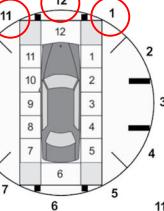
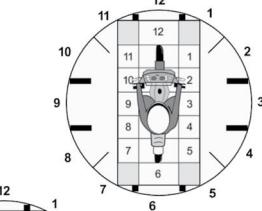
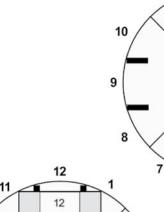
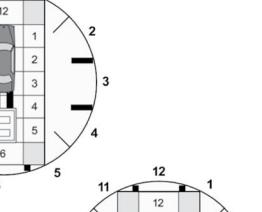
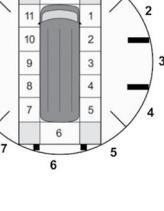
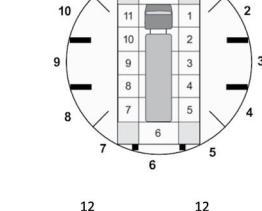
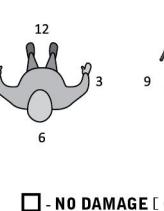
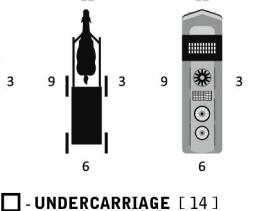


TRAFFIC CRASH REPORT

*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 EASTGATE SOUTH DR / CLEPPER LN REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316 UNION (TOWNSHIP OF)				LOCAL REPORT NUMBER* 123019832 HIT/SKIP 03 NUMBER OF UNITS 01 UNIT IN ERROR 1 - SOLVED 2 - UNSOLVED 98 - ANIMAL 99 - UNKNOWN						
COUNTY* 13 LOCALITY* 3 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				CRASH DATE / TIME* 12182023 1658						
REFERENCE LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME CLEPPER		ROAD TYPE	LATITUDE DECIMAL DEGREES 39.093777					
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) EASTGATE SQUARE		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.269775					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE	ROAD TYPE	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		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 TL - TRAIL WA - WAY	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 - 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 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR 13 - BIKE LANE 14 - TOLL BOOTH 99 - 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			INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.			
NARRATIVE Unit #1 was driving east bound on Clepper Ln. Unit #1 ran the red light at Clepper Ln and Eastgate Square Dr. Unit #1 struck Unit #2 who was driving north bound on Eastgate Square Dr. Unit #2 then was pushed into Unit #3 who was sitting in the left hand turn lane, on Eastgate Square Dr.												
CRASH REPORTED DATE / TIME 12182023 1659		DISPATCH DATE / TIME 12182023 1712		ARRIVAL DATE / TIME 12182023 1720		SCENE CLEARED DATE / TIME 12182023 1758		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)				
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0046		TOTAL MINUTES 0046		OFFICER'S NAME* FRIEDMAN, EVAN T		CHECKED BY OFFICER'S NAME* Smith, Danielle R				
						OFFICER'S BADGE NUMBER* 1 4		CHECKED BY OFFICER'S BADGE NUMBER* 7 8				

