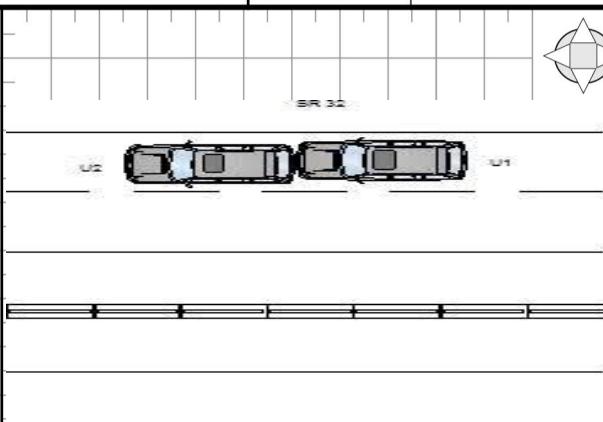


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*				
		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	SR 32		122003513				
		<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NAME*		NCIC*		HIT/SKIP	NUMBER OF UNITS		
		Union Township Police Dept.		01316		1 - SOLVED	02	UNIT IN ERROR		
						2 - UNSOLVED		01 98 - ANIMAL		
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*			
13		3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		UNION (TOWNSHIP OF)			04072022 1714			
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES			
	SR	32	4	SR 32		HW	39.094063			
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES			
	CR	55		GLENESTE-WITHAMSVILLE		RD	-84.260017			
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED					
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE	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	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	<input type="checkbox"/> WITHIN INTERCHANGE AREA		
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE	ROUTE TYPE	ROAD TYPE	NUMBER OF APPROACHES					
100		3 1 - MILES 2 - FEET 3 - YARDS	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE	ROADWAY				
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE				
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				1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - REAR-END 6 - HEAD-ON	2 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4 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		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS		SURFACE		
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
<input type="checkbox"/> LAW ENFORCEMENT PRESENT										
<input type="checkbox"/> ACTIVE SCHOOL ZONE										
LIGHT CONDITION			WEATHER							
1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			01 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						 Indicate the north direction with an "N" on the compass diagram. 				
Unit 1 and Unit 2 were traveling west on SR 32 near GlenEste-Withamsville Rd. Unit 1 was unable to stop in traffic and struck the rear of Unit 2. Driver of Unit 2 stated neck pain but refused transport by EMS.										
Not To Scale										
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY		
04072022 1714		04072022 1716		04072022 1721		04072022 1800		<input checked="" type="checkbox"/> POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		<input type="checkbox"/> MOTORIST		
0000				0044		Hathorn, Joshua		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
						CHECKED BY OFFICER'S NAME*				
						Wilson, Christopher D				
						OFFICER'S BADGE NUMBER*				
						3 2				
						8 6				
						CHECKED BY OFFICER'S BADGE NUMBER*				

OWNER

VEHICLE

EVENT(s)

