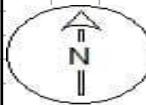
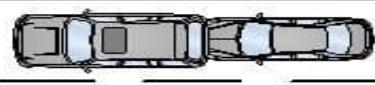
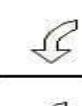


## TRAFFIC CRASH REPORT

\*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 W/B SR 32 @ GLENESTE WITHAMSVILLE ROAD REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122008910			
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				HIT/SKIP 1-SOLVED 2-UNRESOLVED		NUMBER OF UNITS 02		UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN		
LOCATION REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME			ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY			
	SR	0032	4	SR 32			HW	39.094370		1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY				
ROUTE TYPE REFERENCE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)			ROAD TYPE	LONGITUDE DECIMAL DEGREES						
	CR	0055	GLENESTE WITHAMSVILLE			RD	-84.261281							
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 - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH						
DISTANCE FROM REFERENCE 100		DISTANCE UNIT OF MEASURE 1-MILES 2 FEET 3-YARDS		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		NUMBER OF APPROACHES 2						
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 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) 5-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 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 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				6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN						
NARRATIVE Unit #1 was traveling W/B on Sr 32 approaching stopped traffic at the intersection of Gleneste Withamsville Road. Unit #1 failed to stop, striking Unit #2 in the rear.								 Indicate the north direction with an "N" on the compass diagram. <div style="border: 1px solid black; padding: 5px; text-align: center;">   <b>Not To Scale</b> </div> <div style="text-align: right;">SR 32</div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div>						
CRASH REPORTED DATE / TIME 09032022 1817		DISPATCH DATE / TIME 09032022 1819		ARRIVAL DATE / TIME 09032022 1833		SCENE CLEARED DATE / TIME 09032022 1900		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 0041		TOTAL MINUTES 0041		OFFICER'S NAME* TOROK, DYLAN		CHECKED BY OFFICER'S NAME* JASPER, GREGORY C						
						OFFICER'S BADGE NUMBER* 1 2		CHECKED BY OFFICER'S BADGE NUMBER* 8 2						

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

**3** 1 - FIRST HARMFUL EVENT  
1 - MOST HARMFUL EVENT

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)		3985 BRANDY CHASE 40 CINCINNATI OHIO 45245
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <b>O H</b>	LICENSE PLATE # <b>HPT4468</b>	VEHICLE IDENTIFICATION # <b>5NPEB4AC2EH821384</b>		VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>HYUNDAI</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>ALLSTATE</b>	INSURANCE POLICY # <b>992076060</b>		COLOR <b>RED</b>	VEHICLE MODEL <b>SONATA</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <b>01</b>		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		

UNIT TYPE <b>01</b>	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
# OF TRAILING UNITS					

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b>	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
AUTONOMOUS MODE LEVEL			

SPECIAL FUNCTION <b>01</b>	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
15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL					

CARGO BODY TYPE <b>01</b>	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 <b>00</b>	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 <b>00</b>	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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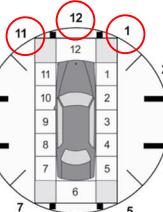
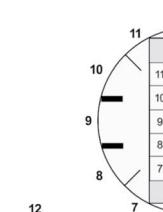
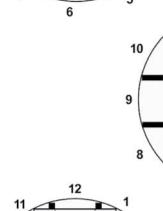
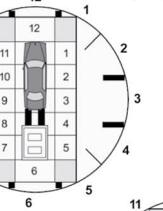
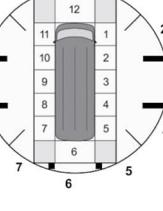
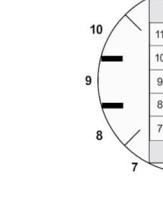
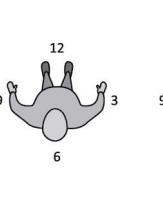
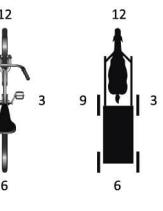
ACTION <b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <b>01</b> 4 - STRUCK 5 - BOTH STRIKING & STRUCK	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING 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 <b>08</b>	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					
<b>1</b> 20	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					
<b>4</b>	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

