



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|                                       |                               |                               |                   |               |                   |
|---------------------------------------|-------------------------------|-------------------------------|-------------------|---------------|-------------------|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | 515 N Main St | 2 1 - 0 8 6 0 1 3 |
|---------------------------------------|-------------------------------|-------------------------------|-------------------|---------------|-------------------|

|  |                                |                                |                        |                  |       |           |          |            |              |                 |   |               |             |              |
|--|--------------------------------|--------------------------------|------------------------|------------------|-------|-----------|----------|------------|--------------|-----------------|---|---------------|-------------|--------------|
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | ENGLEWOOD POLICE | NCIC* | 0 5 7 1 8 | HIT/SKIP | 1 - SOLVED | 2 - UNSOLVED | NUMBER OF UNITS | 1 | UNIT IN ERROR | 98 - ANIMAL | 99 - UNKNOWN |
|--|--------------------------------|--------------------------------|------------------------|------------------|-------|-----------|----------|------------|--------------|-----------------|---|---------------|-------------|--------------|

|         |     |           |   |   |                                    |           |                    |                         |                |   |           |                              |                            |                     |                          |
|---------|-----|-----------|---|---|------------------------------------|-----------|--------------------|-------------------------|----------------|---|-----------|------------------------------|----------------------------|---------------------|--------------------------|
| COUNTY* | 5 7 | LOCALITY* | 1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP | 1 | LOCATION: CITY, VILLAGE, TOWNSHIP* | Englewood | CRASH DATE / TIME* | 1 1 1 7 2 0 2 1 0 5 5 6 | CRASH SEVERITY | 5 | 1 - FATAL | 2 - SERIOUS INJURY SUSPECTED | 3 - MINOR INJURY SUSPECTED | 4 - INJURY POSSIBLE | 5 - PROPERTY DAMAGE ONLY |
|---------|-----|-----------|---|---|------------------------------------|-----------|--------------------|-------------------------|----------------|---|-----------|------------------------------|----------------------------|---------------------|--------------------------|

|            |     |              |     |        |  |   |                    |      |           |     |                          |                   |
|------------|-----|--------------|-----|--------|--|---|--------------------|------|-----------|-----|--------------------------|-------------------|
| ROUTE TYPE | S R | ROUTE NUMBER | 4 8 | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 1 | LOCATION ROAD NAME | Main | ROAD TYPE | S T | LATITUDE DECIMAL DEGREES | 3 9 . 8 8 7 5 5 2 |
|------------|-----|--------------|-----|--------|--|---|--------------------|------|-----------|-----|--------------------------|-------------------|

|            |  |              |  |        |  |  |   |     |           |  |                           |                   |
|------------|--|--------------|--|--------|--|--|---|-----|-----------|--|---------------------------|-------------------|
| ROUTE TYPE |  | ROUTE NUMBER |  | PREFIX | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | 515 | ROAD TYPE |  | LONGITUDE DECIMAL DEGREES | - 8 4 . 3 0 5 7 2 |
|------------|--|--------------|--|--------|--|--|---|-----|-----------|--|---------------------------|-------------------|

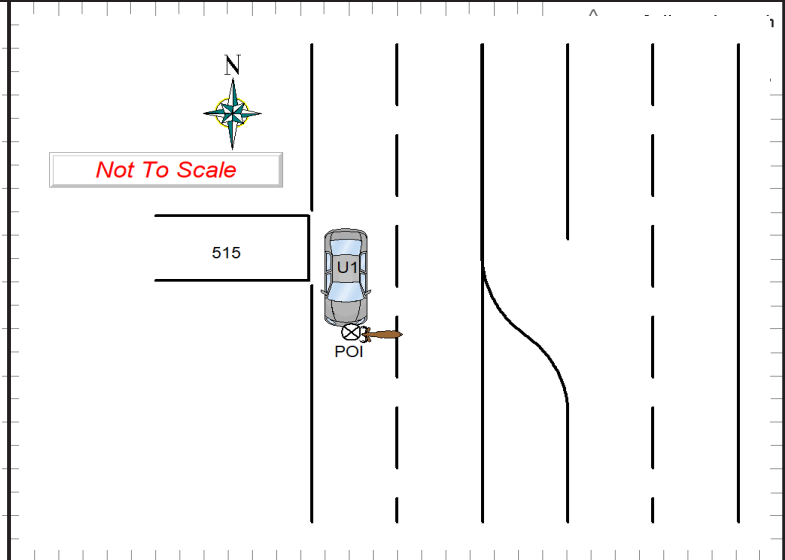
|                 |   |                          |  |            |  |           |  |  |   |                      |   |  |                      |         |  |
|-----------------|---|--------------------------|--|------------|--|-----------|--|--|---|----------------------|---|--|----------------------|---------|--|
| REFERENCE POINT | 3 | DIRECTION FROM REFERENCE | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE | IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE | AL - ALLEY<br>AV - AVENUE<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH | <input type="checkbox"/> WITHIN INTERCHANGE AREA | NUMBER OF APPROACHES | ROADWAY | <input type="checkbox"/> ROADWAY DIVIDED |
|-----------------|---|--------------------------|--|------------|--|-----------|--|--|---|----------------------|---|--|----------------------|---------|--|

