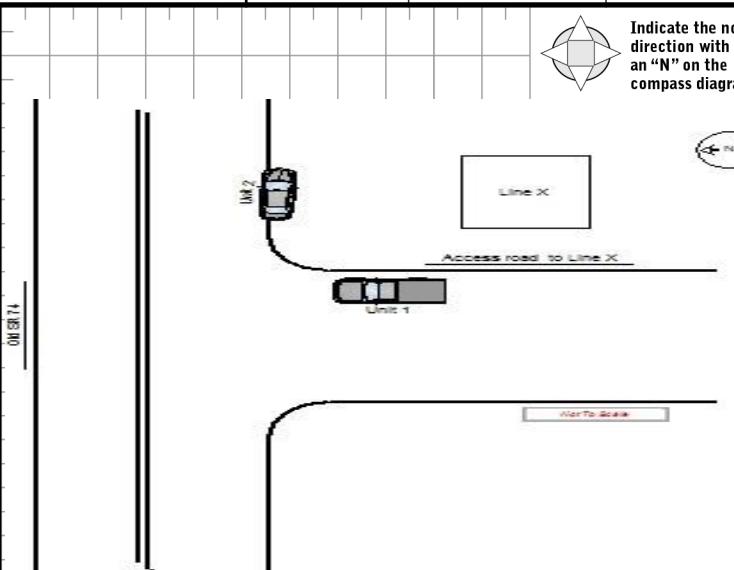


## TRAFFIC CRASH REPORT

\*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 <b>OLD SR 74 @ ELMONT DRIVE</b> REPORTING AGENCY NAME* <b>Union Township Police Dept.</b> NCIC* <b>01316</b> UNION (TOWNSHIP OF)				LOCAL REPORT NUMBER* <b>123018737</b> HIT/SKIP <b>02</b> NUMBER OF UNITS <b>01</b> UNIT IN ERROR <b>98 - ANIMAL</b> 1 - SOLVED 2 - UNSOLVED				
COUNTY* <b>13</b> LOCALITY* <b>3</b> 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* <b>UNION (TOWNSHIP OF)</b>						CRASH DATE / TIME* <b>12012023 1200</b> <b>5</b> CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES					
	SR	074			OLD STATE RT 74	HW	39.105120					
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					
	TR	604			ELMONT	DR	-84.287565					
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 CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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					NUMBER OF APPROACHES					
25		3 1 - MILES 2 - FEET 3 - YARDS					<b>ROADWAY</b> <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN 4 - TRANSPORT 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - REAR-END 10 - HEAD-ON 11 - OTHER / UNKNOWN				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 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 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN		
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL				6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN					
NARRATIVE Unit 1 was attempting to turn right onto Old SR 74 from the private access road of Line X and struck Unit 2. Unit 2 was traveling EB on Old SR 74.										 Indicate the north direction with an "N" on the compass diagram.		
												
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY				
12012023 1200		12012023 1204		12012023 1214		12012023 1245		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME* SMITH, ALEXANDER		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C				
0000		0041		2 5		OFFICER'S BADGE NUMBER* 8 2		CHECKED BY OFFICER'S BADGE NUMBER* 8 2				
<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)												

