

## 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 BACH-BUXTON ROAD REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316				LOCAL REPORT NUMBER* 122007419		
COUNTY* 13		LOCALITY* 3 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)				HIT/SKIP 1-SOLVED 2-UNSOLVED	NUMBER OF UNITS 02	UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN
REFERENCE LOCATION	ROUTE TYPE CR	ROUTE NUMBER 0380	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME BACH BUXTON		ROAD TYPE RD	LATITUDE DECIMAL DEGREES 39.064087		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY	
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3984		ROAD TYPE	LONGITUDE DECIMAL DEGREES -84.241099			
REFERENCE POINT 3 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE W 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE FROM REFERENCE 25		DISTANCE UNIT OF MEASURE 2 1-MILES 2-FEET 3-YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROADWAY <input 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 8 1-NOT COLLISION 2-BETWEEN 3-TWO MOTOR VEHICLES IN 4-TRANSPORT 5-REAR-END 6-HEAD-ON 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-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 AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2 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 02 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL		1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN					
NARRATIVE Unit 2 was traveling SB on Bach-Buxton Rd. Unit 1 was traveling NB on Bach-Buxton Rd. and when near 3984 Bach-Buxton Rd. went left of center, crossing over the double yellow lines, striking Unit 2.										
<p>Indicate the north direction with an "N" on the compass diagram.</p>										
CRASH REPORTED DATE / TIME 07252022 1504		DISPATCH DATE / TIME 07252022 1505		ARRIVAL DATE / TIME 07252022 1512		SCENE CLEARED DATE / TIME 07252022 1604		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
TOTAL TIME ROADWAY CLOSED 0000		OTHER INVESTIGATION TIME		TOTAL MINUTES 0059		OFFICER'S NAME* Williams, Richard OFFICER'S BADGE NUMBER* 4 1		CHECKED BY OFFICER'S NAME* Williams, Eric J CHECKED BY OFFICER'S BADGE NUMBER* 8 5		

OWNER

VEHICLE

EVENT(s)

LP STATE

UNIT #

OWNER ADDRESS:

COMMERCIAL CARRIER:

LP STATE

LICENCE PLATE #

INSURANCE VERIFIED

INSURANCE COMPANY

INSURANCE POLICY #

TYPE OF USE

COMMERCIAL

GOVERNMENT

IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED

HIT/SKIP UNIT

#OCCUPANTS

UNIT TYPE

4 - PICK UP

5 - CARGO VAN

6 - VAN (9-15 SEATS)

3 - SPORT UTILITY VEHICLE

2 - PASSENGER VAN (MINIVAN)

1 - PASSENGER CAR

11 - ALL TERRAIN VEHICLE (ATV/UTV)

10 - MOPED OR MOTORIZED BICYCLE

9 - AUTOCYCLE

8 - MOTORCYCLE 3-WHEELED

7 - MOTORCYCLE 2-WHEELED

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

28 - ANIMAL DRAWN VEHICLE

29 - UNKNOWN OR HIT/SKIP

30 - UNKNOWN OR HIT/SKIP

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238 - UNKNOWN OR HIT/SKIP

239 - UNKNOWN OR HIT/SKIP

240 - UNKNOWN OR HIT/SKIP

241 - UNKNOWN OR HIT/SKIP

242 - UNKNOWN OR HIT/SKIP

243 - UNKNOWN OR HIT/SKIP

244 - UNKNOWN OR HIT/SKIP

245 - UNKNOWN

OWNER

VEHICLE

EVENT(s)

**SEQUENCE OF EVENTS**

**1** 20 1 - OVERTURN/ROLLOVER  
2 - FIRE/EXPLOSION  
3 - IMMERSION  
4 - JACKKNIFE  
5 - CARGO/EQUIPMENT LOSS OR SHIFT

**2** 1 - IMPACT ATTENUATOR / CRASH CUSHION  
2 - BRIDGE OVERHEAD STRUCTURE  
3 - BRIDGE PIER OR ABUTMENT  
4 - BRIDGE PARAPET  
5 - BRIDGE RAIL  
6 - GUARDRAIL FACE

