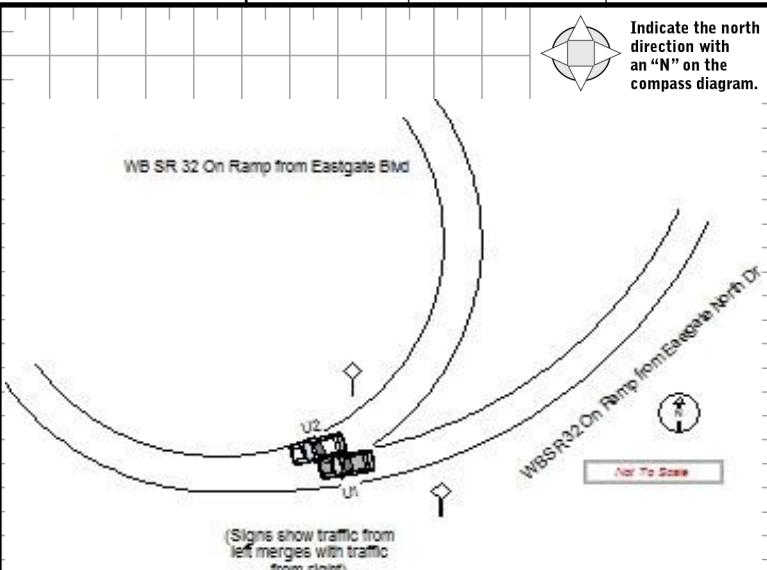


TRAFFIC CRASH REPORT

*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"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION WB SR 32 RAMP FROM EASTGATE BLVD REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316				LOCAL REPORT NUMBER* 122004267						
COUNTY* 13 LOCALITY* 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				HIT/SKIP 1 - SOLVED 1 2 - UNSOLVED 02						
REFERENCE LOCATION	ROUTE TYPE SR	ROUTE NUMBER 32	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME WB SR 32 RAMP	ROAD TYPE HW	LATITUDE DECIMAL DEGREES 39.098653			CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
	ROUTE TYPE CR	ROUTE NUMBER 341	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) EASTGATE	ROAD TYPE BL	LONGITUDE DECIMAL DEGREES -84.272472						
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	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 checked="" type="checkbox"/> WITHIN INTERCHANGE AREA					
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					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 - REAR-END 3 - 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			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									
NARRATIVE <p>Unit #2 was traveling from Eastgate Blvd on the WB SR 32 on ramp. Unit #1 was traveling from Eastgate North Dr on the WB SR 32 on ramp. Unit #1 failed to yield right of way when merging and caused a side swipe collision . Unit #2 left the scene of the accident.</p>												
CRASH REPORTED DATE / TIME 04282022 0927		DISPATCH DATE / TIME 04282022 0932		ARRIVAL DATE / TIME 04282022 0933		SCENE CLEARED DATE / TIME 04282022 1021		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0045		TOTAL MINUTES 0094		OFFICER'S NAME* Zimmerman, ROBERT		CHECKED BY OFFICER'S NAME* Williams, Eric J				
						OFFICER'S BADGE NUMBER* 5 2 ö		CHECKED BY OFFICER'S BADGE NUMBER* 8 5 ö				
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)												

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) STEPHENS ARLENE C

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

4227 NORTH GENSEN LOOP CINCINNATI Ohio 45245

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JNZ6259 VEHICLE IDENTIFICATION # 1F1M5K17D89FGB79644 VEHICLE YEAR 2015 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE COMP INSURANCE POLICY # 6031-57-38-81 COLOR WHI VEHICLE MODEL EXPLORER

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT 01 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - >26K LBS.

HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID # PLACARD

UNIT TYPE 03 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 AUTONOMOUS MODE LEVEL

1 - NONE 01 1 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 2 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 3 - 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 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER
2 - BUS 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
8 - TRAILER EQUIPMENT DEFECTIVE 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING
9 - TURN SIGNALS 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING
10 - HEAD LAMPS 18 - SNOW REMOVAL 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER
11 - TAIL LAMPS 19 - TOWING 22 - ANIMAL WITH RIDER OR 23 - PEDESTRIAN / SKATER
20 - TURN SIGNALS 21 - MAIL CARRIER 24 - OTHER UNKNOWN 99 - OTHER / UNKNOWN

1 - INTERSECTION - MARKED 00 1 - INTERSECTION - OTHER 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED 2 - INTERSECTION - UNMARKED 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - AUTO TRANSPORTER
CROSSWALK 5 - CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR 14 - GARBAGE/REFUSE
6 - SIDEWALK 7 - SHOULDER / ROADSIDE 9 - MEDIAN/CROSSING ISLAND 15 - CONSTRUCTION EQUIPMENT
8 - SIDEWALK 10 - DRIVEWAY ACCESS 16 - FARM 17 - MOWING
9 - SHARED USE PATHS OR 11 - SHARED USE PATHS OR 18 - SNOW REMOVAL
10 - SHARED USE PATHS OR 12 - FIRST RESPONDER 19 - TOWING
11 - SHARED USE PATHS OR 13 - AUTO TRANSPORTER 20 - SAFETY SERVICE PATROL
12 - SHARED USE PATHS OR 14 - GARBAGE/REFUSE 21 - MAIL CARRIER
13 - SHARED USE PATHS OR 15 - CONSTRUCTION EQUIPMENT 22 - ANIMAL WITH RIDER OR
14 - SHARED USE PATHS OR 16 - FARM 23 - PEDESTRIAN / SKATER
15 - SHARED USE PATHS OR 17 - MOWING 24 - OTHER UNKNOWN
16 - SHARED USE PATHS OR 18 - SNOW REMOVAL 25 - IMPACT ATTENUATOR
17 - SHARED USE PATHS OR 19 - TOWING 26 - BRIDGE OVERHEAD
18 - SHARED USE PATHS OR 20 - SAFETY SERVICE PATROL 27 - BRIDGE PIER OR ABUTMENT
19 - SHARED USE PATHS OR 21 - MAIL CARRIER 28 - BRIDGE PARAPET
20 - SHARED USE PATHS OR 22 - ANIMAL - FARM 29 - BRIDGE RAIL
21 - SHARED USE PATHS OR 23 - PEDESTRIAN 30 - GUARDRAIL FACE
22 - SHARED USE PATHS OR 24 - OTHER MOVABLE OBJECT 31 - GUARDRAIL END
23 - SHARED USE PATHS OR 25 - CURB 32 - PORTABLE BARRIER 37 - TRAFFIC SIGN POST
24 - SHARED USE PATHS OR 26 - DITCH 38 - OVERHEAD SIGN POST 43 - DITCH
25 - SHARED USE PATHS OR 27 - DOWNSHILL RUNAWAY 39 - LIGHT / LUMINARIES 44 - DITCH
26 - SHARED USE PATHS OR 28 - OTHER NON-COLLISION 40 - UTILITY POLE 45 - EMBANKMENT 50 - WORK ZONE MAINTENANCE
27 - SHARED USE PATHS OR 29 - BRIDGE PARAPET 41 - OTHER POST, POLE 46 - FENCE 51 - WALL 56 - OTHER FIXED OBJECT
28 - SHARED USE PATHS OR 30 - BRIDGE RAIL 42 - SUPPORT OR SUPPORT 47 - MAILBOX 52 - BUILDING 57 - TUNNEL
29 - SHARED USE PATHS OR 31 - GUARDRAIL FACE 43 - CULVERT 48 - TREE 53 - TUNNEL 58 - OTHER FIXED OBJECT
30 - SHARED USE PATHS OR 32 - PORTABLE BARRIER 44 - FIRE HYDRANT 49 - FIRE HYDRANT 59 - OTHER / UNKNOWN