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER)																																					
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER)		483 BLOSSOM LN CINCINNATI OHIO 45244																																					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																					
LP STATE <b>O H</b>	LICENSE PLATE # <b>PRO1</b>	VEHICLE IDENTIFICATION # <b>1GCRCREC4GZ373294</b>	VEHICLE YEAR <b>2016</b>	VEHICLE MAKE <b>CHEVROLET</b>																																			
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GRANGE MUTUAL CASUALTY</b>	INSURANCE POLICY # <b>6867251</b>	COLOR <b>SIL</b>	VEHICLE MODEL <b>Silverado</b>																																			
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 <input type="checkbox"/>	HIT/SKIP UNIT <b>01</b>	#OCCUPANTS <b>01</b>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD																																			
UNIT TYPE <b>01</b>	# OF TRAILING UNITS																																						
<table border="0"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN / SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-15 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>					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		99 - UNKNOWN OR HIT/SKIP					
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		99 - UNKNOWN OR HIT/SKIP																																			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	AUTONOMOUS MODE LEVEL <b>0</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN																																			
SPECIAL FUNCTION <b>01</b>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER																																						
CARGO BODY TYPE <b>01</b>	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE																																						
VEHICLE DEFECTS	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT																																						
NON-MOTORIST LOCATION AT IMPACT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL																																						
ACTION <b>3</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																																						
CONTRIBUTING CIRCUMSTANCES <b>02</b>	4 - BRAKES 5 - STEERING 6 - TRAILER EQUIPMENT DEFECTIVE 7 - WORN OR SLICK TIRES 8 - SIDEWALK 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT																																						
SEQUENCE OF EVENTS	<table border="0"> <tr> <td>1 - INTERSECTION - MARKED CROSSWALK</td> <td>3 - INTERSECTION - OTHER CROSSWALK</td> <td>6 - BICYCLE LANE</td> <td>9 - MEDIAN/CROSSING ISLAND</td> <td>12 - FIRST RESPONDER AT INCIDENT SCENE</td> </tr> <tr> <td>2 - INTERSECTION - UNMARKED CROSSWALK</td> <td>4 - MIDBLOCK - MARKED CROSSWALK</td> <td>7 - SHOULDER / ROADSIDE</td> <td>10 - DRIVEWAY ACCESS</td> <td>11 - SHARED USE PATHS OR TRAILS</td> </tr> <tr> <td></td> <td>5 - TRAVEL LANE - OTHER LOCATION</td> <td>8 - SIDEWALK</td> <td></td> <td></td> </tr> </table>				1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS		5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK																						
1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER CROSSWALK	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE																																			
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS																																			
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK																																					
EVENT(S) <b>1</b>	<table border="0"> <tr> <td>1 - NON-CONTACT</td> <td>1 - STRAIGHT AHEAD</td> <td>7 - MAKING U-TURN</td> <td>13 - NEGOTIATING A CURVE</td> <td>18 - APPROACHING OR LEAVING VEHICLE</td> </tr> <tr> <td>2 - NON-COLLISION</td> <td>2 - BACKING</td> <td>8 - ENTERING TRAFFIC LANE</td> <td>14 - ENTERING OR CROSSING SPECIFIED LOCATION</td> <td>19 - STANDING</td> </tr> <tr> <td>3 - STRIKING <b>05</b></td> <td>3 - CHANGING LANES</td> <td>9 - LEAVING TRAFFIC LANE</td> <td>15 - WALKING, RUNNING, JOGGING, PLAYING</td> <td>20 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - STRUCK</td> <td>PRE-CRASH ACTIONS</td> <td>10 - PARKED</td> <td>16 - WORKING</td> <td>21 - STANDING OUTSIDE DISABLED VEHICLE</td> </tr> <tr> <td>5 - BOTH STRIKING &amp; STRUCK</td> <td>5 - MAKING RIGHT TURN</td> <td>11 - SLOWING OR STOPPED IN TRAFFIC</td> <td>17 - PUSHING VEHICLE</td> <td>99 - OTHER / UNKNOWN</td> </tr> <tr> <td></td> <td>6 - MAKING LEFT TURN</td> <td>12 - DRIVERLESS</td> <td></td> <td></td> </tr> <tr> <td></td> <td>9 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> </tr> </table>				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 <b>05</b>	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST	4 - STRUCK	PRE-CRASH ACTIONS	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	12 - DRIVERLESS				9 - 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 <b>05</b>	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST																																			
4 - STRUCK	PRE-CRASH ACTIONS	10 - PARKED	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE																																			
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN																																			
