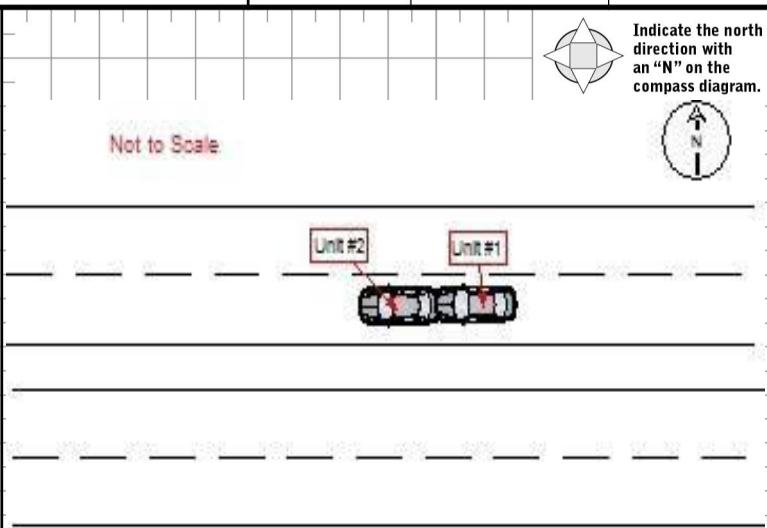


TRAFFIC CRASH REPORT

*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 SR32/ FAYRD REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316			LOCAL REPORT NUMBER* 122003686					
COUNTY* 13 LOCALITY* 1-CITY 3 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)			LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME* 04122022 0614					
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME APPALACHIAN	ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.093948					
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) FAYARD	ROAD TYPE DR	LONGITUDE DECIMAL DEGREES 84.260003					
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	RD - ROAD 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 300		DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED						
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 2 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - HEAD-ON			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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2				
LIGHT CONDITION 2 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			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
NARRATIVE While slowing to stop Unit #2 was struck from behind by Unit #1.						Not to Scale 					
CRASH REPORTED DATE / TIME 04122022 0614			DISPATCH DATE / TIME 04122022 0615			ARRIVAL DATE / TIME 04122022 0626			SCENE CLEARED DATE / TIME 04122022 0730		
TOTAL TIME ROADWAY CLOSED 0005		OTHER INVESTIGATION TIME		TOTAL MINUTES 0075	OFFICER'S NAME* Reardon, Benjamin R		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* 1 5		CHECKED BY OFFICER'S BADGE NUMBER* 7 9		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		

LOCAL REPORT NUMBER
122003686

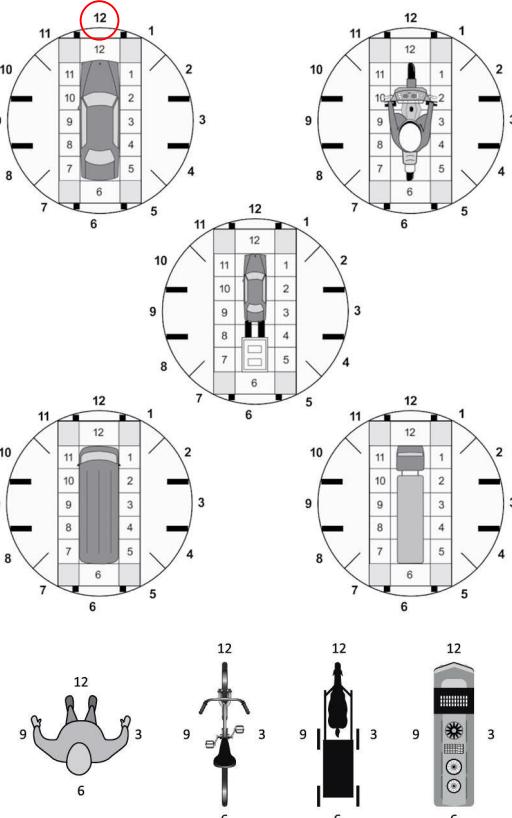
DAMAGE

DAMAGE SCALE

3 - 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

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

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

50

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED

55

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
451 W MCMICKEN AVE, CINCINNATI OHIO 452141957

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JEX1728 VEHICLE IDENTIFICATION # 1H1G1C1G212571A10127531 VEHICLE YEAR 2000 VEHICLE MAKE Honda

INSURANCE VERIFIED ALLSTATE INSURANCE COMPANY INSURANCE POLICY # 826-527-629 VEHICLE MODEL Accord

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.

