Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report

2026-2698
Officer Involved Critical Incident - 640 Daniel Court #16A, Cincinnati, OH 45244 (L)

Investigative Activity:	Records Received, Review of Records
Involves:	Gary Calloway, Jr. (S)
Date of Activity:	07/20/2026
Activity Location:	Union Township Police Department - Business - 4312 Glen Este-Withamsville Rd, Cincinnati, OH 45245
Author:	SA Lauren Frazier, #129

Narrative:

On July 16, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent Lauren Frazier (SA Frazier) compiled background information on Gary Calloway Jr., the subject involved in the incident on July 14, 2026. The background information included researching past police reports involving the subject, searching criminal history records, open and closed-source database inquiries, and social media posts. The information gathered was obtained from BCI Criminal Intelligence Unit (CIU) Analyst Emily Kreager and SA Frazier.

Prior Police Encounters:

On July 16, 2026, SA Frazier received 4 total incident reports from the Union Township Police Department, regarding past police encounters with the involved subject. The records were reviewed, and SA Frazier noted the following:

- 2012-09-27 Ohio Traffic Accident Report 12-11591
- 2015-10-28 Ohio Traffic Accident Report 15-12871
- 2026-06-24 Ohio Incident Report Form Base [redacted]
  - Theft report - Calloway stole a neighbor's package from her porch. The theft was captured on surveillance video. The neighbor confronted Calloway, who stated that he was the police and wanted to see what was inside the package. Calloway was in possession of the opened package, which was returned to the owner with all items still inside. UTPD [redacted] cited Calloway for theft with a mandatory appearance required for July 8, 2026.
- 2026-07-07 Check the Welfare UTPD 26-32255
  - Donald Gates (Calloway's brother) contacted UTPD and requested a check the welfare on Calloway. Gates stated that Calloway was bi-polar and schizophrenic and he had not heard from him in 24 hours. Medics advised that

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the male was checked on and stated he didn't want to talk right now.

Computerized Criminal History (CCH):

- No CCH located

Database Searches:

- 2012 TRD 15420 - Traffic - ACDA (minor misdemeanor)
- 2026 CRB 01850 - Criminal - Theft
    - Bench warrant issued for failure to appear on 07/08/2026

Other:

- Calloway was a 53-year-old white male who resided at 640 Daniel Court Apartment 16A in Cincinnati, Ohio. According to family members, Calloway had a history of medical conditions and mental health diagnosis, including schizophrenia, Parkinson's disease, and diabetes.

The documents received, relative to Calloway, are attached to this report for further review, except for any prohibited LEADS/CCH reports, which were disposed of according to applicable policies and procedures.

References:

No references.

Attachments:

Attachment # 01: 2012-09-27 Ohio Traffic Accident Report 12-11591
Attachment # 02: 2015-10-28 Ohio Traffic Accident Report 15-12871
Attachment # 03: 2026-06-24 Ohio Incident Report Form Base [redacted]
Attachment # 04: 2026-07-07 Check The Welfare UTPD 26-32255
Attachment # 05: 2026 CRB 01850 Case Details - CourtView (Calloway)
Attachment # 06: BCI CIU Intel Summary Sheet CALLOWAY Jr, Gary 1

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OH-1(Rev.10/99)

OHIO TRAFFIC CRASH REPORT

Local Report # *: 11211591

Crash Severity: 2 (1 Fatal 3 PDO 2 Injury 4 Unknown)

Private Property 'X' If Yes:

Hit / Skip: 2 (1 Not Hit / Skip 2 Solved 3 Unsolved)

Photos Taken 'X' If Yes:

OH-2 | OH-3 | OH-1P | OTHER

N.C.I.C. # *: 01316

Reporting Agency *: Union Township Police Dept.

Units: 02

Unit Error: 01 (98 = Animal 99 = Unknown)

Date of Crash *: 09272012

Time of Crash: 0916

Day of Week: Thu

City * | Village * | TWP *: X

Name (Of City, Village or Township) *: UNION

County # *: 13

Latitude | Longitude

CRASH OCCURRED ON

Prefix | Crash Location: Ohio Pi | Type Loc: 1

Type Location Point Used: 1 Named Street 2 Numbered Street 3 Numbered Route

LOCAL INFORMATION

AT / REFERENCE

Dist Reference | DR: N/A | Prefix: N/A | Reference | Ref Point

Reference Point Used: 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street or Route W/O Reference

Motorist / Non-Motorist

A

Unit #: 01 | # of Occ.: 01

Name (Last, First, Middle): CALLOWAY GARY L

Address (Street, City, State, Zip Code): 640 DANIEL CT 16A CINCINNATI Ohio 452441480

Social Security Number: [redacted] | Date of Birth: 11141972 | Age: 39 | Sex: M | Home Phone #: 513.259.6989 | Work Phone #