	6 - MAKING LEFT TURN	12 - DRIVERLESS																																					
	9 - OTHER / UNKNOWN																																						
CONTRIBUTING CIRCUMSTANCES <b>02</b>	<table border="0"> <tr> <td>1 - NONE</td> <td>7 - LEFT OF CENTER</td> <td>13 - IMPROPER START FROM A PARKED POSITION</td> <td>17 - VISION OBSTRUCTION</td> <td>21 - LYING IN ROADWAY</td> </tr> <tr> <td>2 - FAILURE TO YIELD</td> <td>8 - FOLLOWING TOO CLOSE / ACDA</td> <td>14 - STOPPED OR PARKED ILLEGALLY</td> <td>18 - OPERATING DEFECTIVE EQUIPMENT</td> <td>22 - NOT DISCERNIBLE</td> </tr> <tr> <td>3 - RAN RED LIGHT</td> <td>9 - IMPROPER LANE CHANGE</td> <td>15 - SWERVING TO AVOID</td> <td>19 - LOAD SHIFTING/FALLING/SPILLING</td> <td>23 - OPENING DOOR INTO ROADWAY</td> </tr> <tr> <td>4 - RAN STOP SIGN</td> <td>10 - IMPROPER PASSING</td> <td>16 - WRONG WAY</td> <td>20 - IMPROPER CROSSING</td> <td>99 - OTHER IMPROPER ACTION</td> </tr> <tr> <td>5 - UNSAFE SPEED</td> <td>11 - DROVE OFF ROAD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 - IMPROPER TURN</td> <td>12 - IMPROPER BACKING</td> <td></td> <td></td> <td></td> </tr> </table>				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	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	5 - UNSAFE SPEED	11 - DROVE OFF ROAD				6 - IMPROPER TURN	12 - IMPROPER BACKING								
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	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																																			
5 - UNSAFE SPEED	11 - DROVE OFF ROAD																																						
6 - IMPROPER TURN	12 - IMPROPER BACKING																																						
SEQUENCE OF EVENTS	<table border="0"> <tr> <td>1 - OVERTURN/ROLLOVER</td> <td>6 - EQUIPMENT FAILURE</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL</td> <td>16 - RAILWAY VEHICLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>2 - FIRE/EXPLOSION</td> <td>7 - SEPARATION OF UNITS</td> <td>12 - DOWNHILL RUNAWAY</td> <td>17 - ANIMAL - FARM</td> <td>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION</td> </tr> <tr> <td>3 - IMMERSION</td> <td>8 - RAN OFF ROAD RIGHT</td> <td>13 - OTHER NON-COLLISION</td> <td>18 - ANIMAL - DEER</td> <td>19 - ANIMAL - OTHER</td> </tr> <tr> <td>4 - JACKKNIFE</td> <td>9 - RAN OFF ROAD LEFT</td> <td>14 - PEDESTRIAN</td> <td>20 - MOTOR VEHICLE IN TRANSPORT</td> <td>20 - OTHER MOVABLE OBJECT</td> </tr> <tr> <td>5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>10 - CROSS MEDIAN</td> <td>15 - PEDALCYCLE</td> <td>21 - PARKED MOTOR VEHICLE</td> <td></td> </tr> </table>				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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	19 - ANIMAL - OTHER	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	20 - OTHER MOVABLE OBJECT	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE											
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	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION																																			
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	19 - ANIMAL - OTHER																																			
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	20 - OTHER MOVABLE OBJECT																																			
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	21 - PARKED MOTOR VEHICLE																																				
COLLISION WITH FIXED OBJECT - STRUCK <b>4</b>	<table border="0"> <tr> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION</td> <td>31 - GUARDRAIL END</td> <td>37 - TRAFFIC SIGN POST</td> <td>43 - CURB</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT</td> </tr> <tr> <td>26 - BRIDGE OVERHEAD STRUCTURE</td> <td>32 - PORTABLE BARRIER</td> <td>38 - OVERHEAD SIGN POST</td> <td>44 - DITCH</td> <td>51 - WALL</td> </tr> <tr> <td>27 - BRIDGE PIER OR ABUTMENT</td> <td>33 - MEDIAN CABLE BARRIER</td> <td>39 - LIGHT / LUMINARIES SUPPORT</td> <td>45 - EMBANKMENT</td> <td>52 - BUILDING</td> </tr> <tr> <td>28 - BRIDGE PARAPET</td> <td>34 - MEDIAN GUARDRAIL BARRIER</td> <td>40 - UTILITY POLE</td> <td>46 - FENCE</td> <td>53 - TUNNEL</td> </tr> <tr> <td>29 - BRIDGE RAIL</td> <td>35 - MEDIAN CONCRETE BARRIER</td> <td>41 - OTHER POST, POLE OR SUPPORT</td> <td>47 - MAILBOX</td> <td>54 - OTHER FIXED OBJECT</td> </tr> <tr> <td>30 - GUARDRAIL FACE</td> <td>36 - MEDIAN OTHER BARRIER</td> <td>42 - CULVERT</td> <td>48 - TREE</td> <td>99 - OTHER / UNKNOWN</td> </tr> </table>				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	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN					
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																																			
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING																																			
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL																																			
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																																			
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN																																			
FIRST HARMFUL EVENT <b>1</b>	MOST HARMFUL EVENT <b>1</b>	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED																																					