TOWED BY: COMPANY NAME Grays TOWING
HAZARDOUS MATERIAL
MATERIAL RELEASED
PLACARD
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 28 - ANIMAL DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP

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

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

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 - 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE
8 - 15 - GRAIN/CHIPS/GRAVEL 99 - OTHER / UNKNOWN

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

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

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

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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 12 - IMPROPER BACKING

SEQUENCE OF EVENTS
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 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
3 - IMMERSION 9 - RAN OFF ROAD LEFT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
4 - JACKKNIFE 10 - CROSS MEDIAN 13 - OTHER NON-COLLISION 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVEABLE OBJECT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 14 - PEDESTRIAN 15 - PEDALCYCLE

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
33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT 35 - MEDIAN CONCRETE BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
28 - BRIDGE PARAPET 36 - MEDIAN OTHER BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN
30 - GUARDRAIL FACE

1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

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)

1299 STATE ROUTE 321, SARDINIA OHIO 451718219

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENCE PLATE # JSB4494

VEHICLE IDENTIFICATION # 1H4G1C1F5XJA134986

VEHICLE YEAR 2018

VEHICLE MAKE Honda

INSURANCE COMPANY ALLSTATE

INSURANCE POLICY # 992-993-829

COLOR RED **VEHICLE MODEL** Accord

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED

#OCCUPANTS 01

VEHICLE WEIGHT GVWR/GCWR

HAZARDOUS MATERIAL

1 - COMMERCIAL 2 - GOVERNMENT 3 - IN EMERGENCY RESPONSE

1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

MATERIAL RELEASED

4 - CARGO VAN 5 - VAN (9-15 SEATS)

6 - ALL-TERRAIN VEHICLE (ATV/UTV)

CLASS #

7 - MOTORCYCLE 8 - MOTORCYCLE 9 - AUTOCYCLE

10 - MOPED OR MOTORIZED BICYCLE

PLACARD ID #

11 - ALL-TERRAIN VEHICLE (ATV/UTV)

12 - MOTORHOME

13 - SNOWMOBILE

14 - SINGLE UNIT TRUCK

VEHICLE WEIGHT GVWR/GCWR

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

VEHICLE WEIGHT GVWR/GCWR

17 - MOTORHOME

18 - LIMO (LIVERY VEHICLE)

VEHICLE WEIGHT GVWR/GCWR

19 - BUS (16+ PASSENGERS)

20 - OTHER VEHICLE

VEHICLE WEIGHT GVWR/GCWR

21 - HEAVY EQUIPMENT

22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE

VEHICLE WEIGHT GVWR/GCWR

23 - PEDESTRIAN / SKATER

24 - WHEELCHAIR (ANY TYPE)

