

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

122003996

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-1P  
 PRIVATE PROPERTY  
 OH-3  
 OTHER

LOCAL INFORMATION  
 E/B SR 32 @ FAYARD DR  
 REPORTING AGENCY NAME\*  
 Union Township Police Dept.  
 NCIC\* 01316

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 02  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 01

COUNTY\* 13 LOCALITY\* 3  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
 UNION (TOWNSHIP OF)

CRASH DATE / TIME\*  
 04202022 2054  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 5

ROUTE TYPE SR ROUTE NUMBER 0032 PREFIX 3 LOCATION ROAD NAME SR 32 ROAD TYPE HW  
 REFERENCE ROUTE TYPE TR ROUTE NUMBER 0571 PREFIX LOCATION ROAD NAME FAYARD ROAD TYPE DR

LATITUDE DECIMAL DEGREES  
 39.094215  
 LONGITUDE DECIMAL DEGREES  
 -84.261179

REFERENCE POINT 1 INTERSECTION 2 MILE POST 3 HOUSE #  
 DIRECTION FROM REFERENCE 1 NORTH 2 SOUTH 3 EAST 4 WEST  
 ROUTE TYPE IR US SR CR TR  
 ROAD TYPE AL AV BL CR CT DR HE HW LA MP OV PK PI PL RD SQ ST TE TL WA

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 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 BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 REAR-END 3 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

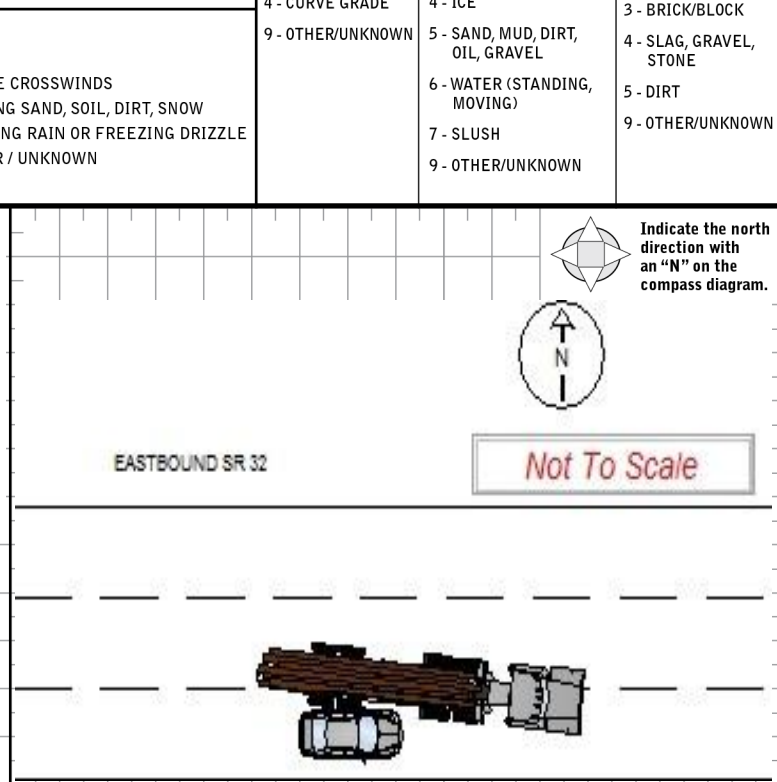
WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE  
 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT OR MOVING WORK 5 OTHER  
 LOCATION OF CRASH IN WORK ZONE  
 1 BEFORE THE 1ST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA 5 TERMINATION AREA

CONTOUR 1  
 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 9 OTHER/UNKNOWN  
 CONDITIONS 1  
 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 4  
 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

Unit #2 was traveling E/B on Sr 32 in the outside lane. Unit #1 was traveling in the center lane, directly next to Unit #2. Unit #1 attempted to make a lane change into Unit #2 lane, failing to see Unit #2. Unit #1 made a lane change, turning into the side of Unit #2, causing Unit #2 to spin.