UNIT # **01**

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

TUCKER BRANDON A

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

990 MIMI FARMS RD BROOKSVILLE Kentucky 41004

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **K Y**

INSURANCE VERIFIED

INSURANCE COMPANY **Liberty Mutual**

INSURANCE POLICY # **AOV-281-965819-4022**

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS **01**

UNIT TYPE **01**

UNIT # **01**

VEHICLE # OF TRAILING UNITS

VEHICLE WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

VEHICLE AUTONOMOUS MODE LEVEL

VEHICLE SPECIAL FUNCTION

VEHICLE CARGO BODY TYPE

VEHICLE DEFECTS

VEHICLE NON-MOTORIST LOCATION AT IMPACT

VEHICLE ACTION

VEHICLE CONTRIBUTING CIRCUMSTANCES

VEHICLE SEQUENCE OF EVENTS

VEHICLE 1 - 20

VEHICLE 2 - 1

VEHICLE 3 - 1

VEHICLE 4 - 1

VEHICLE 5 - 1

VEHICLE 6 - 1

VEHICLE 7 - 1

VEHICLE 8 - 1

VEHICLE 9 - 1

VEHICLE 10 - 1

VEHICLE 11 - 1

VEHICLE 12 - 1

VEHICLE 13 - 1

VEHICLE 14 - 1

VEHICLE 15 - 1

VEHICLE 16 - 1

VEHICLE 17 - 1

VEHICLE 18 - 1

VEHICLE 19 - 1

VEHICLE 20 - 1

VEHICLE 21 - 1

VEHICLE 22 - 1

VEHICLE 23 - 1

VEHICLE 24 - 1

VEHICLE 25 - 1

VEHICLE 26 - 1

VEHICLE 27 - 1

VEHICLE 28 - 1

VEHICLE 29 - 1

VEHICLE 30 - 1

VEHICLE 31 - 1

VEHICLE 32 - 1

VEHICLE 33 - 1

VEHICLE 34 - 1

VEHICLE 35 - 1

VEHICLE 36 - 1

VEHICLE 37 - 1

VEHICLE 38 - 1

VEHICLE 39 - 1

VEHICLE 40 - 1

VEHICLE 41 - 1

VEHICLE 42 - 1

VEHICLE 43 - 1

VEHICLE 44 - 1

VEHICLE 45 - 1

VEHICLE 46 - 1

VEHICLE 47 - 1

VEHICLE 48 - 1

VEHICLE 49 - 1

VEHICLE 50 - 1

VEHICLE 51 - 1

VEHICLE 52 - 1

VEHICLE 53 - 1

VEHICLE 54 - 1

VEHICLE 55 - 1

VEHICLE 56 - 1

VEHICLE 57 - 1

VEHICLE 58 - 1

VEHICLE 59 - 1

VEHICLE 60 - 1

VEHICLE 61 - 1

VEHICLE 62 - 1

VEHICLE 63 - 1

VEHICLE 64 - 1

VEHICLE 65 - 1

VEHICLE 66 - 1

VEHICLE 67 - 1

VEHICLE 68 - 1

VEHICLE 69 - 1

VEHICLE 70 - 1

VEHICLE 71 - 1

VEHICLE 72 - 1

VEHICLE 73 - 1

VEHICLE 74 - 1

VEHICLE 75 - 1

VEHICLE 76 - 1

VEHICLE 77 - 1

VEHICLE 78 - 1

VEHICLE 79 - 1

VEHICLE 80 - 1

VEHICLE 81 - 1

VEHICLE 82 - 1

VEHICLE 83 - 1

VEHICLE 84 - 1

VEHICLE 85 - 1

VEHICLE 86 - 1

VEHICLE 87 - 1

VEHICLE 88 - 1

VEHICLE 89 - 1

VEHICLE 90 - 1

VEHICLE 91 - 1

VEHICLE 92 - 1

VEHICLE 93 - 1

VEHICLE 94 - 1

VEHICLE 95 - 1

VEHICLE 96 - 1

VEHICLE 97 - 1

VEHICLE 98 - 1

VEHICLE 99 - 1

VEHICLE 100 - 1

VEHICLE 101 - 1

VEHICLE 102 - 1

VEHICLE 103 - 1

VEHICLE 104 - 1

VEHICLE 105 - 1

VEHICLE 106 - 1

VEHICLE 107 - 1

VEHICLE 108 - 1

VEHICLE 109 - 1

VEHICLE 110 - 1

VEHICLE 111 - 1

VEHICLE 112 - 1

VEHICLE 113 - 1

VEHICLE 114 - 1

VEHICLE 115 - 1

VEHICLE 116 - 1

VEHICLE 117 - 1

VEHICLE 118 - 1

VEHICLE 119 - 1

VEHICLE 120 - 1

VEHICLE 121 - 1

VEHICLE 122 - 1

VEHICLE 123 - 1

VEHICLE 124 - 1

VEHICLE 125 - 1

VEHICLE 126 - 1

VEHICLE 127 - 1

VEHICLE 128 - 1

VEHICLE 129 - 1

VEHICLE 130 - 1

VEHICLE 131 - 1

VEHICLE 132 - 1

VEHICLE 133 - 1

VEHICLE 134 - 1

VEHICLE 135 - 1

VEHICLE 136 - 1

VEHICLE 137 - 1

VEHICLE 138 - 1

VEHICLE 139 - 1

VEHICLE 140 - 1

VEHICLE 141 - 1

VEHICLE 142 - 1

VEHICLE 143 - 1

VEHICLE 144 - 1

VEHICLE 145 - 1

VEHICLE 146 - 1

VEHICLE 147 - 1

VEHICLE 148 - 1

VEHICLE 149 - 1

VEHICLE 150 - 1

VEHICLE 151 - 1

VEHICLE 152 - 1

VEHICLE 153 - 1

VEHICLE 154 - 1

VEHICLE 155 - 1

VEHICLE 156 - 1

VEHICLE 157 - 1

VEHICLE 158 - 1

VEHICLE 159 - 1

VEHICLE 160 - 1

VEHICLE 161 - 1

VEHICLE 162 - 1

VEHICLE 163 - 1

VEHICLE 164 - 1

VEHICLE 165 - 1

VEHICLE 166 - 1

VEHICLE 167 - 1

VEHICLE 168 - 1

VEHICLE 169 - 1

VEHICLE 170 - 1

VEHICLE 171 - 1

VEHICLE 172 - 1

VEHICLE 173 - 1

VEHICLE 174 - 1

VEHICLE 175 - 1

VEHICLE 176 - 1

VEHICLE 177 - 1

VEHICLE 178 - 1

VEHICLE 179 - 1

VEHICLE 180 - 1

VEHICLE 181 - 1

VEHICLE 182 - 1

VEHICLE 183 - 1

VEHICLE 184 - 1

VEHICLE 185 - 1

VEHICLE 186 - 1

VEHICLE 187 - 1

VEHICLE 188 - 1

VEHICLE 189 - 1

VEHICLE 190 - 1

VEHICLE 191 - 1

VEHICLE 192 - 1

VEHICLE 193 - 1

VEHICLE 194 - 1

VEHICLE 195 - 1

VEHICLE 196 - 1

VEHICLE 197 - 1

VEHICLE 198 - 1

VEHICLE 199 - 1

VEHICLE 200 - 1

VEHICLE 201 - 1

VEHICLE 202 - 1

VEHICLE 203 - 1

VEHICLE 204 - 1

VEHICLE 205 - 1

VEHICLE 206 - 1

VEHICLE 207 - 1

VEHICLE 208 - 1

VEHICLE 209 - 1

VEHICLE 210 - 1

VEHICLE 211 - 1

VEHICLE 212 - 1

VEHICLE 213 - 1

VEHICLE 214 - 1

VEHICLE 215 - 1

VEHICLE 216 - 1

VEHICLE 217 - 1

VEHICLE 218 - 1

VEHICLE 219 - 1

VEHICLE 220 - 1

VEHICLE 221 - 1

VEHICLE 222 - 1

VEHICLE 223 - 1

VEHICLE 224 - 1

VEHICLE 225 - 1

VEHICLE 226 - 1

VEHICLE 227 - 1

VEHICLE 228 - 1

VEHICLE 229 - 1

OWNER UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) GOINS LAURA ANN			OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1145 TELLURIDE DR CINCINNATI Ohio 45244			COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE O H	LICENSE PLATE # GRV6745	VEHICLE IDENTIFICATION # 2T13RWRFV6MW128502		VEHICLE YEAR 2021	VEHICLE MAKE Toyota	
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 918377076		COLOR BLK	VEHICLE MODEL RAV4	
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 02	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD		
UNIT TYPE 01	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	CLASS # PLACARD ID #		