VEHICLE WEIGHT GVWR/GCWR

25 - OTHER NON-MOTORIST

26 - BIKE

VEHICLE WEIGHT GVWR/GCWR

27 - TRAIN

28 - ANIMAL DRAWN VEHICLE

VEHICLE WEIGHT GVWR/GCWR

29 - UNKNOWN OR HIT/SKIP

30 - UNKNOWN OR HIT/SKIP

VEHICLE WEIGHT GVWR/GCWR

31 - TURN SIGNALS

32 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

33 - TAIL LAMPS

34 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

35 - STEERING

36 - TRAILER EQUIPMENT

VEHICLE WEIGHT GVWR/GCWR

37 - DEFECTIVE

38 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

39 - MOTOR TROUBLE

40 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

41 - OTHER/ UNKNOWN

42 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

43 - INTERSECTION - MARKED CROSSWALK

44 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

45 - TURN SIGNALS

46 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

47 - TAIL LAMPS

48 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

49 - STEERING

50 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

51 - DEFECTIVE

52 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

53 - MOTOR TROUBLE

54 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

55 - OTHER/ UNKNOWN

56 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

57 - INTERSECTION - MARKED CROSSWALK

58 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

59 - TURN SIGNALS

60 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

61 - TAIL LAMPS

62 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

63 - STEERING

64 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

65 - DEFECTIVE

66 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

67 - MOTOR TROUBLE

68 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

69 - OTHER/ UNKNOWN

70 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

71 - INTERSECTION - MARKED CROSSWALK

72 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

73 - TURN SIGNALS

74 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

75 - TAIL LAMPS

76 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

77 - STEERING

78 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

79 - DEFECTIVE

80 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

81 - MOTOR TROUBLE

82 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

83 - OTHER/ UNKNOWN

84 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

85 - INTERSECTION - MARKED CROSSWALK

86 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

87 - TURN SIGNALS

88 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

89 - TAIL LAMPS

90 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

91 - STEERING

92 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

93 - DEFECTIVE

94 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

95 - MOTOR TROUBLE

96 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

97 - OTHER/ UNKNOWN

98 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

99 - INTERSECTION - MARKED CROSSWALK

100 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

101 - TURN SIGNALS

102 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

103 - TAIL LAMPS

104 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

105 - STEERING

106 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

107 - DEFECTIVE

108 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

109 - MOTOR TROUBLE

110 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

111 - OTHER/ UNKNOWN

112 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

113 - INTERSECTION - MARKED CROSSWALK

114 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

115 - TURN SIGNALS

116 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

117 - TAIL LAMPS

118 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

119 - STEERING

120 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

121 - DEFECTIVE

122 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

123 - MOTOR TROUBLE

124 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

125 - OTHER/ UNKNOWN

126 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

127 - INTERSECTION - MARKED CROSSWALK

128 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

129 - TURN SIGNALS

130 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

131 - TAIL LAMPS

132 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

133 - STEERING

134 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

135 - DEFECTIVE

136 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

137 - MOTOR TROUBLE

138 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

139 - OTHER/ UNKNOWN

140 - ACCIDENT

VEHICLE WEIGHT GVWR/GCWR

141 - INTERSECTION - MARKED CROSSWALK

142 - INTERSECTION - UNMARKED CROSSWALK

VEHICLE WEIGHT GVWR/GCWR

143 - TURN SIGNALS

144 - HEAD LAMPS

VEHICLE WEIGHT GVWR/GCWR

145 - TAIL LAMPS

146 - BRAKES

VEHICLE WEIGHT GVWR/GCWR

147 - STEERING

148 - DEFECTIVE

VEHICLE WEIGHT GVWR/GCWR

149 - DEFECTIVE

150 - TIRE BLOWOUT

VEHICLE WEIGHT GVWR/GCWR

151 - MOTOR TROUBLE

152 - DISABLED FROM PRIOR

VEHICLE WEIGHT GVWR/GCWR

153 - OTHER/ UNKNOWN

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
	01	JONES SHELBY R					02051986	036	F				
ADDRESS: STREET,CITY,STATE, ZIP		451 W MCMICKEN AVE, CINCINNATI, Ohio, 452141957					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	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE **		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.21A		LOCAL CODE □	OFFENSE DESCRIPTION			CITATION NUMBER 0131615041220220642			
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 STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
02		WAITS AUSTIN TREY					02271999	023	M				
