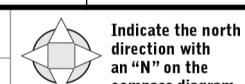
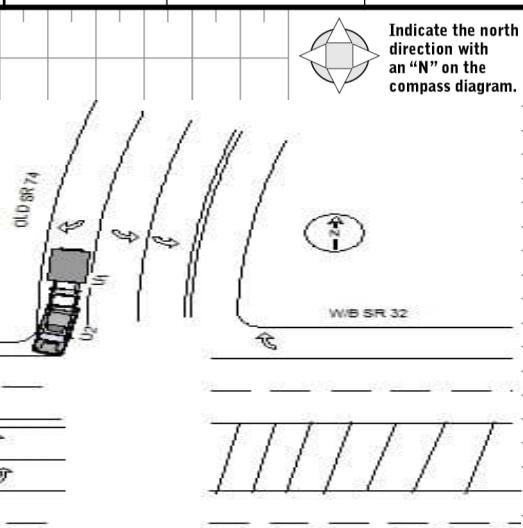


## TRAFFIC CRASH REPORT

\*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 OLD SR 74 @ SR 32 REPORTING AGENCY NAME* Union Township Police Dept.				NCIC* 01316			LOCAL REPORT NUMBER* 122010137					
COUNTY* 13		LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP*				CRASH DATE / TIME* 09292022 0912		HIT/SKIP 1-SOLVED 2-UNRESOLVED			NUMBER OF UNITS 02		UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN	
LOCATION REFERENCE	ROUTE TYPE CR		ROUTE NUMBER 171		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME OLD SR 74		ROAD TYPE HW		LATITUDE DECIMAL DEGREES 39.104308		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY			
	ROUTE TYPE SR		ROUTE NUMBER 32		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) SR 32		ROAD TYPE HW		LONGITUDE DECIMAL DEGREES -84.292103					
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE #		DIRECTION FROM REFERENCE N		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE		ROAD 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		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH			NUMBER OF APPROACHES 3			
DISTANCE FROM REFERENCE 10		DISTANCE UNIT OF MEASURE 2 MILES		ROUTE TYPE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		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 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) 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 4		CONDITIONS 1		SURFACE 2						
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		6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN		CONTOUR 9 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 5-OTHER/UNKNOWN		CONDITIONS 1 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN		SURFACE 1 1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN						
NARRATIVE Unit #1 failed to maintain assured clear distance ahead and rear ended Unit #2.								  Not To Scale								
CRASH REPORTED DATE / TIME 09292022 0912		DISPATCH DATE / TIME 09292022 0915		ARRIVAL DATE / TIME 09292022 0924		SCENE CLEARED DATE / TIME 09292022 1023		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 0068		TOTAL MINUTES 0068		OFFICER'S NAME* Zimmerman, ROBERT		CHECKED BY OFFICER'S NAME* Wagner, Richard J								
						OFFICER'S BADGE NUMBER* 5 2		CHECKED BY OFFICER'S BADGE NUMBER* 7 9								



OWNER

VEHICLE

EVENT(s)

UNIT # **02**

OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER)  
**LACH KATHLEEN DOYLE**

OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER)

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

1021 WINDSOR CT CINCINNATI OHIO 45245

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH**

LICENSE PLATE # **ETH2477**

VEHICLE IDENTIFICATION # **5UXTR9C51KL010514**

VEHICLE YEAR **2019**

VEHICLE MAKE **BMW**

INSURANCE VERIFIED

INSURANCE COMPANY **NATIONWIDE INSURANCE**

INSURANCE POLICY # **9234J195324**

COLOR **SIL**

VEHICLE MODEL **X3**

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 #**

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

28 - ANIMAL

29 - OTHER

30 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS **03**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