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	
01	SMITH MICHELLE CINO			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)				
4046 REDPETAL LN BATAVIA Ohio 451032858				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
O H	860ZSP	K N A D M 4 A 3 6 E 6 3 4 6 7 5 5	2014	KIA
INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL
<input checked="" type="checkbox"/>	State Farm	3964317-SFP-35	WHI	Rio
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		
INTERLOCK EQUIPPED	HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	
		01	1 - ≤10K LBS.	HAZARDOUS MATERIAL
			2 - 10,001 - 26K LBS.	<input type="checkbox"/> MATERIAL RELEASED
			3 - >26K LBS.	<input type="checkbox"/> PLACARD
UNIT TYPE	# OF TRAILING UNITS			
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
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?		0	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION
2	1 - YES	2 - NO	9 - OTHER / UNKNOWN	9 - UNKNOWN
AUTONOMOUS MODE LEVEL		0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION
1	2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION		
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER			
01	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				16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
CARGO BODY TYPE	21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
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
8 - TRAILER EQUIPMENT DEFECTIVE				8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP
VEHICLE DEFECTS	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE
2	2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT
3	3 - TAIL LAMPS	6 - TIRE BLOWOUT		99 - OTHER / UNKNOWN
NON-MOTORIST LOCATION AT IMPACT	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
	9 - MEDIAN/CROSSING ISLAND	10 - DRIVEWAY ACCESS	11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE
ACTION	13 - FIRST RESPONDER AT INCIDENT SCENE 14 - DRIVeway ACCESS 15 - SHARED USE PATHS OR TRAILS			
3	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE
	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION
	3 - STRIKING	01 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	19 - STANDING
	4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING	10 - PARKED	20 - OTHER NON-MOTORIST
	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	21 - STANDING OUTSIDE DISABLED VEHICLE
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE
CONTRIBUTING CIRCUMSTANCES	17 - PUSHING VEHICLE			
03	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	18 - LYING IN ROADWAY
	2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	22 - NOT DISCERNIBLE
	3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	23 - OPENING DOOR INTO ROADWAY
	4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	19 - LOAD SHIFTING/FALLING/SPILLING
	5 - UNSAFE SPEED	11 - DROVE OFF ROAD		20 - IMPROPER CROSSING
	6 - IMPROPER TURN	12 - IMPROPER BACKING		99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS	INITIAL POINT OF CONTACT			
20	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE
	2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	17 - ANIMAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT
	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	18 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION
2	4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	20 - MOTOR VEHICLE IN TRANSPORT
	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	21 - PEDESTRIAN	24 - OTHER MOVEABLE OBJECT
3			15 - PEDALCYCLE	
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	50 - WORK ZONE MAINTENANCE EQUIPMENT
	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH
	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE
5				49 - FIRE HYDRANT
6				99 - OTHER / UNKNOWN
1	1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 123019832		DAMAGE	
DAMAGE SCALE			
4	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			
12	0 - NO DAMAGE	14 - UNDERCARRIAGE	
	1-12 - REFER TO UNIT DIAGRAM	15 - VEHICLE NOT AT SCENE	
	99 - UNKNOWN		
	13 - TOP		
TRAFFIC			
TRAFFICWAY FLOW	TRAFFIC CONTROL		
2	1 - ONE-WAY		
	2 - TWO-WAY		
2	1 - ROUNDABOUT		
	2 - SIGNAL		
	5 - YIELD SIGN		
	3 - FLASHER		
	6 - NO CONTROL		
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
4	1 - NOT INVOLVED		
	2 - INVOLVED-ACTIVE CROSSING		
	3 - INVOLVED-PASSIVE CROSSING		
1			
UNIT / NON-MOTORIST DIRECTION			
4	1 - NORTH		
	2 - SOUTH		
	3 - EAST		
	7 - SOUTHEAST		
	8 - SOUTHWEST		
	9 - OTHER / UNKNOWN		
3			
UNIT SPEED	DETECTED SPEED		
35	1 - STATED / ESTIMATED SPEED		
	2 - CALCULATED / EDR		
	3 - UNDETERMINED		
35			
POSTED SPEED			
35			

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) VARNER JEFFREY SCOTT

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

6913 MOUNT VERNON AVE CINCINNATI Ohio 452274434

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H LICENSE PLATE # GRY4198 VEHICLE IDENTIFICATION # 5TDDIKRFH0F1219379 VEHICLE YEAR 2015 VEHICLE MAKE TOYOTA

INSURANCE VERIFIED INSURANCE COMPANY GRANGE INSURANCE INSURANCE POLICY # 4000510 COLOR BLK VEHICLE MODEL Highlander

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
HAZARDOUS MATERIAL
MATERIAL RELEASED CLASS # PLACARD ID #
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 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 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 18 - ANIMAL DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP

UNIT TYPE 01 # OF TRAILING UNITS
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 # OF TRAILING UNITS
1 - YES 2 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL 0
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01 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

CARGO BODY TYPE 01 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 - 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

NON-MOTORIST LOCATION AT IMPACT 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
5 - TRAVEL LANE - OTHER LOCATION

ACTION 5 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 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 01 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

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

COLLISION WITH FIXED OBJECT - STRUCK 4 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 BARRIER 35 - MEDIAN CONCRETE 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
45 - EMBANKMENT 51 - WALL
52 - BUILDING 53 - TUNNEL
54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