	# OF TRAILING UNITS		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			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 3 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
SPECIAL FUNCTION 01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	21 - MAIL CARRIER 99 - OTHER / UNKNOWN		
			16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			
CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN		
			8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP			
VEHICLE DEFECTS 00	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN		
			9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS			
NON-MOTORIST LOCATION AT IMPACT 00	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN		
			9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS			
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/ UNKNOWN	1 - 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	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN		
			13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE			
CONTRIBUTING CIRCUMSTANCES 01	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION		
			17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING			
SEQUENCE OF EVENTS						
1 20	EVENTS					
	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK						
4 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
			37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
122003513	
DAMAGE	
DAMAGE SCALE	
<u>3</u>	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]	
<input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]	
<input type="checkbox"/> - 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 1 - ONE-WAY 2 - TWO-WAY <u>1</u>	
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL <u>6</u>	
# OF THROUGH LANES ON ROAD <u>2</u>	
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING <u>1</u>	
UNIT / NON-MOTORIST DIRECTION	
FROM <u>3</u> TO <u>4</u> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>0</u>	
DETECTED SPEED <u>1</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>55</u>	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
	01	TUCKER BRANDON A					06282000	021	M				
	ADDRESS: STREET,CITY,STATE,ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	990 MIMI FARMS RD, BROOKSVILLE, Kentucky, 41004												
	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	
	**				4511.21A							0131632040720221734	
	OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 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 UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER					
02	GOINS LAURA ANN					04261979	042	F					
ADDRESS: STREET,CITY,STATE,ZIP					CONTACT PHONE - INCLUDE AREA CODE								
1145 TELLURIDE DR, CINCINNATI, Ohio, 45244													
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		
4	1	UNION TOWNSHIP FIRE DEPART				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)					
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	RESULT SELECT UPTO 4		
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)					
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1	RESULT SELECT UPTO 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS	6 - EXCEPT CLASS A & CLASS B BUS	6 - EXCEPT CLASS A & CLASS B BUS							
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE	7 - THIRD - RIGHT SIDE	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER							
2 - EMS	8 - THIRD - MIDDLE	9 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF TRUCK CAB	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS							
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - TRAILING UNIT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS							
9 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NON-MOTORIST	99 - OTHER / UNKNOWN	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY							
SAFETY EQUIPMENT		EJECTION		11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT							
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA	13 - TRAILING UNIT	12 - LIMITED - OTHER	12 - LIMITED - OTHER	12 - LIMITED - OTHER							
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15 - NON-MOTORIST	99 - OTHER / UNKNOWN	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)							
3 - LAP BELT ONLY USED	15 - NON-MOTORIST	99 - OTHER / UNKNOWN		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY							
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR							
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	17 - PROSTHETIC AID	17 - PROSTHETIC AID							
7 - BOOSTER SEAT				18 - OTHER	18 - OTHER	18 - OTHER							
8 - HELMET USED				CONDITION					DRUG TEST TYPE				
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL					1 - NONE		
10 - REFLECTIVE CLOTHING				2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT					2 - BLOOD		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)					3 - URINE		
99 - OTHER / UNKNOWN				4 - ILLNESS	4 - ILLNESS	4 - ILLNESS					4 - OTHER		
TEST STATUS					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.					5 - COCAINE	
DRUG TEST RESULT(S)					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					6 - OPIATES / OPIOIDS	
					9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN					7 - OTHER	
												8 - NEGATIVE RESULTS	