ADDRESS: STREET,CITY,STATE, ZIP		1299 STATE ROUTE 321, SARDINIA, Ohio, 451718219					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	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 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 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
000							000	000	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 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 STATUS 1	TYPE 1	VALUE .	DRUG TEST(S) STATUS 1	TYPE 1	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		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)		EJECTION		7 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD				
2 - EMS	8 - THIRD - MIDDLE		1 - NOT EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	8 - OTHER / UNKNOWN		3 - URINE				
3 - POLICE	9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN		4 - BREATH				
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED		10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO EMPLOYMENT	10 - LIMITED TO OTHER		5 - OTHER				
SAFETY EQUIPMENT		4 - NOT APPLICABLE		TRAPPED		11 - LIMITED - OTHER	11 - LIMITED - OTHER	11 - LIMITED - OTHER		ALCOHOL TEST TYPE			
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1 - NOT TRAPPED		12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER		1 - NONE				
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		2 - EXTRICATED BY MECHANICAL MEANS		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		2 - BLOOD				
3 - LAP BELT ONLY USED	13 - TRAILING UNIT		3 - FREED BY NON-MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY		3 - URINE				
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F - FEMALE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		4 - OTHER				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		M - MALE		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR		DRUG TEST TYPE				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		U - OTHER / UNKNOWN		17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID		1 - NONE				
7 - BOOSTER SEAT					18 - OTHER	18 - OTHER	18 - OTHER		2 - BLOOD				
8 - HELMET USED					CONDITION		CONDITION		3 - URINE				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL		4 - OTHER				
10 - REFLECTIVE CLOTHING					2 - PHYSICAL IMPAIRMENT		2 - PHYSICAL IMPAIRMENT		DRUG TEST RESULT(S)				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		1 - AMPHETAMINES				
99 - OTHER / UNKNOWN					4 - ILLNESS		4 - ILLNESS		2 - BARBITURATES				
				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		3 - BENZODIAZEPINES					
				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		4 - CANNABINOID					
				9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN		5 - COCAINE					
								6 - OPIATES / OPIOIDS					
								7 - OTHER					
								8 - NEGATIVE RESULTS					

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003686

Traffic Crash/Non-Injury

4/14/2022 OH3

TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-3686	<u>Union Township Police Department</u>	M 4 D 12 Y 22
IN COUNTY OF	CRASH LOCATION	
Clermont	SP32 @ Fayard	

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

I, Shelby Jones

Hereby make this voluntary statement to Officer Reardon, #15 At Accident Scene

1) What time did the accident happen? around 6:15AM

2) What road were you traveling on? Rt. 32

3) What direction were you traveling? _____

4) Were you injured? YES or NO If yes, explain: 50 mph

5) What was your speed before the crash? 50 mph

6) What is the speed limit? 55 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) Does your vehicle have an air bag switch? YES NO. If so, was it in the on or off position?

12) Describe what happened?
I was driving behind this car leaving work. They were flying. I'm not from out here and the car went to jump over to the next lane because the car in front stopped and when I put on my breaks it was too late and I hit the car in the back.

Insurance company All State Policy Number 824-527-629

* If you need more space continue on the back of this page.

13) Home phone: **Work phone:** **Cell Phone:**

Signature X

Signature X

	OFFICER'S SIGNATURE X <i>POB-100</i>	UNIT NO. ()	PAGE NO. ()
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003686

Traffic Crash/Non-Injury

4/14/2022 OH3

TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	223686	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	SR32 @ Fayed	

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

I, Austin Waits Hereby make this voluntary statement to Officer Reardon, #15 At Accident Scene

- 1) What time did the accident happen? APPROX 6:15
- 2) What road were you traveling on? 32
- 3) What direction were you traveling? West
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed before the crash? Coming to a stop
- 6) What is the speed limit? 55
- 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) Does your vehicle have an air bag switch? YES NO. If so, was it in the on or off position?
- 11) List all the occupants below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>Austin Waits</u>	<u>2769 State (route) 38</u>		<u>2/27/97</u>	<u>Driver</u>

- 12) Describe what happened? We were coming to a stop at a light on 32
driver behind me failed to hit brakes on time
and rear ended me

Insurance company Allstate Policy Number 992993829

* If you need more space continue on the back of this page.

13) Home phone: _____ Work phone: _____ Cell Phone: _____

Signature X Austin Waits

OFFICER'S SIGNATURE	<u>X</u> <u>Pattie</u>	UNIT NO.	PAGE NO.
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