DL State: OH | DL #: [redacted] | LP State: OH | LP #: ELB8647 | Injured Taken By | 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | InjuredTaken To

Owner Name (if same, write "SAME"): CALLOWAY GARY LEE | Address(Street, City, State, Zip Code): 640 DANIEL CT 16A CINCINNATI Ohio 452441480

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1995	CHEV	UNK	GRN	STATE FARM	GRAY'S TOWING	513.259.6989

Offense Charged: 4511.21A | Offense Description: Assured Clear Distance Ahead | Citation #: 058409 | Local Code? 'X' If Yes

B

Unit #: 02 | # of Occ.: 03

Name (Last, First, Middle): FLACK EDNA

Address (Street, City, State, Zip Code): 4021 BRANDYCHASE WAY CINCINNATI Ohio 452454113

Social Security Number: [redacted] | Date of Birth: 06011940 | Age: 72 | Sex: F | Home Phone #: [redacted] | Work Phone #

DL State: OH | DL #: [redacted] | LP State: OH | LP #: EYD4899 | Injured Taken By | 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | InjuredTaken To

Owner Name (if same, write "SAME"): FLACK EDNA | Address(Street, City, State, Zip Code): 4021 BRANDYCHASE WAY, CINCINNATI OHIO 452454113

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2010	FORD	FUS	BLU	STATE FARM		[redacted]

Offense Charged | Offense Description | Citation # | Local Code? 'X' If Yes

Occupant

C

Unit #: 02

Name (Last, First, Middle): CORNETT WANDA [redacted]

Date of Birth: 08121920 | Age: 92 | Sex: F

Address (Street, City, State, Zip Code): 1521 SPRUCE DR AMELIA Ohio 45102

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

D

Unit #: 02

Name (Last, First, Middle): MCNEAL Charlee D | Home Phone #

Date of Birth: 02061979 | Age: 33 | Sex: F

Address (Street, City, State, Zip Code): 530 IRIS LN CINCINNATI Ohio 45245

Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

	Seating Position	Safety Equipment Motorist	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01	04	1	1	1	1	1
B	01	04	1	2	1	1	1
C	06	04	1	1	1	1	2
D	02	04	1	2	1	1	1

Seating Position: 01 Front - Left (MC Driver) 02 Front - Middle 03 Front - Right 04 Second - Left (MC Pass) 05 Second - Middle 06 Second - Right 07 Third - Left 08 Third - Middle 09 Third - Right 10 Sleeper Section Of Cab 11 Enclosed Cargo Area 12 Unenclosed Cargo Area 13 Trailing Unit 14 Exterior 15 Other 16 Non-Motorist 17 Unknown

Safety Equipment Motorist: 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only 04 Shoulder /Lap Belt 05 Child Safety Seat 06 MC Helmet Used 07 Use Unknown

Non-Motorist: 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Air Bag: 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

Air Bag Switch: 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

Ejection: 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown

Trapped: 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown

Injuries: 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown

Supplement * 'X' if Yes

Unit Numbers

A: 01 B: 02

Non-Motorist Location

A: B:

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

A: 07 B: 03

Motorist

01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A: B:

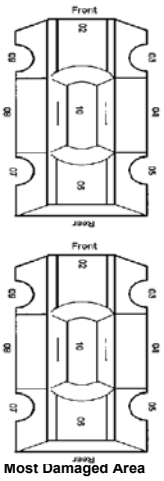
1 No
2 Yes
3 Unknown

Damage Scale

3 5

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

A: 02 B: 06

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load / Trailer
13 Total (All Areas)
14 Other
15 Unknown

Point Of Impact

A: 02 B: 06

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

3 5

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: 1 B: 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override , Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 B: 11

Motorist

01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist

15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 08 B: 01

Motorist

01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner
14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist

23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure to Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

A: B:

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

A	B
20	20
2	2
3	3
4	4

Non-Collision

01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed

14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal - Farm
18 Animal - Deer
19 Animal - Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown Movable Object

Collision with Fixed Object

25 Impact Attenuator/Crash Cushion
26 Bridge Overhead Structure
27 Bridge Pier Or Abutment
28 Bridge Parapet
29 Bridge Rail
30 Guardrail Face
31 Guardrail End
32 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

A: 1 B: 1

Of the Sequence of Events - Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 1

Of the Sequence of Events - Which One is the Most Harmful event (1-4)

Speed Detected

A: 1 B: 1

1 Stated
2 Estimated Speed

Speed

A: 35 B: 10

Posted Speed

A: 40 B: 40

Traffic Control

A: 12 B: 12

01 No controls
02 Stop Sign
03 Yield Sign
04 Traffic Signal
05 Traffic Flashers
06 School Zone
07 Railroad Crossbucks
08 Railroad Flashers
09 Railroad Gates
10 Construction Barricade
11 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From	To	From	To
A: 3	4	B: 3	4

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

A: 1 B: 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc.
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A: 1 B: 1

1 None
2 Yes-Alcohol Suspected
3 Yes-HBD Not Impaired
4 Yes-Drugs Suspected
5 Yes-Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: 1 .
B: 1 .

