/Non-Injury

6/28/2022 OH3

Unit #2

OH-3 REV 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-6272	Union Township Police Department	M 6 D 23 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	32 W / 6E

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

I, Angela Rizzuto, hereby make this voluntary statement to At Accident Scene

- 1) What time did the accident happen? 12:40 pm - 6/23/2022
- 2) What road were you traveling on? 32 W / 32 East
- 3) What direction were you traveling? East
- 4) Were you injured? YES or NO. If yes, explain: Stopped at stop light /
- 5) What was your speed before the crash? Stopped at stop light /
- 6) What is the speed limit? 15
- 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.
4170 Long Lake Drive Unit B, Batavia OH 45103
- 9) Were you wearing your seat belt? YES or NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model Ford Escape 2021
- 11) List all the occupants below: N/A

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

Stopped at stop light on 32 East. Driver hit me from behind as I was stopped at light going

Angela Rizzuto

Insurance Company Geico Policy# 6022633595

Signature X

Angela Rizzuto

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X</u>	<u>28</u>	<u>1 of 1</u>