LOCAL REPORT NUMBER <b>123018737</b>	
DAMAGE	
DAMAGE SCALE	
<b>2</b>	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	

UNIT # 02

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 )

160 EAGLE CREEK DR ERLANGER Kentucky 41018

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H

LICENSE PLATE # JCL3767

VEHICLE IDENTIFICATION #

J H M F A 3 6 2 9 9 S 0 1 5 3 3 8

VEHICLE YEAR

2 0 0 9

VEHICLE MAKE

Honda

INSURANCE VERIFIED

INSURANCE COMPANY STATE FARM INS

INSURANCE POLICY #

4430630F0417

COLOR

GRY

VEHICLE MODEL

Civic

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

US DOT #

TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

01

VEHICLE WEIGHT GVWR/GCWR

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

HAZARDOUS MATERIAL

MATERIAL RELEASED  
 PLACARD

UNIT TYPE 01

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

11 - ALL TERRAIN VEHICLE (ATV / UTV)

7 - MOTORCYCLE 2-WHEELED

8 - MOTORCYCLE 3-WHEELED

9 - AUTOCYCLE

10 - MOPED OR MOTORIZED BICYCLE

15 - SEMI-TRACTOR

16 - FARM EQUIPMENT

17 - MOTORHOME

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 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES

2 - NO

9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

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 - POLICE

11 - PUBLIC UTILITY

12 - CONSTRUCTION EQUIPMENT

13 - MAIL CARRIER

14 - MOWING

15 - SNOW REMOVAL

16 - TOWING

17 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE

2 - BUS

3 - LOGGING

4 - INTERMODAL CONTAINER CHASSIS

5 - CARGO VAN/ENCLOSED BOX

6 - TRAILER EQUIPMENT DEFECTIVE

7 - GRAIN/CHIPS/GRAVEL

8 - POLE

9 - CARGO TANK

10 - FLAT BED

11 - DUMP

12 - CONCRETE MIXER

13 - AUTO TRANSPORTER

14 - GARBAGE/REFUSE

15 - OTHER / UNKNOWN

VEHICLE DEFECTS 0

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

11 - TURN SIGNALS

12 - HEAD LAMPS

13 - TAIL LAMPS

14 - BRAKES

15 - STEERING

16 - TIRE BLOWOUT

17 - WORN OR SLICK TIRES

18 - TRAILER EQUIPMENT DEFECTIVE

19 - MOTOR TROUBLE

20 - DISABLED FROM PRIOR ACCIDENT

21 - TURN SIGNALS

22 - HEAD LAMPS

23 - TAIL LAMPS

24 - BRAKES

25 - STEERING

26 - TIRE BLOWOUT

27 - WORN OR SLICK TIRES

28 - TRAILER EQUIPMENT DEFECTIVE

29 - MOTOR TROUBLE

30 - DISABLED FROM PRIOR ACCIDENT

31 - TURN SIGNALS

32 - HEAD LAMPS

33 - TAIL LAMPS

34 - BRAKES

35 - STEERING

36 - TIRE BLOWOUT

37 - WORN OR SLICK TIRES

38 - TRAILER EQUIPMENT DEFECTIVE

39 - MOTOR TROUBLE

40 - DISABLED FROM PRIOR ACCIDENT

41 - TURN SIGNALS

42 - HEAD LAMPS

43 - TAIL LAMPS

44 - BRAKES

45 - STEERING

46 - TIRE BLOWOUT

47 - WORN OR SLICK TIRES

48 - TRAILER EQUIPMENT DEFECTIVE

49 - MOTOR TROUBLE

50 - DISABLED FROM PRIOR ACCIDENT

51 - TURN SIGNALS

52 - HEAD LAMPS

53 - TAIL LAMPS

54 - BRAKES

55 - STEERING

56 - TIRE BLOWOUT

57 - WORN OR SLICK TIRES

58 - TRAILER EQUIPMENT DEFECTIVE

59 - MOTOR TROUBLE

60 - DISABLED FROM PRIOR ACCIDENT

61 - TURN SIGNALS

62 - HEAD LAMPS

63 - TAIL LAMPS

64 - BRAKES

65 - STEERING

66 - TIRE BLOWOUT

67 - WORN OR SLICK TIRES

68 - TRAILER EQUIPMENT DEFECTIVE

69 - MOTOR TROUBLE

70 - DISABLED FROM PRIOR ACCIDENT

71 - TURN SIGNALS

72 - HEAD LAMPS

73 - TAIL LAMPS

74 - BRAKES

75 - STEERING

76 - TIRE BLOWOUT

77 - WORN OR SLICK TIRES

78 - TRAILER EQUIPMENT DEFECTIVE

79 - MOTOR TROUBLE

80 - DISABLED FROM PRIOR ACCIDENT

81 - TURN SIGNALS

82 - HEAD LAMPS

83 - TAIL LAMPS

84 - BRAKES

85 - STEERING

86 - TIRE BLOWOUT

87 - WORN OR SLICK TIRES

88 - TRAILER EQUIPMENT DEFECTIVE

89 - MOTOR TROUBLE

90 - DISABLED FROM PRIOR ACCIDENT

91 - TURN SIGNALS

92 - HEAD LAMPS

93 - TAIL LAMPS

94 - BRAKES

95 - STEERING

96 - TIRE BLOWOUT

97 - WORN OR SLICK TIRES

98 - TRAILER EQUIPMENT DEFECTIVE

99 - MOTOR TROUBLE

100 - DISABLED FROM PRIOR ACCIDENT

101 - TURN SIGNALS

102 - HEAD LAMPS