OCCUPANT / WITNESS ADDENDUM

 LOCAL REPORT NUMBER
122003513

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 02 BAUER CURTIS J				DATE OF BIRTH	AGE	GENDER		
		ADDRESS: STREET, CITY, STATE, ZIP 1145 TELLURIDE DR 305, CINCINNATI, Ohio, 45244				CONTACT PHONE - INCLUDE AREA CODE				
OCCUPANT	INJURIES	INJURED TAKEN BY 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 05	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 06	AIR BAG USAGE 05	EJECTION 1	TRAPPED 1
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	ADDRESS: STREET, CITY, STATE, ZIP	
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	ADDRESS: STREET, CITY, STATE, ZIP	
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	ADDRESS: STREET, CITY, STATE, ZIP	
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	ADDRESS: STREET, CITY, STATE, ZIP	
WITNESS	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 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 - 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 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
WITNESS	INJURED TAKEN BY		SAFETY EQUIPMENT USED		SEATING POSITION		EJECTION			
	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - CHILD RESTRAINT SYSTEM - REAR FACING 2 - BOOSTER SEAT 3 - HELMET USED 4 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 5 - REFLECTIVE CLOTHING 6 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		1 - NOT APPLICABLE			
WITNESS	GENDER		SAFETY EQUIPMENT USED		SEATING POSITION		TRAPPED			
	F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - CHILD RESTRAINT SYSTEM - REAR FACING 2 - BOOSTER SEAT 3 - HELMET USED 4 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 5 - REFLECTIVE CLOTHING 6 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			
WITNESS	NAME: LAST, FIRST, MIDDLE NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE			

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003513

Traffic Crash/Injury

4/08/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-3513	<u>Union Township Police Department</u>	M 4 D 7 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	SR 32 @ Glen Este Cynthianville

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

I, brandon Tucker hereby make this voluntary statement to Hathorn At Accident Scene

- 1) What time did the accident happen? 5:10
- 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? 25
- 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) Vehicle Year / Make/ Model _____
- 11) List all the occupants below:

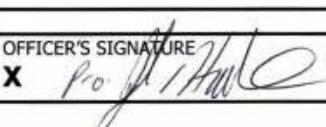
Name	Address (street, city, zip)	Seating Position

- 12) Describe what happened? someone slammed on their brakes which caused the person in front of me to slam on theirs and i couldn't stop in time

Insurance Company Liberty Mutual Policy# Adv-281-965819-4022

Signature X



HSY 7002 T (OSP)	OFFICER'S SIGNATURE <u>X</u> 	UNIT NO. <u>1</u>	PAGE NO. <u>1</u>
------------------	---	-------------------	-------------------

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003513

Traffic Crash/Injury

4/08/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-3513	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 4 D 7 Y 22
IN COUNTY OF Clermont	CRASH LOCATION Rt. 32 W. BOUND NEAR GLENESTE Withamsville	

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

I, Laura Goins Hereby make this voluntary statement to Officer Hather At Accident Scene

- 1) What time did the accident happen? 5:30 PM
- 2) What road were you traveling on? Rt 32 W
- 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? 10-15
- 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) Vehicle Year / Make/ Model 2021 TOYOTA RAV4

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Laura Goins	1145 TELLURIDE DR APT 305 CINCINNATI 45244	DRIVER
CURTIS BAYER	SAME AS ABOVE	RIGHT REAR

12) Describe what happened?

IN STOP AND GO TRAFFIC. I STOPPED QUICKLY AS DID THE CAR IN FRONT
OF ME. DRIVER BEHIND ME COULD NOT STOP IN TIME AND HIT ME IN THE
REAR BUMPER AND REAR DOOR.

Insurance Company PROGRESSIVE Policy# 918377076

Signature X