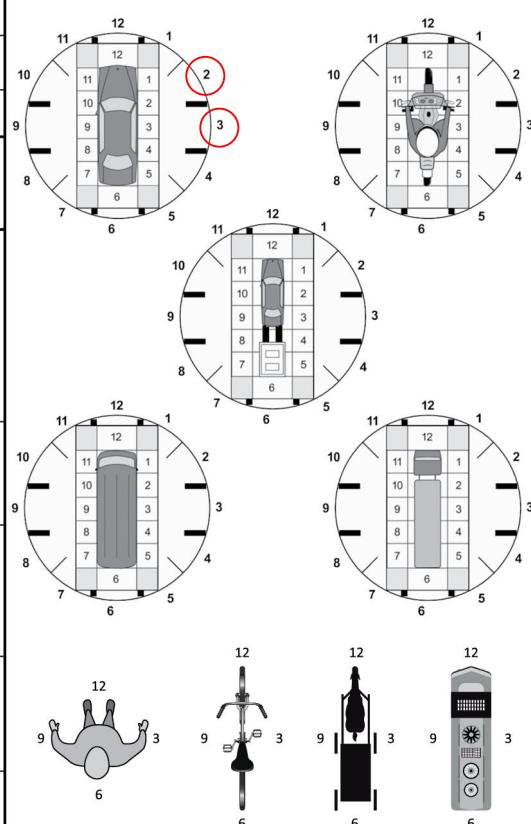
1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER 123019832

DAMAGE

DAMAGE SCALE
4
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
02
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE
DIAGRAM 99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL 2 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 1 - NOT INVOLVED
1 - INVOLVED-ACTIVE CROSSING
2 - INVOLVED-PASSIVE CROSSING

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
FROM 2 TO 1

UNIT SPEED 15 1 - STATED / ESTIMATED SPEED
1 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED 35

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	SMITH MICHELLE CINO					06261981	042	F		
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
4046 REDPETAL LN, BATAVIA, Ohio, 451032858											
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	4	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
**	4511.13						Failure To Stop For Signal Lights.			0131614121820231729	
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	1	1	.	1	1
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER		
02	VARNER JEFFREY SCOTT						11271978	045	M		
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
6913 MOUNT VERNON AVE, CINCINNATI, Ohio, 452274434											
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	3	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
**	*****										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	.	1	1
					<input type="checkbox"/> OTHER DRUG						
UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER		
03	MILLS KRISTIN ELLIS						01191998	025	F		
ADDRESS: STREET,CITY,STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
4047 HAVENWOOD DR, CINCINNATI, Ohio, 452452193											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5						04		01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
**	*****										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)	
				1	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> MARIJUANA	1	1	.	1	1
					<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 - NOT DISTRACTED			1 - NONE GIVEN			
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		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			
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT APPLICABLE	7 - EXCEPT TRACTOR-TRAILER		7 - EXCEPT TRACTOR-TRAILER						
	8 - THIRD - MIDDLE	8 - PARTIALLY EJECTED	8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - INTERMEDIATE LICENSE RESTRICTIONS						
	9 - THIRD - RIGHT SIDE	9 - TOTALLY EJECTED	9 - LEARNER'S PERMIT RESTRICTIONS		9 - LEARNER'S PERMIT RESTRICTIONS						
	10 - SLEEPER SECTION OF TRUCK CAB	10 - NOT APPLICABLE	10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY						
			11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT						
			12 - LIMITED - OTHER		12 - LIMITED - OTHER						
			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
			14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY						
			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES						
			16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR						
			17 - PROSTHETIC AID		17 - PROSTHETIC AID						
			18 - OTHER		18 - OTHER						
INJURED TAKEN BY		EJECTION	OL ENDORSEMENT	TEST STATUS		ALCOHOL TEST TYPE					
1 - NOT TRANSPORTED /TREATED AT SCENE	1 - NOT EJECTED	H - HAZMAT	1 - NONE			2 - BLOOD					
2 - EMS	2 - PARTIALLY EJECTED	M - MOTORCYCLE	2 - URINE			3 - URINE					
3 - POLICE	3 - TOTALLY EJECTED	P - PASSENGER	4 - BREATH			4 - BREATH					
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	N - TANKER	5 - OTHER			5 - OTHER					
SAFETY EQUIPMENT		TRAPPED	R - THREE-WHEEL MOTORCYCLE			DRUG TEST TYPE					
1 - NONE USED	1 - NOT TRAPPED	S - SCHOOL BUS	1 - NONE			2 - BLOOD					
2 - SHOULDER BELT ONLY USED	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	2 - URINE			3 - URINE					
3 - LAP BELT ONLY USED	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	4 - OTHER			4 - OTHER					
4 - SHOULDER & LAP BELT USED						DRUG TEST RESULT(S)					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		GENDER	F - FEMALE			1 - AMPHETAMINES					
6 - CHILD RESTRAINT SYSTEM - REAR FACING			M - MALE			2 - BARBITURATES					
7 - BOOSTER SEAT			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES					
8 - HELMET USED						4 - CANNABINOID					
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						5 - COCAINE					
10 - REFLECTIVE CLOTHING						6 - OPIATES / OPIOIDS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						7 - OTHER					
99 - OTHER / UNKNOWN						8 - NEGATIVE RESULTS					

