

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 | LOCAL INFORMATION STATE ROUTE 32 | | LOCAL REPORT NUMBER* | |
| <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | NCIC* | 122006064 |
| | | | | Union Township Police Dept. | | 01316 | HIT/SKIP 2 1-SOLVED 2-UNSOLVED |
| COUNTY* 13 | | LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP | | LOCATION: CITY, VILLAGE, TOWNSHIP* | | NUMBER OF UNITS 02 | |
| 1 1 1 | | 1-CITY 2-VILLAGE 3-TOWNSHIP | | UNION (TOWNSHIP OF) | | UNIT IN ERROR 01 98-ANIMAL 01 99-UNKNOWN | |
| REFERENCE LOCATION | ROUTE TYPE SR | ROUTE NUMBER 0032 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME STATE ROUTE 32 | ROAD TYPE HW | LATITUDE DECIMAL DEGREES 39.094963 | CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |
| | ROUTE TYPE CR | ROUTE NUMBER 0055 | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GLEN ESTE-WITHAMSVILLE | ROAD TYPE RD | LONGITUDE DECIMAL DEGREES -84.262932 | |
| 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 | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA | |
| DISTANCE FROM REFERENCE | | DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS | | | | NUMBER OF APPROACHES 1 1 | |
| 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 TRANSPORT 4 - REAR-END 5 - 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 2 | CONDITIONS 1 | SURFACE 1 |
| 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 | | 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 #1 was southbound on Glen Este-Withamsville Road. Unit #2 was eastbound on State Route 32. Unit #2 attempted a right turn onto Glen Este-Withamsville Road, and was struck in the rear by Unit #1. Unit #1 fled the scene after impact. | | | | | | | |
| | | | | | | | |
| CRASH REPORTED DATE / TIME 06172022 1923 | | DISPATCH DATE / TIME 06172022 1924 | | ARRIVAL DATE / TIME 06172022 1933 | | SCENE CLEARED DATE / TIME 06172022 2000 | |
| TOTAL TIME ROADWAY CLOSED 0000 | | OTHER INVESTIGATION TIME | | TOTAL MINUTES 0036 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| | | | | OFFICER'S NAME* Pearcy, Anthony T | | CHECKED BY OFFICER'S NAME* Wilson, Christopher D | |
| | | | | OFFICER'S BADGE NUMBER* 5 1 | | CHECKED BY OFFICER'S BADGE NUMBER* 8 6 | |
| | | | | | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | |

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

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

UNKNOWN

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH** LICENSE PLATE # **UNK** VEHICLE IDENTIFICATION # **0** VEHICLE YEAR **0** VEHICLE MAKE

INSURANCE VERIFIED INSURANCE COMPANY **UNK** INSURANCE POLICY # **BLU** VEHICLE MODEL

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # **0** TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **01** #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR **0** HAZARDOUS MATERIAL

1 - ≤10K LBS. MATERIAL RELEASED **0** CLASS # **0** PLACARD ID # **0**
2 - 10,001 - 26K LBS. PLACARD **0**

3 - >26K LBS. **0**

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

UNIT TYPE **01** # OF TRAILING UNITS

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

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

CARGO BODY TYPE **01** 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
99 - OTHER / UNKNOWN

VEHICLE DEFECTS **00** 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

NON-MOTORIST LOCATION AT IMPACT **00** 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION **03** ACTION **01** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
6 - & STRUCK 6 - MAKING LEFT TURN
9 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES **02** 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

1 - 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOBILE OBJECT
4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

4 - 25 - 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 - 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
6 - 29 - BRIDGE RAIL 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
30 - GUARDRAIL FACE

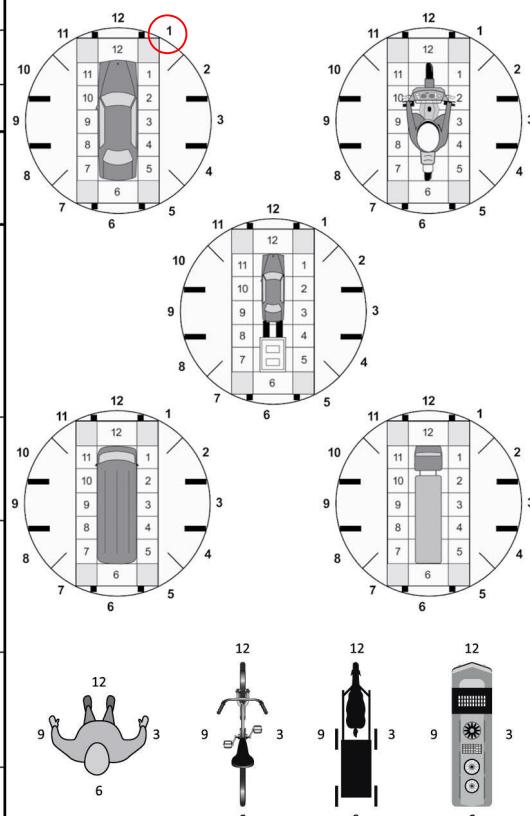
1 - FIRST HARMFUL EVENT 1 - MOST HARMFUL EVENT