|                                 |  |  |                                  |  |   |                     |  |             |  |
|---------------------------------|--|--|----------------------------------|--|---|---------------------|--|-------------|--|
| LOCATION OF FIRST HARMFUL EVENT | 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN | MANNER OF CRASH COLLISION/IMPACT | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDE SWIPE, SAME DIRECTION<br>8 - SIDE SWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN | DIRECTION OF TRAVEL | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (>=4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>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<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR | 1 | CONDITIONS | 1 | SURFACE | 2 |
|--|--|--|---|----------------|--|--------------------------------|---|---------|---|------------|---|---------|---|

|                 |   |   |         |   |  |  |         |   |            |   |         |  |
|-----------------|---|---|---------|---|--|--|---------|---|------------|---|---------|--|
| LIGHT CONDITION | 3 | 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN | WEATHER | 1 | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | CONTOUR | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | CONDITIONS | 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|-----------------|---|---|---------|---|--|--|---------|---|------------|---|---------|--|

NARRATIVE  
On 11/17/2021 around 0556 hours, Unit 1 was traveling southbound on St Rt 48, Englewood, OH 45322, when a deer struck the hood of the vehicle.



|                            |                         |                          |                         |                     |                         |                           |                         |                                    |  |
|----------------------------|-------------------------|--------------------------|-------------------------|---------------------|-------------------------|---------------------------|-------------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | 1 1 1 7 2 0 2 1 0 5 5 6 | DISPATCH DATE / TIME     | 1 1 1 7 2 0 2 1 0 5 5 7 | ARRIVAL DATE / TIME | 1 1 1 7 2 0 2 1 0 6 0 0 | SCENE CLEARED DATE / TIME | 1 1 1 7 2 0 2 1 0 6 0 8 | REPORT TAKEN BY                    | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED  | 0                       | OTHER INVESTIGATION TIME | 0                       | TOTAL MINUTES       | 1 1                     | OFFICER'S NAME*           | Ofc. D.L. Roe           | CHECKED BY OFFICER'S NAME*         | Ofc. R.H. Ridgway  |
|                            |                         |                          |                         |                     |                         | OFFICER'S BADGE NUMBER*   | 2 6 4                   | CHECKED BY OFFICER'S BADGE NUMBER* | 1 6 7  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**21-086013**

|   |  |                          |  |   |   |                               |                           |                        |                     |  |
|---|--|--------------------------|--|---|---|-------------------------------|---------------------------|------------------------|---------------------|--|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>UNGER, JEFFREY LEE       |                          | <b>DATE OF BIRTH</b><br>02/12/1975                     |   | <b>AGE</b><br>46  | <b>GENDER</b><br>M            |                           |                        |                     |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3823 S RANGELINE RD, WEST MILTON, OH, 45383 |  |                          |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm) |                               |                           |                        |                     |  |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                              | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |  |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>redacted per ORC 4501:1-12 |                          | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b>   | <b>OFFENSE DESCRIPTION</b>  |                               |                           | <b>CITATION NUMBER</b> |                     |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b>   | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b>       |                        | <b>DRUG TEST(S)</b> |  |

|  |                                  |                          |  |   |  |                         |                      |                        |                     |  |
|--|----------------------------------|--------------------------|--|---|--|-------------------------|----------------------|------------------------|---------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <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>   | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |  |

|  |                                  |                          |  |   |  |                         |                      |                        |                     |  |
|--|----------------------------------|--------------------------|--|---|--|-------------------------|----------------------|------------------------|---------------------|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                          | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <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>   | <b>OFFENSE DESCRIPTION</b>                       |                         |                      | <b>CITATION NUMBER</b> |                     |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION</b>       | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                        | <b>DRUG TEST(S)</b> |  |

| INJURIES  | SEATING POSITION  | AIR BAG   | OL CLASS   | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS  |
|---|---|---|--|---|--|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL   | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                   |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                      | <b>OL ENDORSEMENT</b><br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   |  | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b><br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                                  |  |   | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|   |   |   |  |   |  | <b>DRUG TEST RESULT(S)</b><br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

**OWNER**

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**UNGER, JEFFREY LEE** OWNER PHONE: INCLUDE AREA CODE (  SAME AS DRIVER )  
**redacted per ORC**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
**3823 S RANGELINE RD, WEST MILTON, OH, 45383**

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 # **GIY8360** VEHICLE IDENTIFICATION # **1G1ZE5SX2JF117313** VEHICLE YEAR **2018** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED  INSURANCE COMPANY **Nationwide** INSURANCE POLICY # **9234J216592** COLOR **WHI** VEHICLE MODEL **Malibu Classic**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # **1** TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **1** VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS #  PLACARD PLACARD ID #

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

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

**UNIT TYPE** **1**

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 (6+ 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 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 99 - UNKNOWN OR HIT/SKIP