Drug Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A		B	
1	1	1	1
1	2	1	2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

01

01 Not An Intersection
02 Four-Way Intersection
03 T-Intersection
04 Y-Intersection
05 Traffic Circle/Roundabout
06 Five-Point, Or More
07 On Ramp
08 Off Ramp
09 Crossover
10 Driveway/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary: 02 Secondary:

01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris**
09 Rut, Holes, Bumps, Uneven Pavement **
10 Other
11 Unknown

** Secondary Road Conditions ONLY

Supplement * 'X' if Yes

Local Report # * 11211591

Top Copy - ODPS Bottom Copy - Agency

Narrative

The driver of unit 2 advised a v vehicle in front of her suddenly stopped without a reason. When until 3 started slowing down unit 2 was struck by unit 1 and then pushed into unit 3. The driver of unit 2 advised the other vehicle then continues on unknown what type of vehicle it was.

Manner Of Collision or Impact: 2
1 Not Collision Between Two 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 Unknown

School Bus Related: 1
1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1
1 No
2 Yes
3 Unknown

Weather: 04
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type of Work Zone:
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/Moving Work
5 Other

Location Of Crash In:
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Light Conditions: Primary 1, Secondary
1 Daylight
2 Dawn
3 Dusk
4 Dark - Lighted Roadway
5 Dark - Not Lighted
6 Dark - Unknown Lighting
7 Glare
8 Other
9 Unknown

Workers Present:
1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

Unit #

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | # Dia.

Cargo Body Type:
01 Not Applicable
02 Bus (9-15) Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tan
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Material Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
09272012	0916	0000	0000	0000		

Officer's Name *: Wilson, Christopher D

Badge # *: 51

Checked By: Gaviglia, Scott T

Date Report Filed *: 09272012

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

Supplement * ('X' if Yes)

Local Report # *: 11211591

Top Copy - ODPS Bottom Copy - Agency

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION			OH-2 REV 1/82
LOCAL REPORT NUMBER **11211591**	REPORTING AGENCY **Union Township Police Dept.**		DATE OF ACCIDENT **09/27/2012**
IN COUNTY OF **13**	ACCIDENT LOCATION **Ohio Pi**		
NARRATIVE TYPE **CAD Transfer**	OFFICER **Hoess, William**		BADGE NO. **101**

RAV 4/ FORD FUSION
PROQA Abort Text: 1. Caller hung up
51-Cancel Checks-(Red Lobster) 616 Ohio Pi, Cincinnati
M48-Clear Time Check-(Red Lobster) 616 Ohio Pi, Cincinnati
Q51-Clear Time Check-(Red Lobster) 616 Ohio Pi, Cincinnati
M48-Clear Time Check-(Red Lobster) 616 Ohio Pi, Cincinnati
50-Cancel Checks-(Red Lobster) 616 Ohio Pi, Cincinnati
Q51-Clear Time Check-(Red Lobster) 616 Ohio Pi, Cincinnati

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION * SERVICE * PROTECTION

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *: 115012871
CRASH SEVERITY: 2 (1 - FATAL, 2 - INJURY, 3 - PDO)
HIT/SKIP: (1 - SOLVED, 2 - UNSOLVED)

LOCAL INFORMATION: AICHOLTZ ROAD @ EASTGATE SQUARE

PHOTOS TAKEN: X | OH-2 | OH-1P | OH-3 | OTHER
PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
PRIVATE PROPERTY
REPORTING AGENCY NCIC *: 01316
REPORTING AGENCY NAME *: Union Township Police Dept.
NUMBER OF UNITS: 03
UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 13
CITY / VILLAGE * / X TOWNSHIP *
CITY, VILLAGE, TOWNSHIP *: UNION
CRASH DATE *: 10282015
TIME OF CRASH: 1220
DAY OF WEEK: Wed

DEGREES / MINUTES / SECONDS
LATITUDE: 00° 00' 00.00"
LONGITUDE: -00° 00' 00.00"
OR
DECIMAL DEGREES
LATITUDE: 39.089333
LONGITUDE: -84.272202

ROADWAY DIVISION: DIVIDED | X UNDIVIDED
DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, S - SOUTHBOUND, E - EASTBOUND, W - WESTBOUND
NUMBER OF THRU LANES: 02
ROAD TYPES OR MILEPOST [2]: AL - ALLEY, AV - AVENUE, BL - BOULEVARD, CR - CIRCLE, CT - COURT, DR - DRIVE, HE - HEIGHTS, HW - HIGHWAY, LA - LANE, MP - MILEPOST, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