LOCAL REPORT NUMBER **122006064**

DAMAGE

DAMAGE SCALE
2 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW **2** TRAFFIC CONTROL
1 - ONE-WAY 4 - STOP SIGN
2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD **2** RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

UNIT SPEED **0** DETECTED SPEED
1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR

POSTED SPEED **40**
3 - UNDETERMINED

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

3 1 - FIRST HARMFUL EVENT

1 1 - MOST HARMFUL EVENT

| | | |
|--|--|---|
| UNIT # 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) AGBOR HUGUE MARCEL NYENTY | OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 1458 SHERWOOD DR APT G FAIRFIELD Ohio 450144150 |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 1458 SHERWOOD DR APT G FAIRFIELD Ohio 450144150 | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE |

| | | | | |
|---|--|---|--|-----------------------------|
| LP STATE OH | LICENSE PLATE # HFH7507 | VEHICLE IDENTIFICATION # 4T1B1F1FK8FU9816039 | VEHICLE YEAR 2015 | VEHICLE MAKE Toyota |
| INSURANCE VERIFIED <input checked="" type="checkbox"/> | INSURANCE COMPANY Progressive Insurance | INSURANCE POLICY # 912037647 | COLOR GRY | VEHICLE MODEL Camry |
| 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 01 | 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 | CLASS # PLACARD ID # |

| | | | | |
|------------------------------|---|--|---|--|
| UNIT TYPE 01 | 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 0 | | | | |

| | | | |
|--|--|--|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | 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 01 | 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 01 | 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 |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | | | | |

| | | | | |
|--|--|--|--|----------------------|
| VEHICLE DEFECTS 00 | 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 |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | | | |

| | | | | |
|---|---|---|---|--|
| NON-MOTORIST LOCATION AT IMPACT 00 | 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 |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 05 3 - CHANGING LANES 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 9 - OTHER / UNKNOWN | | | | |

| | | | | | |
|--|---|--|--|--|--|
| ACTION 4 | 1 - STRIKING 05 3 - CHANGING LANES 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 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 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 16 - WORKING 17 - PUSHING VEHICLE |
| 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | | | | | |

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

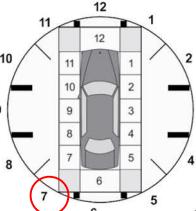
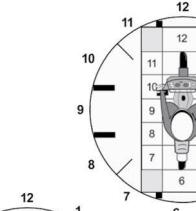
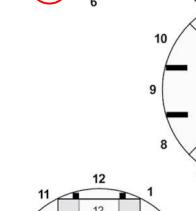
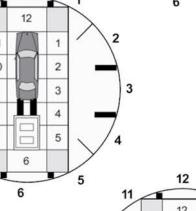
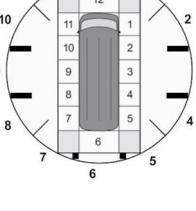
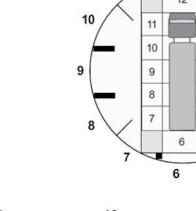
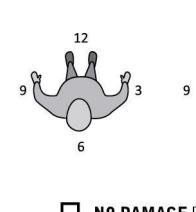
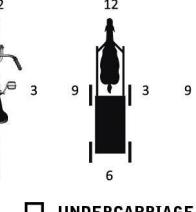
24 - OTHER IMPROPER ACTION

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

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

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

1 - FIRST HARMFUL EVENT
1 - MOST HARMFUL EVENT

| | |
|---|---|
| DAMAGE | |
| DAMAGE SCALE | |
| 2 | 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 | |
| 07 | 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP |
| TRAFFIC | |
| TRAFFICWAY FLOW 2 | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 1 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| FROM 3 TO 2 | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| UNIT SPEED 0 | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 55 | |