<b>5</b>	1 - FIRST HARMFUL EVENT	<b>1</b>	1 - MOST HARMFUL EVENT
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DAMAGE		
DAMAGE SCALE		
<b>2</b>	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		
<b>12</b>	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC	
TRAFFICWAY FLOW <b>1</b>	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 <b>3</b>	RAIL GRADE CROSSING
1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
FROM <b>3</b> TO <b>4</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <b>10</b>	DETECTED SPEED
1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	<b>1</b>
POSTED SPEED <b>55</b>	

OWNER

VEHICLE

EVENT(s)

UNIT # **02**

OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)  
**ZEOP CRYSTAL C**

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER)  
**9667 SNIDER RD MASON Ohio 45040**

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH**

LICENSE PLATE # **FVM1877**

VEHICLE IDENTIFICATION # **5J6RE4H37A10318091**

VEHICLE YEAR **2010**

VEHICLE MAKE **HONDA**

INSURANCE VERIFIED

INSURANCE COMPANY **NATIONWIDE INSURANCE**

INSURANCE POLICY # **9234J123117**

COLOR **TAN**

VEHICLE MODEL **CR-V**

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

PLACARD

CLASS #

PLACARD ID #

# OF TRAILING UNITS **03**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER/ UNKNOWN

AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN

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 - 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

1 - PASS-ENGER CAR  
2 - PASS-ENGER VAN (MINIVAN)  
3 - SPORT UTILITY VEHICLE  
4 - CARGO VAN  
5 - VAN (9-15 SEATS)

6 - VAN (16+ SEATS)

7 - MOTORCYCLE 2- WHEELED  
8 - MOTORCYCLE 3- WHEELED  
9 - AUTOCYCLE  
10 - MOPED OR MOTORIZED  
11 - BICYCLE  
12 - ALL- TERRAIN VEHICLE (ATV/ UTV)

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

1 - TURN SIGNALS  
2 - HEAD LAMPS  
3 - TAIL LAMPS

4 - BRAKES  
5 - STEERING  
6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES  
8 - TRAILER EQUIPMENT DEFECTIVE

9 - MOTOR TROUBLE  
10 - DISABLED FROM PRIOR ACCIDENT

11 - MEDIAN/ CROSSING ISLAND  
12 - FIRST RESPONDER AT INCIDENT SCENE  
13 - SHARED USE PATHS OR TRAILS

14 - APPROACHING OR LEAVING VEHICLE  
15 - STANDING  
16 - WORKING  
17 - PUSHING VEHICLE

18 - ENTERING OR CROSSING SPECIFIED LOCATION  
19 - WALKING, RUNNING, JOGGING, PLAYING  
20 - OTHER NON- MOTORIST  
21 - STANDING OUTSIDE DISABLED VEHICLE  
22 - APPROACHING OR LEAVING VEHICLE  
23 - SHARING  
24 - WORKING  
25 - PUSHING VEHICLE

1 - LEFT OF CENTER  
2 - FOLLOWING TOO CLOSE / ACDA  
3 - RAN RED LIGHT  
4 - RAN STOP SIGN  
5 - UNSAFE SPEED  
6 - IMPROPER TURN

7 - FOLLOWING TOO CLOSE / ACDA  
8 - RAN OFF ROAD RIGHT  
9 - RAN OFF ROAD LEFT  
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  
24 - OTHER IMPROPER ACTION

