

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input 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 checked="" type="checkbox"/> PRIVATE PROPERTY				LOCAL INFORMATION JEFF WYLER MAZDA REPORTING AGENCY NAME* Union Township Police Dept. NCIC* 01316 01316				LOCAL REPORT NUMBER* 122007905					
COUNTY* 13 LOCALITY* 1 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* UNION (TOWNSHIP OF)						HIT/SKIP 1-SOLVED 2-UNRESOLVED		NUMBER OF UNITS 02 UNIT IN ERROR 99 98-ANIMAL 99-UNKNOWN			
REFERENCE LOCATION 	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		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 #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES					
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 00 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 9-CROSSOVER 10-DRIVeway/ALLEY ACCESS 11-RAILWAY GRADE CROSSING 12-SHARED USE PATHS OR TRAILS 13-BIKE LANE 14-TOLL BOOTH 99-OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 3-REAR-END 4-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA		CONTOUR 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER/UNKNOWN		CONDITIONS 1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				WEATHER 01 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 <p>On the listed date and time, listed vehicles collided on the lot of Jeff Wyler Mazda. Unit #2 was traveling through the parking lot and Unit #2 was backing out of a parking space.</p>												 Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE / TIME 08082022 1010		DISPATCH DATE / TIME 08082022 1012		ARRIVAL DATE / TIME 08082022 1021		SCENE CLEARED DATE / TIME 08082022 1109		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 0057		OFFICER'S NAME* Siekbert, Steven		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C					
						OFFICER'S BADGE NUMBER* 4 5		CHECKED BY OFFICER'S BADGE NUMBER* 8 2					

OWNER

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
CROOKER COURTNEY FRANCES		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		
2818 US 50 HWY, BATAVIA OHIO 451039520		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # HNJ4359	VEHICLE IDENTIFICATION # 1FMCU0F71HUB81359	VEHICLE YEAR 120117	VEHICLE MAKE FORD
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive Insurance	INSURANCE POLICY # 917360352	COLOR BLK	VEHICLE MODEL ESCAPE
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 02		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 03	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
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# OF TRAILING UNITS		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL			

SPECIAL FUNCTION 00	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 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE 00	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 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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VEHICLE DEFECTS 00	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	99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT 00	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 99 - OTHER / UNKNOWN
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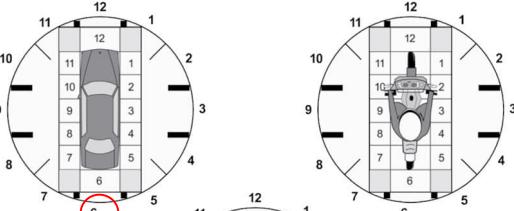
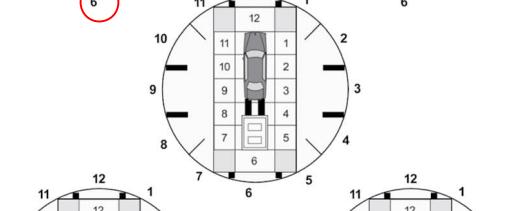
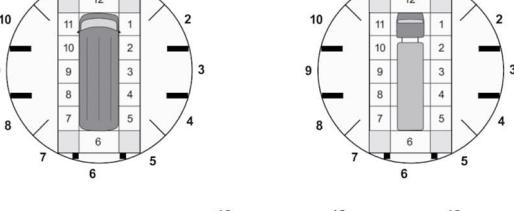
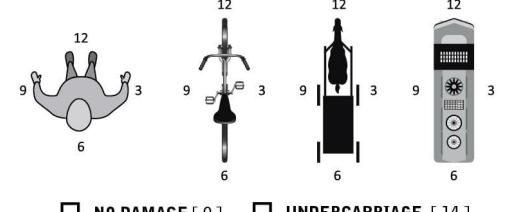
ACTION 05	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 02 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES 00	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	EVENTS				
120	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK					
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL 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		
06	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION		
FROM 1	TO 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0	DETECTED SPEED
	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	

OWNER

VEHICLE

EVENT(s)