CRASH REPORTED DATE / TIME 04202022 2054 DISPATCH DATE / TIME 04202022 2055 ARRIVAL DATE / TIME 04202022 2103 SCENE CLEARED DATE / TIME 04202022 2150  
 TOTAL TIME ROADWAY CLOSED 0000 OTHER INVESTIGATION TIME TOTAL MINUTES 0055 OFFICER'S NAME\* TOROK, DYLAN OFFICER'S BADGE NUMBER\* 12  
 CHECKED BY OFFICER'S NAME\* JASPER, GREGORY C CHECKED BY OFFICER'S BADGE NUMBER\* 82  
 REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**TRAC TRUCKING LLC**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**2484 COUNTY RD C ALBANY, Wisconsin, 53502**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
**TRAC TRUCKING LLC**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  
**2484 COUNTY RD C ALBANY, Wisconsin, 53502**

**DAMAGE**

**DAMAGE SCALE**

**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**

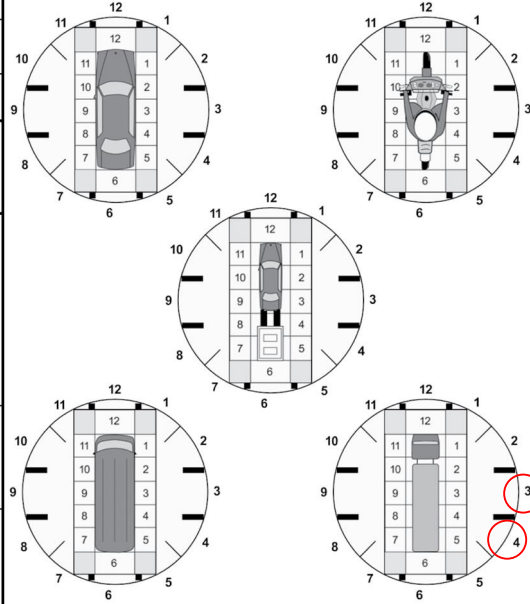
LP STATE **WI** LICENSE PLATE # **25371Z** VEHICLE IDENTIFICATION # **1XP15DIB9X192N15741591** VEHICLE YEAR **2002** VEHICLE MAKE **PETERBILT**

INSURANCE VERIFIED INSURANCE COMPANY **SCHWARZ INSURANCE - E** INSURANCE POLICY # **Z53234** COLOR **BLK** VEHICLE MODEL **379**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE **01** US DOT # **2421786** TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR **3** HAZARDOUS MATERIAL CLASS # **00** PLACARD ID #

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



UNIT TYPE **15**

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 BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME

# OF TRAILING UNITS

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

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0**

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

SPECIAL FUNCTION **99**

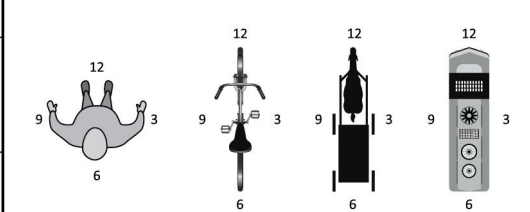
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE **04**

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 14 - GARBAGE/REFUSE  
11 - DUMP 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



NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

NON-MOTORIST LOCATION AT IMPACT **00**

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

ACTION **3** PRE-CRASH ACTIONS **03**

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 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
6 - MAKING LEFT TURN 12 - DRIVERLESS  
9 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

**03** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN  
13 - TOP

CONTRIBUTING CIRCUMSTANCES **99**

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 - SWERING 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

**TRAFFIC**

**TRAFFICWAY FLOW** **1** 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL** **6** 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

**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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD **3**

RAIL GRADE CROSSING **1** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

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  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **4** TO **3**

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

UNIT SPEED **50**

POSTED SPEED **55**

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

**OWNER**

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)  
**STALEY TAYLOR RYAN**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)  
**4471 EASTWOOD DR APT 18102 BATAVIA, Ohio, 45103**