LOCAL REPORT NUMBER
122006064

| | | | | | | | | | | | | | | |
|--|--|----------------------------|------------------------------------|--|----------------------------------|-------------------------------------|--|--------------|--|---------------|--|-----------------------|--|--|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | 01 | UNKNOWN | | | | | 000 | | U | | | | | |
| ADDRESS: STREET,CITY,STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| UNKNOWN, Ohio | | | | | | | | | | | | | | |
| 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 | | | | | | 99 | | | 01 | 1 | 1 | 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | | CITATION NUMBER | | |
| ** | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | | | |
| | | | | 9 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 9 | 1 | 1 | 1 | 1 | RESULT SELECT UP TO 4 | | |
| ***** | | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | | AGE | GENDER | | | | |
| 02 | AGBOR HUGUE MARCEL | | | | | | 08111984 | | 037 | M | | | | |
| ADDRESS: STREET,CITY,STATE, ZIP | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 1458 SHERWOOD DR APT G, FAIRFIELD, Ohio, 450144150 | | | | | | | | | | | | | | |
| 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 | | |
| OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE | OFFENSE DESCRIPTION | | | | | CITATION NUMBER | | |
| ** | | | | | | | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | RESULT SELECT UP TO 4 | | |
| ***** | | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | |
| 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 UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | DRUG TEST(S) | | | | | |
| | | | | 1 | <input type="checkbox"/> ALCOHOL | <input type="checkbox"/> MARIJUANA | 1 | 1 | 1 | 1 | 1 | RESULT SELECT UP TO 4 | | |
| ***** | | | | | | <input type="checkbox"/> OTHER DRUG | | | | | | | | |
| INJURIES | SEATING POSITION | | AIR BAG | | OL CLASS | | OL RESTRICTION(S) | | DRIVER DISTRACTION | | TEST STATUS | | | |
| 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | | 4 - DEPLOYED BOTH FRONT / SIDE | | 4 - REGULAR CLASS (OHIO = D) | | 4 - FARM WAIVER | | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | 4 - TEST GIVEN, RESULTS KNOWN | | | |
| 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 - TEST GIVEN, RESULTS UNKNOWN | | | |
| INJURED TAKEN BY | 6 - SECOND - RIGHT SIDE | | 6 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | | 6 - PASSENGER | | 6 - NONE | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7 - NOT EJECTED | | H - HAZMAT | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | 2 - TEST REFUSED | | | |
| 2 - EMS | 8 - THIRD - MIDDLE | | 8 - PARTIALLY EJECTED | | M - MOTORCYCLE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE | | 3 - CONTAMINATED SAMPLE / UNUSABLE | | | |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | | 9 - TOTALLY EJECTED | | P - PASSENGER | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | 4 - TEST GIVEN, RESULTS KNOWN | | | |
| 9 - OTHER / UNKNOWN | 10 - SLEEPER SECTION OF TRUCK CAB | | 10 - NOT APPLICABLE | | N - TANKER | | 10 - LIMITED TO DAYLIGHT ONLY | | 10 - APPARENTLY NORMAL | | 5 - TEST GIVEN, RESULTS UNKNOWN | | | |
| SAFETY EQUIPMENT | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | TRAPPED | | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOYMENT | | 11 - PHYSICAL IMPAIRMENT | | 1 - TEST REFUSED | | | |
| 1 - NONE USED | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 1 - NOT TRAPPED | | R - THREE-WHEEL MOTORCYCLE | | 12 - LIMITED - OTHER | | 12 - APPARENTLY NORMAL | | 2 - BLOOD | | | |
| 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 - URINE | | | |
| 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 - APPARENTLY NORMAL | | 4 - OTHER | | | |
| 4 - SHOULDER & LAP BELT USED | 15 - NON-MOTORIST | | | | X - TANKER / HAZMAT | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 15 - APPARENTLY NORMAL | | 1 - AMPHETAMINES | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 99 - OTHER / UNKNOWN | | | | GENDER | | 16 - OUTSIDE MIRROR | | 16 - APPARENTLY NORMAL | | 2 - BARBITURATES | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | | | F - FEMALE | | 17 - PROSTHETIC AID | | 17 - APPARENTLY NORMAL | | 3 - BENZODIAZEPINES | | | |
| 7 - BOOSTER SEAT | | | | | M - MALE | | 18 - OTHER | | 18 - APPARENTLY NORMAL | | 4 - CANNABINOID | | | |
| 8 - HELMET USED | | | | | U - OTHER / UNKNOWN | | | | | | 5 - COCAINE | | | |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | | | | | | | | | | | 6 - OPIATES / OPIOIDS | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | 7 - OTHER | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | | | | | | 8 - NEGATIVE RESULTS | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | |

Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122006064

Traffic Crash/Non-Injury

6/21/2022 OH3

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|------------------------------------|--|-------------------------------------|
| LOCAL REPORT NUMBER <u>22-6064</u> | REPORTING AGENCY <u>Union Township Police Department</u> | DATE OF CRASH <u>MO 6 D 17 Y 22</u> |
| IN COUNTY OF <u>Clermont</u> | CRASH LOCATION <u>STATE ROUTE 32</u> | |

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

I, Hugue Marcel A. Nyerdy, hereby make this voluntary statement to A. PEARCY At Accident Scene

- 1) What time did the accident happen? 7:25 pm
- 2) What road were you traveling on? SR 32
- 3) What direction were you traveling? South
- 4) Were you injured? YES or NO If yes, explain: No
- 5) What was your speed before the crash? stop to take a bend/right turn
- 6) What is the speed limit? _____
- 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.
38 Merlin Dr. Apt E Fairfield, 45014
- 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 Toyota Camry 2015
- 11) List all the occupants below:

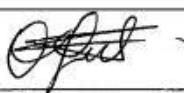
| Name | Address (street, city, zip) | Seating Position |
|------|-----------------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

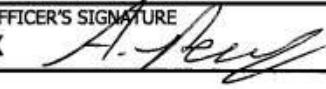
- 12) Describe what happened?

I stop at a signal light to take a right turn and was hit from behind by a blue car carrying 3 young boys. They changed their lane from going straight to move to my lane to turn right, over took and bypass the red light and run away.

Insurance Company Progressive Policy# 912437647

Signature X



| | | |
|---|--------------------|---------------------|
| OFFICER'S SIGNATURE X  | UNIT NO. <u>51</u> | PAGE NO. <u>1/1</u> |
|---|--------------------|---------------------|