**# of TRAILING UNITS** **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION** **1**

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** **1**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

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**

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** **4**

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 PRE-CRASH ACTIONS 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  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES** **1**

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 / ACD/A 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

**TRAFFIC**

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

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

**# OF THROUGH LANES ON ROAD** **2**

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

**SEQUENCE OF EVENTS**

**1** **18** 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 MOTORVEHICLE  
 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 - MOTORVEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

**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** **1** **TO** **2**

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

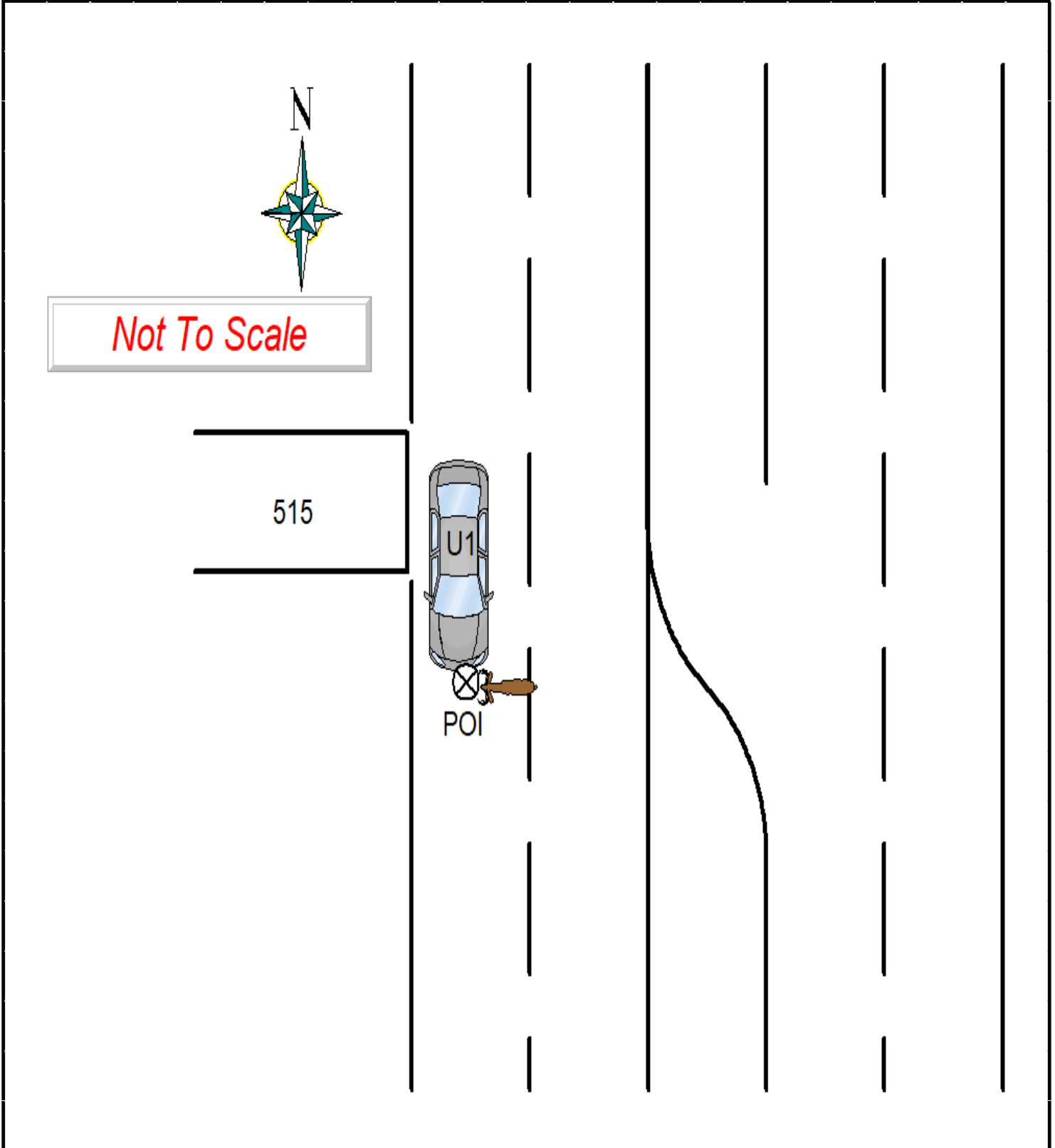
**UNIT SPEED** **35**

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

**POSTED SPEED** **35**



|                                  |                                      |                                       |
|----------------------------------|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-086013 | REPORTING AGENCY<br>ENGLEWOOD POLICE | DATE OF CRASH<br>M 11   D 17   Y 2021 |
| IN COUNTY OF<br>MONTGOMERY       | CRASH LOCATION<br>515 48             |                                       |



|  |                     |
|--|---------------------|
| OFFICER'S SIGNATURE<br>X Ofc. D.L. Roe | BADGE NUMBER<br>264 |
|--|---------------------|