UNIT #

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MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE <u>01</u> CROOKER COURTNEY FRANCES						DATE OF BIRTH <u>06251992</u>	AGE <u>030</u>	GENDER <u>F</u>		
	ADDRESS: STREET,CITY,STATE,ZIP 2818 US 50 HWY, BATAVIA, Ohio, 451039520						CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES <u>5</u>	INJURED TAKEN BY <u></u>	EMS AGENCY (NAME) <u></u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u></u>	SAFETY EQUIPMENT USED <u>04</u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>1</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>		
	OL STATE <u>**</u>	OPERATOR LICENSE NUMBER <u></u>		OFFENSE CHARGED <u></u>	LOCAL CODE <u></u>	OFFENSE DESCRIPTION						
	OL CLASS <u></u>	ENDORSEMENT SELECT UPTO 2 <u></u>	RESTRICTION SELECT UPTO 3 <u></u>	DRIVER DISTRACTED BY <u>1</u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>1</u>	ALCOHOL TEST STATUS <u></u>	TYPE <u></u>	VALUE <u></u>	DRUG TEST(S) STATUS <u></u>	TYPE <u></u>	RESULT SELECT UPTO 4 <u></u>
	UNIT # <u>02</u>	NAME: LAST, FIRST, MIDDLE HARRIS DRAVO J						DATE OF BIRTH <u>03231937</u>	AGE <u>085</u>	GENDER <u>M</u>		
	ADDRESS: STREET,CITY,STATE,ZIP 1729 EIGHT MILE RD, CINCINNATI, Ohio, 452552651						CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES <u>5</u>	INJURED TAKEN BY <u></u>	EMS AGENCY (NAME) <u></u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u></u>	SAFETY EQUIPMENT USED <u>04</u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>1</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>		
	OL STATE <u>**</u>	OPERATOR LICENSE NUMBER <u></u>		OFFENSE CHARGED <u></u>	LOCAL CODE <u></u>	OFFENSE DESCRIPTION						
	OL CLASS <u></u>	ENDORSEMENT SELECT UPTO 2 <u></u>	RESTRICTION SELECT UPTO 3 <u></u>	DRIVER DISTRACTED BY <u>1</u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>1</u>	ALCOHOL TEST STATUS <u>1</u>	TYPE <u></u>	VALUE <u></u>	DRUG TEST(S) STATUS <u>1</u>	TYPE <u></u>	RESULT SELECT UPTO 4 <u></u>
UNIT #	NAME: LAST, FIRST, MIDDLE <u></u>						DATE OF BIRTH <u></u>	AGE <u>0.00</u>	GENDER <u></u>			
ADDRESS: STREET,CITY,STATE,ZIP <u></u>						CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY <u></u>	EMS AGENCY (NAME) <u></u>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <u></u>	SAFETY EQUIPMENT USED <u></u>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <u></u>	AIR BAG USAGE <u></u>	EJECTION <u></u>	TRAPPED <u></u>			
OL STATE	OPERATOR LICENSE NUMBER <u></u>		OFFENSE CHARGED <u></u>	LOCAL CODE <u></u>	OFFENSE DESCRIPTION							
OL CLASS	ENDORSEMENT SELECT UPTO 2 <u></u>	RESTRICTION SELECT UPTO 3 <u></u>	DRIVER DISTRACTED BY <u>1</u>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION <u>1</u>	ALCOHOL TEST STATUS <u>1</u>	TYPE <u></u>	VALUE <u></u>	DRUG TEST(S) STATUS <u>1</u>	TYPE <u></u>	RESULT SELECT UPTO 4 <u></u>	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
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						
INJURED TAKEN BY	EJECTION	OL ENDORSEMENT	DRUG TEST TYPE									
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									
SAFETY EQUIPMENT	TRAPPED	CONDITION										
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	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										
DRUG TEST RESULT(S)	DRUG TEST TYPE											
1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOID 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER											