103 - TAIL LAMPS

104 - BRAKES

105 - STEERING

106 - TIRE BLOWOUT

107 - WORN OR SLICK TIRES

108 - TRAILER EQUIPMENT DEFECTIVE

109 - MOTOR TROUBLE

110 - DISABLED FROM PRIOR ACCIDENT

111 - TURN SIGNALS

112 - HEAD LAMPS

113 - TAIL LAMPS

114 - BRAKES

115 - STEERING

116 - TIRE BLOWOUT

117 - WORN OR SLICK TIRES

118 - TRAILER EQUIPMENT DEFECTIVE

119 - MOTOR TROUBLE

120 - DISABLED FROM PRIOR ACCIDENT

121 - TURN SIGNALS

122 - HEAD LAMPS

123 - TAIL LAMPS

124 - BRAKES

125 - STEERING

126 - TIRE BLOWOUT

127 - WORN OR SLICK TIRES

128 - TRAILER EQUIPMENT DEFECTIVE

129 - MOTOR TROUBLE

130 - DISABLED FROM PRIOR ACCIDENT

131 - TURN SIGNALS

132 - HEAD LAMPS

133 - TAIL LAMPS

134 - BRAKES

135 - STEERING

136 - TIRE BLOWOUT

137 - WORN OR SLICK TIRES

138 - TRAILER EQUIPMENT DEFECTIVE

139 - MOTOR TROUBLE

140 - DISABLED FROM PRIOR ACCIDENT

141 - TURN SIGNALS

142 - HEAD LAMPS

143 - TAIL LAMPS

144 - BRAKES

145 - STEERING

146 - TIRE BLOWOUT

147 - WORN OR SLICK TIRES

148 - TRAILER EQUIPMENT DEFECTIVE

149 - MOTOR TROUBLE

150 - DISABLED FROM PRIOR ACCIDENT

151 - TURN SIGNALS

152 - HEAD LAMPS

153 - TAIL LAMPS

154 - BRAKES

155 - STEERING

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	MCADAMS MICHAEL A					08241964	059	M			
	ADDRESS: STREET,CITY,STATE, ZIP 483 BLOSSOM LN, CINCINNATI, Ohio, 45244					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.43		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure To Yield		CITATION NUMBER 0131625120120231229		
	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 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4		
	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	MCADAMS MICHAEL A					08241964	059	M		
	ADDRESS: STREET,CITY,STATE, ZIP 483 BLOSSOM LN, CINCINNATI, Ohio, 45244					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.43		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure To Yield		CITATION NUMBER 0131625120120231229			
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 1	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4			
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	YOUNG MARIA S					08262003	020	F			
ADDRESS: STREET,CITY,STATE, ZIP 160 EAGLE CREEK DR, ERLANGER, Kentucky, 41018					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE **	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 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 1	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						
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)	7- NOT EJECTED	7- EXCEPT TRACTOR-TRAILER	7- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
2- EMS	8- THIRD - MIDDLE	8- PARTIALLY EJECTED	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
3- POLICE	9- THIRD - RIGHT SIDE	9- TOTALLY EJECTED	9- LEARNER'S PERMIT RESTRICTIONS	9- PASSENGER							
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	4- NOT APPLICABLE	10- LIMITED TO DAYLIGHT ONLY	7- OTHER DISTRACTION INSIDE THE VEHICLE							
SAFETY EQUIPMENT				11- 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)			12- LIMITED - OTHER	9- OTHER / UNKNOWN						
2- SHOULDER BELT ONLY USED	12- PASSENGER IN UNENCLOSED CARGO AREA			13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
3- LAP BELT ONLY USED	13- TRAILING UNIT			14- MILITARY VEHICLES ONLY							
4- SHOULDER & LAP BELT USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			15- MOTOR VEHICLES WITHOUT AIR BRAKES							
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	15- NON-MOTORIST			16- OUTSIDE MIRROR							
6- CHILD RESTRAINT SYSTEM - REAR FACING	99- OTHER / UNKNOWN			17- PROSTHETIC AID							
7- BOOSTER SEAT				18- OTHER							
8- HELMET USED											
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10- REFLECTIVE CLOTHING											