**1** 1 - FIRST HARMFUL EVENT

**1** 1 - MOST HARMFUL EVENT

**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)  
3858 WHITE BIRCH LN AMELIA Ohio 45102

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** **01** **LICENSE PLATE #** **JTP5100** **VEHICLE IDENTIFICATION #** **JF12SJGEC2HH492076** **VEHICLE YEAR** **2017** **VEHICLE MAKE** **Subaru**

**INSURANCE VERIFIED**  **INSURANCE COMPANY** **SAFECO INS. CO.** **INSURANCE POLICY #** **K1102170** **COLOR** **BLK** **VEHICLE MODEL** **Forester**

**TYPE OF USE**  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

**INTERLOCK DEVICE EQUIPPED**  **#OCCUPANTS** **01** **US DOT #** **VEHICLE WEIGHT GVWR/GCWR** **1 - ≤10K LBS.** **2 - 10,001 - 26K LBS.** **3 - >26K LBS.**

**UNIT TYPE** **01** **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** **BICYCLE** **16 - FARM EQUIPMENT** **22 - ANIMAL WITH RIDER OR** **27 - TRAIN**  
**6 - VAN (9-15 SEATS)** **11 - ALL TERRAIN VEHICLE (ATV/UTV)** **17 - MOTORHOME** **ANIMAL-DRAWN VEHICLE** **99 - UNKNOWN OR HIT/SKIP**

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

**01** **SPECIAL FUNCTION** **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**

**01** **CARGO BODY TYPE** **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 - GRAIN/CHIPS/GRAVEL** **10 - FLAT BED** **11 - DUMP** **14 - GARBAGE/REFUSE**  
**11 - TRAVEL LANE - OTHER LOCATION** **15 - CONSTRUCTION EQUIPMENT** **16 - DUMP** **99 - OTHER / UNKNOWN**

**00** **VEHICLE DEFECTS** **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**

**00** **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**

**4** **ACTION** **1 - NON-CONTACT** **1 - STRIKING** **01** **3 - STRIKING** **2 - NON-COLLISION** **2 - BACKING** **8 - ENTERING TRAFFIC LANE** **13 - NEGOTIATING A CURVE** **18 - APPROACHING OR LEAVING VEHICLE**  
**4 - STRIKING** **4 - CRASH** **3 - CHANGING LANES** **9 - LEAVING TRAFFIC LANE** **14 - ENTERING OR CROSSING SPECIFIED LOCATION** **19 - STANDING**  
**5 - BOTH STRIKING & STRUCK** **5 - PRE-CRASH** **4 - OVERTAKING/PASSING** **10 - PARKED** **15 - WALKING, RUNNING, JOGGING, PLAYING** **20 - OTHER NON-MOTORIST**  
**6 - MAKING RIGHT TURN** **6 - MAKING LEFT TURN** **11 - SLOWING OR STOPPED IN TRAFFIC** **16 - WORKING** **21 - STANDING OUTSIDE DISABLED VEHICLE**  
**9 - OTHER / UNKNOWN** **12 - DRIVING REVERSELESS** **17 - PUSHING VEHICLE** **18 - OTHER / UNKNOWN**