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

**DAMAGE**

**DAMAGE SCALE**

**3** 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **JGF6008** VEHICLE IDENTIFICATION # **2G1WB15K1561921391837** VEHICLE YEAR **2006** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED  INSURANCE COMPANY **State Farm** INSURANCE POLICY # **D376688F1135** COLOR **RED** VEHICLE MODEL **Impala**

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

UNIT TYPE

**01** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
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6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
**2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL  
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SPECIAL FUNCTION

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VEHICLE DEFECTS

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ACTION

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**TRAFFIC**

**TRAFFICWAY FLOW**  
**1** 1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**  
**6** 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

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# OF THROUGH LANES ON ROAD **3**

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29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **4** TO **3**

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

**UNIT SPEED**  
**50**

**POSTED SPEED**  
**55**

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

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**122003996**

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> SLOTTEN CRAIG LOGAN			<b>DATE OF BIRTH</b> 01201990		<b>AGE</b> 032	<b>GENDER</b> M					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 118 S MAIN ST, MONTICELLO, Wisconsin, 53570				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1			
<b>OL STATE</b> **	<b>OPERATOR LICENSE NUMBER</b> *****		<b>OFFENSE CHARGED</b> 4511.39	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b> 01316120420222128					
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULT SELECT UP TO 4</b>

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> STALEY TAYLOR RYAN			<b>DATE OF BIRTH</b> 11142000		<b>AGE</b> 021	<b>GENDER</b> F					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4471 EASTWOOD DR APT 18102, BATAVIA, Ohio, 45103				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1			
<b>OL STATE</b> **	<b>OPERATOR LICENSE NUMBER</b> *****		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b> 1	<b>TYPE</b> 1	<b>VALUE</b> .	<b>STATUS</b> 1	<b>TYPE</b> 1	<b>RESULT SELECT UP TO 4</b>

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>		<b>AGE</b> 000	<b>GENDER</b>					
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>								
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>

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
<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	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003996

Traffic Crash/Non-Injury

4/21/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <b>22-3996</b>	REPORTING AGENCY <b>Union Township Police Department</b>	DATE OF CRASH <b>M 4 D 20 2022</b>
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <b>E/B SR32 @ Fayard Dr.</b>	

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

I, Craig Sloter Hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? 9:00 PM Eastern
- 2) What road were you traveling on? SR32
- 3) What direction were you traveling? East
- 4) Were you injured? YES or  NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 50
- 6) What is the speed limit? 50
- 7) Is there anything you could have done to avoid the accident? Not Change Lan
- 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 2002 / Peterbilt / 379

11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I went to make a lane change and a car was in my blind spo

76,000 FF

Insurance Company Schwartz Policy# \_\_\_\_\_

Signature X

Craig Sloter

OFFICER'S SIGNATURE <u>POD. Tower</u>	UNIT NO. <u>12</u>	PAGE NO.
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# Union Township Police Dept.

OHIO TRAFFIC ACCIDENT - IMAGE CONTINUATION

122003996

Traffic Crash/Non-Injury

4/21/2022 OH3

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <b>22-3996</b>	REPORTING AGENCY <b>Union Township Police Department</b>	DATE OF CRASH <b>4/20/22</b> M D Y
IN COUNTY OF <b>Clermont</b>	CRASH LOCATION <b>SR 32 @ Fayard Dr.</b>	

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

I, Taylor Staley Hereby make this voluntary statement to PO TOROK At Accident Scene

- 1) What time did the accident happen? 8:55pm 4/20/22
- 2) What road were you traveling on? SR 32 E
- 3) What direction were you traveling? EAST
- 4) Were you injured? YES or  NO If yes, explain: \_\_\_\_\_
- 5) What was your speed before the crash? 55 mph
- 6) What is the speed limit? 55 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 2006 Chevy Impala
- 11) List all the occupants below:

Name	Address (street, city, zip)	Seating Position

12) Describe what happened?

I was driving in the far right lane when the semi quickly turned into my lane hitting my car.

Insurance Company State Farm - Beau Dailey Policy# D37 6688-F11-35

Signature X

Taylor Staley

OFFICER'S SIGNATURE

PO D. Torok

UNIT NO.

12

PAGE NO.