

## 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 SR 32 @ ELICK REPORTING AGENCY NAME* Union Township Police Dept.			NCIC* 01316			LOCAL REPORT NUMBER* 122013369					
COUNTY* 13 LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP UNION (TOWNSHIP OF)									HIT/SKIP 1-SOLVED 2-UNRESOLVED			NUMBER OF UNITS 02		
												UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN		
									CRASH DATE / TIME* 12202022 1324			CRASH SEVERITY 5 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 SR32			ROAD TYPE	LATITUDE DECIMAL DEGREES 39.090740						
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ELICK			ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.247688						
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	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE				INTERSECTION RELATED			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE							<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE							NUMBER OF APPROACHES 4			
ROADWAY														
									<input checked="" type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 01 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP			MANNER OF CRASH COLLISION/IMPACT 2 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON			DIRECTION OF TRAVEL 4 1-NORTH 2-SOUTH 3-EAST 4-WEST			MEDIAN TYPE 4 1-DIVIDED FLUSH MEDIAN (<4 FEET) 2-DIVIDED FLUSH MEDIAN (≥4 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER/UNKNOWN					
<input checked="" type="checkbox"/> WORK ZONE RELATED <input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 5 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 5 1-BEFORE THE 1ST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA			CONTOUR 1	CONDITIONS 1	SURFACE 2				
								1 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN				
LIGHT CONDITION 1 1-DAYLIGHT 2-DAWN/DUSK 3-DARK-LIGHTED ROADWAY 4-DARK-ROADWAY NOT LIGHTED 5-DARK-UNKNOWN ROADWAY LIGHTING 9-OTHER/UNKNOWN			WEATHER 01 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL											
NARRATIVE											 Indicate the north direction with an "N" on the compass diagram.			
On the above listed date and time, Unit#1 struck the vehicle in front of her (Unit#2) while it was stopped in traffic.														
CRASH REPORTED DATE / TIME 12202022 1324			DISPATCH DATE / TIME 12202022 1326			ARRIVAL DATE / TIME 12202022 1332			SCENE CLEARED DATE / TIME 12202022 1410			REPORT TAKEN BY		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME 0044		TOTAL MINUTES 0044		OFFICER'S NAME* JOEHNK, JEFFREY		CHECKED BY OFFICER'S NAME* Williams, Eric J		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST				
						OFFICER'S BADGE NUMBER* 2 8		CHECKED BY OFFICER'S BADGE NUMBER* 8 5		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)				

OWNER

VEHICLE

EVENT(s)

UNIT #

LP STATE

INSURANCE VERIFIED

UNIT TYPE

SPECIAL FUNCTION

CARGO BODY TYPE

NON-MOTORIST LOCATION AT IMPACT

ACTION

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT

**01**

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)

2580 US 50 HWY, BATAVIA OHIO 451038555

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LICENSE PLATE #

VEHICLE IDENTIFICATION #

VEHICLE YEAR

VEHICLE MAKE

853ZAY

1G1N1K1R1G1E1D121B1J127173105

2011

Chevrolet

INSURANCE VERIFIED

INSURANCE COMPANY

USAA CASUALTY

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

**01**

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

**01**

COMMERCIAL

GOVERNMENT

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GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

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**01**

COMM

OWNER

VEHICLE

EVENT(s)

UNIT #

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# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
122013369

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	WOOD-JOHNSTON DERONDA LYNN					04231965	057	F		
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
2580 US 50 HWY, BATAVIA, Ohio, 451038555											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5						04		01	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**				4511.21A		Assured Clear Distance Ahead			0131628122020221355		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				7	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS TYPE VALUE	STATUS TYPE	RESULT SELECT UPTO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
02	DAVIS LANDON JUSTIN					06022000	022	M			
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
582 MAIN ST, RIPLEY, Ohio, 45154											
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 UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS TYPE VALUE	STATUS TYPE	RESULT SELECT UPTO 4		
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER			
						000	000				
ADDRESS: STREET,CITY,STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY)			SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS TYPE VALUE	STATUS TYPE	RESULT SELECT UPTO 4		
<b>INJURIES</b>	<b>SEATING POSITION</b>		<b>AIR BAG</b>		<b>OL CLASS</b>	<b>OL RESTRICTION(S)</b>	<b>DRIVER DISTRACTION</b>		<b>TEST STATUS</b>		
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED		1 - NONE GIVEN		
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE		3 - TEST GIVEN, RESULTS UNKNOWN		
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS UNKNOWN		4 - TEST GIVEN, RESULTS UNKNOWN		
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - OTHER		
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		6 - BLOOD		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		7 - URINE		
2 - EMS	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		8 - BREATH		
3 - POLICE	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		9 - OTHER		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY					
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		<b>TRAPPED</b>		Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER					
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		2 - EXTRICATED BY MECHANICAL MEANS		S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)					
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		3 - FREED BY NON-MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY					
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST				X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				<b>GENDER</b>	16 - OUTSIDE MIRROR					
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE	17 - PROSTHETIC AID					
7 - BOOSTER SEAT					M - MALE	18 - OTHER					
8 - HELMET USED					U - OTHER / UNKNOWN						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013369

Traffic Crash/Non-Injury

12/21/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13369	Union Township Police Department	M 12 D 20 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	32 / Buck

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

I, Deronda Johnston Hereby make this voluntary statement to P.O. Joehnk At Accident Scene

- 1) What time did the accident happen? 1:30
- 2) What road were you traveling on? 59 RT 32
- 3) What direction were you traveling? west
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? Stopped when took off
- 6) What is the speed limit? 55
- 7) Is there anything you could have done to avoid the accident? Yes been looking up
- 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 2011 Chevy Traverse

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
Deronda Johnston	2580 45 Hwy 52 Batavia	Driver

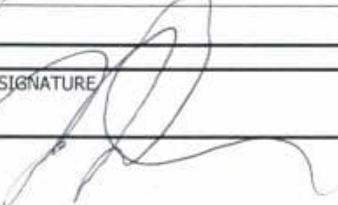
12) Describe what happened?

Sitting at a Red Light I was looking in my purse  
locked up thought light had changed and took  
off to fast and hit car in front of me

Insurance Company USAA Policy# CE8000 046489189

Signature X

Deronda Johnston

	OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
	X 	28	10/1

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122013369

Traffic Crash/Non-Injury

12/21/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

#2

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-13369	Union Township Police Department	M 12 D 20 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	32/E LICK

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

I, Landon Davis Hereby make this voluntary statement to P.O. Joehnk At Accident Scene

- 1) What time did the accident happen? 1:45
- 2) What road were you traveling on? E LICK LN
- 3) What direction were you traveling? Across E LICK LN
- 4) Were you injured? YES or NO If yes, explain: Neck & Back Pain
- 5) What was your speed before the crash? 0 mph
- 6) What is the speed limit? 45
- 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 VW Jetta 2015
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Landon Davis</u>	<u>552 Main St OH 45147</u>	<u>Driver</u>

12) Describe what happened?

I was stopped at red light and got hit from behind.

Insurance Company 500csehead insAb Policy# 938498552

Signature X

Landon Davis