**01** **CONTRIBUTING CIRCUMSTANCES** **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**

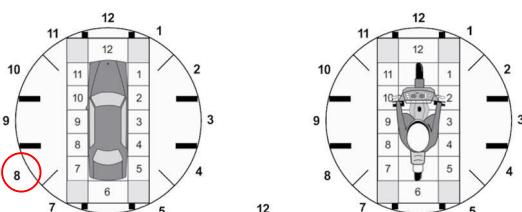
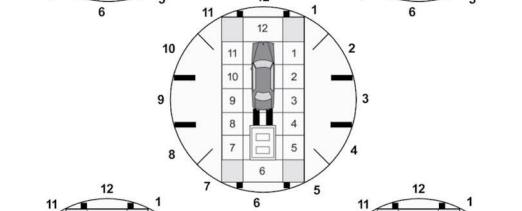
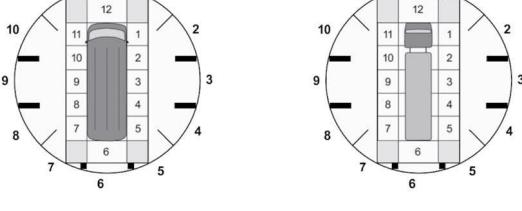
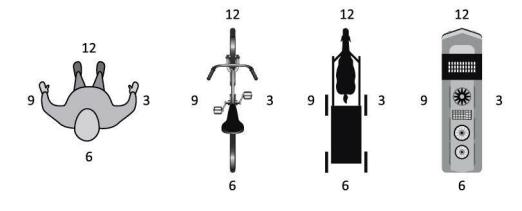
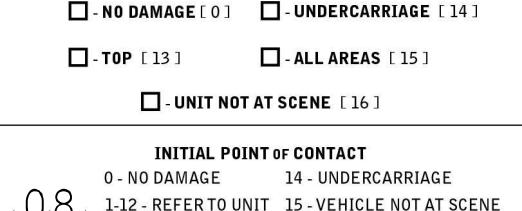
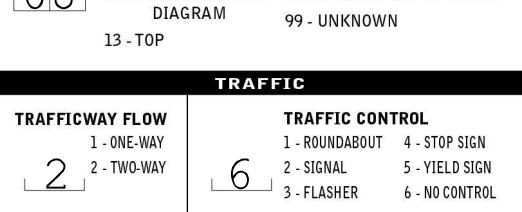
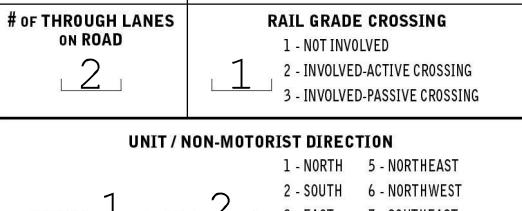
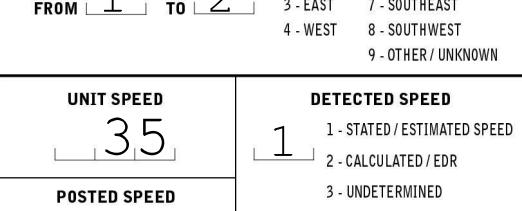
**SEQUENCE OF EVENTS**

EVENTS			
<b>1</b> 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
<b>2</b> 1 - JACKKNIFE	9 - RAN OFF ROAD LEFT	19 - ANIMAL - OTHER	24 - MOTOR VEHICLE IN MOTION BY A MOTORVEHICLE
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	20 - PEDESTRIAN	25 - OTHER MOBILE OBJECT
		21 - PEDALCYCLE	

**COLLISION WITH FIXED OBJECT - STRUCK**

<b>4</b> 1 - 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
5 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
27 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
28 - 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	49 - FIRE HYDRANT
				99 - OTHER / UNKNOWN

**UNIT SPEED** **35** **DETECTED SPEED** **1**  
**POSTED SPEED** **45**

<b>DAMAGE</b>	
<b>DAMAGE SCALE</b>	
<b>4</b>	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
<b>DAMAGED AREA(S)</b> 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**  
**08** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

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

<b># OF THROUGH LANES ON ROAD</b>	<b>RAIL GRADE CROSSING</b>
<b>2</b>	1 - NOT INVOLVED
	2 - INVOLVED-ACTIVE CROSSING
	3 - INVOLVED-PASSIVE CROSSING