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019832

Traffic Crash/Non-Injury

12/19/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>23-19832</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 12 D 18 Y 23</u>
IN COUNTY OF Clermont	CRASH LOCATION <u>CLEPPER LN / EAST GATE SQUARE</u>	

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

I, Jeff Verner Hereby make this voluntary statement to _____ At Accident Scene _____

1) What time did the accident happen? Appox 5pm

2) What road were you traveling on? Eastgate Square

3) What direction were you traveling? Towards Walmart

4) Were you injured? YES or NO If yes, explain: 10-20 mph

5) What was your speed before the crash? 35 mph

6) What is the speed limit? 35 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.
Yes

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 Toyota Highlander 2015

11) List all the occupants below:

Name _____ Address (street, city, zip) _____ Seating Position _____

10) Vehicle Year / Make/ Model Toyota Highlander 2015

11) List all the occupants below:

11) List all the occupants below:

Name _____

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

12) Describe what happened?
I was headed toward Walmart, going thru
green light at intersection. White car ran
a red light hitting my passenger side and
pushing my car into a parked car at intersection.

Insurance Company

Grange

Policy#

4000510

Signature X

Jeff Vn

Digitized by srujanika@gmail.com

	OFFICER'S SIGNATURE X 	UNIT NO. 14	PAGE NO.
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019832

Traffic Crash/Non-Injury

12/19/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-19832	Union Township Police Department	M 12 D 18 Y 23
IN COUNTY OF Clermont	CRASH LOCATION	CLEPPER LN / EAST GATE SQUARE

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

I, KRIESTEN MILLS Hereby make this voluntary statement to UTPD At:

What time did the accident happen? _____

- 1) What road were you traveling on? _____
- 2) What direction were you traveling? _____
- 3) Were you injured? YES or NO If yes, explain: _____
- 4) What was your speed before the crash? _____
- 5) What is the speed limit? _____
- 6) Is there anything you could have done to avoid the accident? _____
- 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 _____
- 10) List all the occupants below:

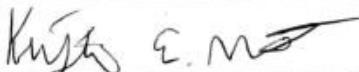
Name	Address (street, city, zip)	Seating Position

11) Describe what happened I was sitting @ the corner of clepper + eastgate square when a white car ran a red light. I was stopped trying to turn left. A black car heading in my direction went on the green light, when the white car T-boned the black car. The impact of the two cars slid into me while I was stopped.

Insurance Company Erie Insurance

Policy# Q115908281

Signature X



PHONE X

	OFFICER'S SIGNATURE <u>X</u> 	UNIT NO. <u>14</u>	PAGE NO.
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

123019832

Traffic Crash/Non-Injury

12/19/2023 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-19832	Union Township Police Department	M/12 D/18 Y/23
IN COUNTY OF Clermont	CRASH LOCATION	CLEPPER LN/EASTGATE SQUARE

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

I, Michelle Smith hereby make this voluntary statement to UTPD At Accident Scene

- 1) What time did the accident happen? 5pm
- 2) What road were you traveling on? Clepper Eastgate
- 3) What direction were you traveling? East bound
- 4) Were you injured? YES or NO If yes, explain: no
- 5) What was your speed before the crash? 75
- 6) What is the speed limit? 75
- 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 2014 Kia Rio 4x

11) List all the occupants below:

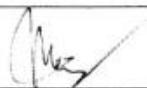
Name	Address (street, city, zip)	Seating Position
<u>Michelle Smith</u>	<u>4006 Rappin Ln Britaville OH 45103</u>	<u>Driver</u>

12) Describe what happened?

Headed East going home, changed lane from turning lane to straight lane, going to the intersection and the accident happened.

Insurance Company State Farm Policy# 3964317-SFP-35

Signature X



OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X</u> 	<u>14</u>	