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  
55 - OTHER / UNKNOWN

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

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LOCAL REPORT NUMBER  
**122008910**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	WEAVER ALISHA NICOLE					04031999	023	F		
ADDRESS: STREET,CITY,STATE, ZIP		74 S BROWN SCHOOL RD, VANDALIA, Ohio, 453773046					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	1					04	01	1	1	1	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
**				4511.21A					0131612090320221849		
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			
02	ZEOP CRYSTAL C					04061976	046	F			
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
5	1					04	01	1	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			
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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	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		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER		1 - NONE		
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		1 - NOT EJECTED		H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE		2 - BLOOD		
2 - EMS	8 - THIRD - MIDDLE		2 - PARTIALLY EJECTED		M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		3 - URINE		
3 - POLICE	9 - THIRD - RIGHT SIDE		3 - TOTALLY EJECTED		P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN		4 - BREATH		
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB		4 - NOT APPLICABLE		N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	10 - APPARENTLY NORMAL		5 - OTHER		
<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	11 - PHYSICAL IMPAIRMENT		1 - BLOOD		
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		1 - NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	12 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		2 - URINE		
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)	13 - APPARENTLY NORMAL		3 - OTHER		
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	14 - PHYSICAL IMPAIRMENT		4 - AMPHETAMINES		
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST				X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		5 - BARBITURATES		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN				<b>GENDER</b>	16 - OUTSIDE MIRROR	16 - APPARENTLY NORMAL		6 - BENZODIAZEPINES		
6 - CHILD RESTRAINT SYSTEM - REAR FACING					F - FEMALE	17 - PROSTHETIC AID	17 - PHYSICAL IMPAIRMENT		7 - CANNABINOID		
7 - BOOSTER SEAT					M - MALE	18 - OTHER	18 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		8 - COCAINE		
8 - HELMET USED					U - OTHER / UNKNOWN				9 - OPIATES / OPIOIDS		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)									7 - OTHER		
10 - REFLECTIVE CLOTHING									8 - NEGATIVE RESULTS		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY											
99 - OTHER / UNKNOWN											

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008910

Traffic Crash/Non-Injury

9/06/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22- 22-8910	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	EAST of intersection 32W + Glen Este Withamsville	

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

I, Crystal Zeop Hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? 10:30ish pm
- 2) What road were you traveling on? 32W
- 3) What direction were you traveling? West bound
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? Stopped at light
- 6) What is the speed limit? 55
- 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 2010 Honda CRV - grey

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Crystal Zeop</u>	<u>9667 Snider Rd Mason OH</u>	<u>Driver</u>

12) Describe what happened?

I was stopped at light - wet roads - light rain  
Driver of Sonata braked hard + slid into me  
Causing rear ending accident.

Insurance Company Nationwide Policy# 9234J123117

Signature X

Crystal Zeop

OFFICER'S SIGNATURE	X <u>POD. 7006</u>	UNIT NO.	PAGE NO.
		<u>12</u>	

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122008910

Traffic Crash/Non-Injury

9/06/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	22- 8910	REPORTING AGENCY	Union Township Police Department	DATE OF CRASH
IN COUNTY OF	Clermont	CRASH LOCATION	East of <del>Englewood</del> intersection 32W + Gilcrest Withamsville	

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

I, Alisha Weaver hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? 10:15 - 20 18h
- 2) What road were you traveling on? 32 W
- 3) What direction were you traveling? Westbound
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? Maybe 10 mph
- 6) What is the speed limit? 55 mph
- 7) Is there anything you could have done to avoid the accident? Yes, stayed farther back.
- 8) Is the address on your license correct? YES or NO If no, please list the correct address below.  
711 W Wenger Rd, Englewood OH 45322
- 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 Hyundai Sonata
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

We were at the red light & the car ahead of me pulled forward & I pulled forward noticing I was slipping (hydroplaning) and I broke and had plenty of room. We went again and the line was pulling forward & I did not break in time and was hydroplaning and I hit the back of her car, only once.

Insurance Company Allstate Policy# 992-076-040

Signature X

Alisha Weaver

OFFICER'S SIGNATURE	UNIT NO.	PAGE NO.
<u>X POA. 2022</u>	<u>12</u>	<u>1</u>