<b>UNIT / NON-MOTORIST DIRECTION</b>	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
<b>FROM</b> <b>1</b> <b>TO</b> <b>2</b>	
<b>UNIT SPEED</b>	<b>DETECTED SPEED</b>
<b>35</b>	<b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
<b>POSTED SPEED</b>	<b>45</b>

LOCAL REPORT NUMBER  
122007419

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER	
	01	LINTZ BRIAN JAMES					10151965	056	M	
ADDRESS: STREET,CITY,STATE, ZIP	315 YUMA DR, LAKE WAYNOKA, Ohio, 451719250					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
5					04	01	2	1	1	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER		
**			4511.26					0131646072520221531		
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST	DRUG TEST(S)			
			5	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1 1	1	1	RESULT SELECT UPTO 4	
UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
02	STAUTBERG KAREN LOUISE					05101970	052	F		
ADDRESS: STREET,CITY,STATE, ZIP	3858 WHITE BIRCH LN, AMELIA, Ohio, 45102					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
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	1 1	1	1	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	1 1	1	1	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		
<b>INJURED TAKEN BY</b>	<b>EJECTION</b>		<b>OL ENDORSEMENT</b>		<b>DRUG TEST TYPE</b>					
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER					
<b>SAFETY EQUIPMENT</b>	<b>TRAPPED</b>		<b>GENDER</b>		<b>DRUG TEST TYPE</b>					
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		F - FEMALE M - MALE U - OTHER / UNKNOWN		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER					
					<b>CONDITION</b>					
					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					
					<b>DRUG TEST RESULT(S)</b>					
					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

122007419

Traffic Crash/Injury

7/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-7419	Union Township Police Department	M 7 D 25 Y 22
IN COUNTY OF	CRASH LOCATION	
Clermont	Bash Buxton Rd. near 3984 Amelia, Oh. 45102	

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

I, Karen Staubberg hereby make this voluntary statement to PO R. Williams #41 At Accident Scene

1) What time did the accident happen? approx 3:15

2) What road were you traveling on? Bash Buxton

3) What direction were you traveling? South Bound

4) Were you injured? YES or NO If yes, explain: impact / seatbelt sneness from the restraint

5) What was your speed before the crash? approx 35-40

6) What is the speed limit? 45

7) Is there anything you could have done to avoid the accident? I tried, but was unable to.

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 2017 Subaru Forester

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I was driving Southbound and noticed the oncoming car cross center line. I attempted to swerve away (into grass/shoulder) but was too late. His car crashed into my drivers side rear panel. My car spun around and off into the parking lot of a building. The drivers side rear wheel was completely separated from my car.

Insurance Company Safeco Ins. Co. Policy# K1101270

Signature X

Karen Staubberg

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X Jo L. Williams</u>	41	10f1

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007419

Traffic Crash/Injury

7/27/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-7419	Union Township Police Department	M 7 D 25 Y 22
IN COUNTY OF Clermont	CRASH LOCATION	3984 Bear Buxton Rd

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

I, Brian Lintz hereby make this voluntary statement to Officer Kresser At Accident Scene

- 1) What time did the accident happen? 3:00 P.M.
- 2) What road were you traveling on? Bear Buxton
- 3) What direction were you traveling?
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed before the crash? 35 - 40
- 6) What is the speed limit? 35
- 7) Is there anything you could have done to avoid the accident? Not took eye off road
- 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) Make of Vehicle TOYOTA Model Corolla Color Silver Year 2007 License Plate HQY 3341

11) List all the occupants other than driver below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position

12) Describe what happened?

My phone slid off set and I reached to get it. then I looked up, but it was too late done hit the other car.

Vehicle Owner Name/address Brian Lintz 358 bear Creek rd. Felicity, Oh.  
Insurance Company Grange Policy Number 1954511 45120

13) Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature X Brian Lintz

OFFICER'S SIGNATURE	X <u>F.O. Kresser</u>	UNIT NO.	PAGE NO.
		1	1