1 - NON-CONTACT 01 1 - STRIKING 2 - NON-COLLISION 2 - BACKING 3 - CHANGING LANES 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 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 22 - LYING IN ROADWAY 23 - NOT DISCERNIBLE 24 - OTHER UNKNOWN

1 - NONE 01 1 - TURN SIGNALS 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - 4-AN 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 PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 24 - OTHER IMPROPER ACTION 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 26 - WORK ZONE MAINTENANCE EQUIPMENT 27 - ANIMAL - FARM 28 - ANIMAL - DEER 29 - ANIMAL - OTHER 30 - MOTOR VEHICLE IN TRANSPORT 31 - PEDESTRIAN 32 - OTHER MOVABLE OBJECT 33 - PARKED MOTOR VEHICLE

SEQUENCE OF EVENTS

1 - OVERTURN/ROLLOVER 20 1 - FIRE/EXPLOSION 2 - IMMERSION 3 - JACKKNIFE 4 - CARGO / EQUIPMENT LOSS OR SHIFT 5 - CROSS MEDIAN 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 - DOWNSHILL 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 MOVABLE OBJECT

1 - IMPACT ATTENUATOR / CRASH CUSHION 4 1 - GUARDRAIL END 2 - PORTABLE BARRIER 3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL 5 - BRIDGE PIER OR ABUTMENT 6 - BRIDGE PARAPET 7 - BRIDGE RAIL 8 - GUARDRAIL FACE 9 - LIGHT / LUMINARIES SUPPORT 10 - UTILITY POLE 11 - OTHER POST, POLE OR SUPPORT 12 - CULVERT 13 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 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 MOVABLE OBJECT 25 - CURB 26 - DITCH 27 - DITCH 28 - DITCH 29 - DITCH 30 - DITCH 31 - DITCH 32 - DITCH 33 - DITCH 34 - DITCH 35 - DITCH 36 - DITCH

COLLISION WITH FIXED OBJECT - STRUCK

1 - FIRST HARMFUL EVENT 1 1 - MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 122004267

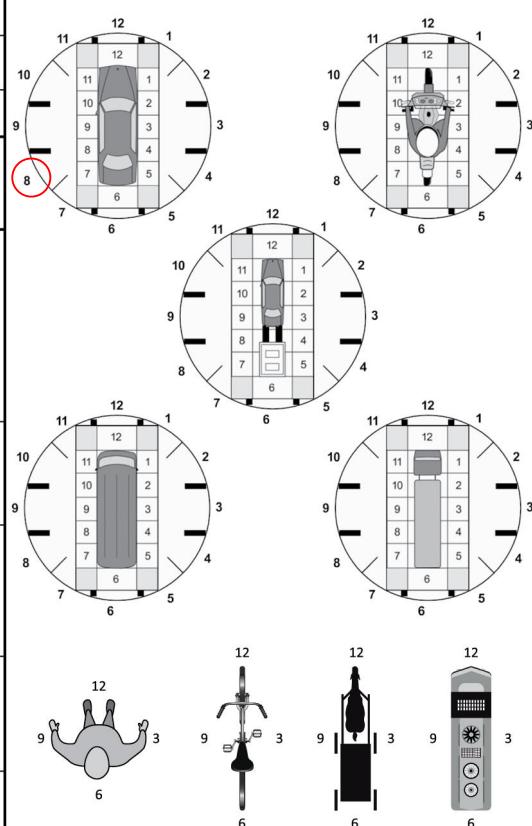
DAMAGE

DAMAGE SCALE

2 1 - 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

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

TRAFFIC

TRAFFICWAY FLOW 1 - ONE-WAY 6 - TWO-WAY

OF THROUGH LANES ON ROAD 1 RAIL GRADE CROSSING

1 - NOT INVOLVED 1 - INVOLVED-ACTIVE CROSSING
2 - 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 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 55