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

122007905

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 01 CROOKER CLAYTON B				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 2818 US HIGHWAY 50, BATAVIA, Ohio, 45103	INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 04	CONTACT PHONE - INCLUDE AREA CODE 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	CONTACT PHONE - INCLUDE AREA CODE 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	CONTACT PHONE - INCLUDE AREA CODE 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	CONTACT PHONE - INCLUDE AREA CODE 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	CONTACT PHONE - INCLUDE AREA CODE 	
WITNESS	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE	
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - - VEHICLE OCCUPANT 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 - 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 11 - PASSENGER IN OTHER ENCLOSED - CARGO AREA (NON-TRAILING UNIT, - BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED - CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR - (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	
WITNESS	INJURED TAKEN BY						EJECTION	
	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	
WITNESS	GENDER						TRAPPED	
	F - FEMALE M - MALE U - OTHER / UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	
NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP 	CONTACT PHONE - INCLUDE AREA CODE 							
NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP 	CONTACT PHONE - INCLUDE AREA CODE 							
NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP 	CONTACT PHONE - INCLUDE AREA CODE 							

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007905

Traffic Crash/Private Property

8/10/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/20

LOCAL REPORT NUMBER 22-7905	REPORTING AGENCY Union Township Police Department	DATE OF CRASH M 8 D 8 Y 22
IN COUNTY OF Clermont	CRASH LOCATION 1179 SR 32	

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

I, Courtney Crooker hereby make this voluntary statement to _____ At Accident Scene

- 1) What time did the accident occur? 10:15
- 2) What road were you traveling on? in Jeff Wyler parking lot
- 3) What direction were you traveling? Backing out
- 4) Were you injured? YES or NO If yes, explain: _____
- 5) What was your speed just before the crash? 7 mph?
- 6) What is the speed limit? _____
- 7) Is there anything you could have done to avoid the accident? checked again but didn't look
- 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 and Model? Ford Escape 2017

11) List all passengers below:

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>Clayton Crooker</u>	<u>2818 1/2 Hwy 50</u> <u>Batavia OH 45103</u>	<u>██████████</u>	<u>04/18/06</u>	<u>Upright</u>

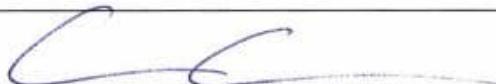
12) Describe what happened?

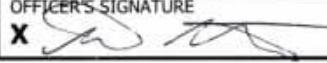
pulling out of parking spot looked and before I knew it the truck was behind me collision happened & me kept going causing a scrape down the side of car not just in the back passenger door

Insurance Company PROGRESSIVE Policy # 917360352

* If you need more space continue on the back of this page.

Signature X



<input type="text"/>	OFFICER'S SIGNATURE <u>X</u> 	UNIT NO. <u>55</u>	PAGE NO.
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Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122007905

Traffic Crash/Private Property

8/10/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/20

LOCAL REPORT NUMBER <u>22-7905</u>	REPORTING AGENCY <u>Union Township Police Department</u>	DATE OF CRASH <u>M 8 D 8 Y 02</u>
IN COUNTY OF <u>Clermont</u>	CRASH LOCATION <u>1179 SR 32</u>	

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

I, David Harris Hereby make this voluntary statement to SIC-K6G17 At Accident Scene

- 1) What time did the accident occur? 10:10 AM
- 2) What road were you traveling on? Wylter Parking Lot
- 3) What direction were you traveling? EAST
- 4) Were you injured? YES or NO If yes, explain:
- 5) What was your speed just before the crash? Five Miles Per Hour
- 6) What is the speed limit? 7
- 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 and Model? 2020 Chevy Silverado

11) List all passengers below: None

Name	Address (street, city, zip)	Phone #	Date of Birth	Seating Position
<u>David Harris</u>	<u>1729-8 Mile Rd</u>	[REDACTED]	<u>5-23-37</u>	<u>Driver</u>

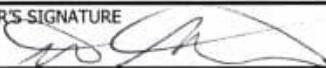
12) Describe what happened? Lady backed out in front of me

Insurance Company State Farm Policy # X20 8P25 131 355

* If you need more space continue on the back of this page.

Signature X

David Harris

[REDACTED]	OFFICER'S SIGNATURE <u>X</u> 	UNIT NO. <u>45</u>	PAGE NO. <u>1</u>
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