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99- OTHER / UNKNOWN											
INJURIES		EJECTION	OL ENDORSEMENT	TEST STATUS							
1- NOT EJECTED	H- HAZMAT										
2- PARTIALLY EJECTED	M- MOTORCYCLE										
3- TOTALLY EJECTED	P- PASSENGER										
4- NOT APPLICABLE	N- TANKER										
	Q- MOTOR SCOOTER										
	R- THREE-WHEEL MOTORCYCLE										
	S- SCHOOL BUS										
	T- DOUBLE & TRIPLE TRAILERS										
	X- TANKER / HAZMAT										
TRAPPED											
1- NOT TRAPPED											
2- EXTRICATED BY MECHANICAL MEANS											
3- FREED BY NON-MECHANICAL MEANS											
GENDER											
F- FEMALE											
M- MALE											
U- OTHER / UNKNOWN											
CONDITION											
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											
ALCOHOL TEST TYPE											
1- NONE											
2- BLOOD											
3- URINE											
4- BREATH											
5- OTHER											
DRUG TEST TYPE											
1- NONE											
2- BLOOD											
3- URINE											
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 INFORMATION

123018737

Traffic Crash/Non-Injury

12/05/2023 08

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-18737	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH M 12 D 1 Y 23
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <u>OLD SR 74 &amp; ELMONT DR</u>	

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

I, Michael M-Adams Hereby make this voluntary statement to Off. A. Smith #25 At:

What time did the accident happen? Between 12 and 12:15

- 1) What road were you traveling on? Old State Route 74
- 2) What direction were you traveling? Was pulling out of a Side street
- 3) Were you injured? YES or NO. If yes, explain: \_\_\_\_\_
- 4) What was your speed before the crash? 10 To 15
- 5) What is the speed limit? 35
- 6) Is there anything you could have done to avoid the accident? I tried to get out of the way
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.
  
- 8) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 9) Vehicle Year / Make/ Model 2016 Chevy Silverado
- 10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Michael M-Adams</u>	<u>483 Blossom Lane Cincinnati, Ohio 45244</u>	<u>Driving</u>

11) Describe what happened Pulling out of Business, Did not see other vehicle

Insurance Company Grange

Policy# 6867251

Signature X

Michael M-Adams

PHONE X

OFFICER'S SIGNATURE

X Off. A. Smith #25

UNIT NO.

1

PAGE NO.

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT INFORMATION

123018737

Traffic Crash/Non-Injury

12/05/2023 08

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	23-18737	REPORTING AGENCY	<u>Union Township Police Department</u>	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	OLD SR 74 @ ELMONT DR.	

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

I, Maria Young hereby make this voluntary statement to OIC A. Smith #25 At:

What time did the accident happen? 12:15 pm

- 1) What road were you traveling on? Old SR 74
- 2) What direction were you traveling? North
- 3) Were you injured? YES or NO. If yes, explain: (circle)
- 4) What was your speed before the crash? 15-20 miles
- 5) What is the speed limit? 35 miles
- 6) Is there anything you could have done to avoid the accident? NO
- 7) Is the address on your license correct? YES or NO. If no, please list the correct address below.  
1373 Leila Lane Milford Ohio
- 8) Were you wearing your seat belt? YES NO. If you have passengers, were they wearing their seat belt? YES or NO
- 9) Vehicle Year / Make/ Model Honda Civic 2009

10) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

11) Describe what happened

I was driving North when a car pulled out in front of me causing me to have to brake hard but he ended up hitting the front left side of my car.

Insurance Company State Farm Policy# 443 0630-F04-17

Signature X

Maria Young

PHONE X