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
	01	SOULLIERE ASHLEY LAUREN					05121990	031	F			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
1208 FOREST RUN DR, 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				
**	*****		4511.12					0131652042820221334				
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	RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER				
02	STEPHENS ARLENE C					12301950	071	M				
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
4227 NORTH GENSEN LOOP, CINCINNATI, Ohio, 45245												
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				
**	*****		4549.02					0131652042820221320				
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	RESULT SELECT UP TO 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 UP TO 2	RESTRICTION SELECT UP TO 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								
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							
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 KNOWN							
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN							
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS								
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6 - NOT APPLICABLE	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER								
2 - EMS	8 - THIRD - MIDDLE	7 - NOT APPLICABLE	7 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
3 - POLICE	9 - THIRD - RIGHT SIDE	8 - PARTIALLY EJECTED	8 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER								
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	9 - TOTALLY EJECTED	9 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE								
SAFETY EQUIPMENT		4 - NOT APPLICABLE	10 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE								
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - NOT TRAPPED	11 - LIMITED - OTHER	9 - OTHER / UNKNOWN								
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	12 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	ALCOHOL TEST TYPE								
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	13 - MILITARY VEHICLES ONLY	1 - NONE								
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - BLOOD								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		16 - OUTSIDE MIRROR	3 - URINE								
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN		17 - PROSTHETIC AID	4 - BREATH								
7 - BOOSTER SEAT			18 - OTHER	5 - OTHER								
8 - HELMET USED				DRUG TEST TYPE								
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				1 - NONE								
10 - REFLECTIVE CLOTHING				2 - BLOOD								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				3 - URINE								
12 - OTHER / UNKNOWN				4 - OTHER								
										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

122004267

Traffic Crash/Non-Injury

4/29/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-4267	<u>Union Township Police Department</u>	M 4 028 2022
IN COUNTY OF	CRASH LOCATION	
Clermont	SR 32 WB Ramp	

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

I, Ashley Soulliere hereby make this voluntary statement to Do Zimmerman At Accident Scene

- 1) What time did the accident happen? 9:20 am
- 2) What road were you traveling on? Merging onto Eastgate North merging onto 32, white Ford was in blind spot.
- 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? ~15
- 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 or NO. If you have passengers, were they wearing their seat belt? YES or NO
- 10) Vehicle Year / Make/ Model 2016 Ford escape.
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

- 12) Describe what happened?

When this driver was turning left at the intersection to merge onto State route 32 another car was on the right side of the vehicle merging on as well from Eastgate Blvd. Side swiped and took off. This driver honked and started to pull off and the other driver continued driving and never pulled off. White Ford Explorer JNZ 6259. This driver kept following briefly to get license plate number of the other driver. This driver honked before the accident and after to signal the other driver that it occurred and to pull over.

Insurance Company Progressive Policy# 935842529

Signature X

Ashley Soulliere 4/28/22

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X De Ray J</u>	52	1/2

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122004267

Traffic Crash/Non-Injury

4/29/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 22-4267	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 4 D 28 Y 22
IN COUNTY OF Clermont	CRASH LOCATION ON- RAMP to 32.	

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

I, Adeline Stephens *Residence* Officer *At Accident Scene* hereby make this voluntary statement to _____

1) What time did the accident happen? 1:00 pm
2) What road were you traveling on? ON RAMP
3) What direction were you traveling? _____
4) Were you injured? YES or NO If yes, explain: _____
5) What was your speed before the crash? 25 maybe
6) What is the speed limit? NO sign for the curve to go on 32 West Bound
7) Is there anything you could have done to avoid the accident? I tried to move more to right so
8) Is the address on your license correct? (YES) or NO. If no, please list the correct address below *she would not hit me*
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 FORD, EXPLORER, 2015
11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>NONE</u>		

12) Describe what happened?

ON THE ON RAMP and the other vehicle veered into my lane, she was suppose to yield right instead ~~left~~ kept on going right & over ~~left~~ towards me.

Insurance Company Geico Insurance Policy# 6031-54-30-81

Signature X

Adeline C Stephens

OFFICER'S SIGNATURE <u>X PORC G J</u>	UNIT NO. <u>#52</u>	PAGE NO. <u>2/2</u>
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