0

1 - YES

2 - NO

3 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

3 - CONDITIONAL AUTOMATION

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

6 - BUS - CHARTER/TOUR

7 - BUS - INTERCITY

8 - BUS - SHUTTLE

9 - POLICE

10 - PUBLIC UTILITY

11 - FARM

12 - MAIL CARRIER

13 - MILITARY

14 - SNOW REMOVAL

15 - TOWING

16 - CONSTRUCTION EQUIPMENT

17 - SAFETY SERVICE PATROL

18 - APPROACHING OR LEAVING VEHICLE

19 - STANDING

20 - OTHER NON-MOTORIST

21 - STANDING OUTSIDE DISABLED VEHICLE

22 - WORKING

23 - PUSHING VEHICLE

24 - OTHER / UNKNOWN

1 - NO CONTACT

2 - NON-COLLISION

3 - STRIKING

4 - STRUCK

5 - BOTH STRIKING & STRUCK

6 - 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

22 - WORKING

23 - PUSHING VEHICLE

24 - OTHER / UNKNOWN

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

1 - LEFT OF CENTER

2 - FOLLOWING TOO CLOSE / ACDA

3 - RAN RED LIGHT

4 - RAN STOP SIGN

5 - UNSAFE SPEED

6 - IMPROPER TURN

7 - IMPROPER BACKING

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

24 - OTHER IMPROPER ACTION

LOCAL REPORT NUMBER  
**122010137**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH	AGE	GENDER		
	01	WATSON DOUGLAS ALLEN					08101966	056	M		
ADDRESS: STREET,CITY,STATE, ZIP	9807 GILLETTE STATION RD, HAMERSVILLE, Ohio, 451309710					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	1
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER	
**				4511.21A						0131652092920220934	
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	LACH KATHLEEN DOYLE					09051957	065	F			
ADDRESS: STREET,CITY,STATE, ZIP	1021 WINDSOR CT, CINCINNATI, Ohio, 45245					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
4	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			
							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

122010137

Traffic Crash/Non-Injury

10/04/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
22-10137	Union Township Police Department	M 9 D29 Y2022
IN COUNTY OF Clermont	CRASH LOCATION	Old SR 74 @ SR 32

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

I, Doy Watson hereby make this voluntary statement to Officer Zimmerman At Accident Scene

- 1) What time did the accident happen? (0912)
- 2) What road were you traveling on? Old 74
- 3) What direction were you traveling? South Bound / turning West Bound on 32
- 4) Were you injured? YES or NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? (5 mph)
- 6) What is the speed limit? (35 mph)
- 7) Is there anything you could have done to avoid the accident? No
- 8) Is the address on your license correct? YES or NO. If no, please list the correct address below.
  
- 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 2012 Dodge 3500

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

We were stopped at the light in the Right Turn Lane. The light turned Green the car in front of me started moving and I followed then she stopped and I couldn't stop quick enough and hit her car.

Insurance Company Acuity Mutual Ins Policy# ZN 2171

Signature X

Doy Watson

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122010137

Traffic Crash/Non-Injury

10/04/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <b>22-10137</b>	REPORTING AGENCY <b>Union Township Police Department</b>	DATE OF CRASH <b>M 9 D29 Y2022</b>
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <b>Old SR 74 @ SR 32</b>	

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

I, Kathleen D. Lach Hereby make this voluntary statement to Officer Zimmerman At Accident Scene

- 1) What time did the accident happen? @ 9:15
- 2) What road were you traveling on? Old St Rt 74 / 6 St Rt 32 (west)
- 3) What direction were you traveling? South to west 32
- 4) Were you injured? YES or NO If yes, explain: Neck sore + Shoulders sore
- 5) What was your speed before the crash? 0 at Red Traffic light  
(35 mph)
- 6) What is the speed limit? @ 40
- 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 2019 BMW 3X SUV

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position
<u>Kathleen D. Lach</u>	<u>1021 Windsor Ct Cinc OH 45215</u>	<u>Driver</u>

12) Describe what happened?

stopped at red light to turn <sup>Right</sup>  
onto US 32 <sup>left</sup>  
light changed to green and was I  
looking at car on SR RT 32  
to stop (on left) then I started to  
turn. The truck behind me hit me.

(He had also been stopped at <sup>light</sup>  
light)

Insurance Company Nationwide Policy# 9234J195324

Signature X

Kathleen D. Lach

9/29/2022