LOCATION ROUTE TYPE [1]: TR
LOCATION ROUTE NUMBER: 2549
LOC PREFIX (N,S, E,W):
LOCATION ROAD NAME:
LOCATION ROAD TYPE [2]:
ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE), US - US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: MILES | FEET | YARDS
DIR FROM REF (N,S, E,W):
OF
REFERENCE ROUTE TYPE [1]:
REFERENCE ROUTE NUMBER:
REF PREFIX (N,S, E,W):
REFERENCE NAME (ROAD, MILEPOST, HOUSE #): 4327
REFERENCE ROAD TYPE [2]:

REFERENCE POINT USED: 3 (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER)
CRASH LOCATION: 01 (01 - NOT AN INTERSECTION, 02 - FOUR-WAY INTERSECTION, 03 - T-INTERSECTION, 04 - Y-INTERSECTION, 05 - TRAFFIC CIRCLE/ROUNDABOUT, 06 - FIVE POINT, OR MORE, 07 - ON RAMP, 08 - OFF RAMP, 09 - CROSSOVER, 10 - DRIVEWAY/ ALLEY ACCESS, 11 - RAILWAY GRADE CROSSING, 12 - SHARED-USE PATHS OR TRAILS, 99 - UNKNOWN)
X INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT: 1 (1 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFICWAY, 9 - UNKNOWN)

ROAD CONTOUR: 3 (1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - UNKNOWN)
ROAD CONDITIONS
PRIMARY: 02
SECONDARY:
(01 - DRY, 02 - WET, 03 - SNOW, 04 - ICE, 05 - SAND, MUD, DIRT, OIL, GRAVEL, 06 - WATER (STANDING, MOVING), 07 - SLUSH, 08 - DEBRIS *, 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMANT *, 10 - OTHER, 99 - UNKNOWN)
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/ IMPACT: 3 (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 - UNKNOWN)
WEATHER: 4 (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 - OTHER/ UNKNOWN)

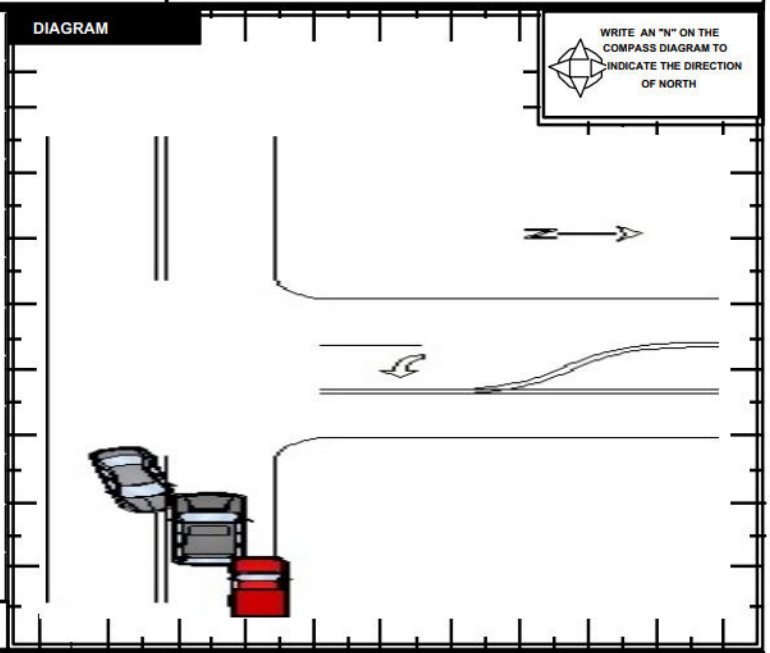
ROAD SURFACE: 2 (1 - CONCRETE, 2 - BLACKTOP, BITUMINOUS, ASPHALT, 3 - BRICK/ BLOCK, 4 - SLAG, GRAVEL STONE, 5 - DIRT, 6 - OTHER)
LIGHT CONDITIONS
PRIMARY: 1
SECONDARY:
(1 - DAYLIGHT, 2 - DAWN, 3 - DUSK, 4 - DARK - LIGHTED ROADWAY, 5 - DARK - ROADWAY NOT LIGHTED, 6 - DARK - UNKNOWN ROADWAY LIGHTING, 7 - GLARE *, 8 - OTHER, 9 - UNKNOWN)
* SECONDARY CONDITION ONLY
SCHOOL ZONE RELATED
SCHOOL BUS RELATED: YES, SCHOOL BUS DIRECTLY INVOLVED | YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED
WORKERS PRESENT
LAW ENFORCEMENT PRESENT (OFFICER/ VEHICLE)
LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE: 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 FIRST WORK ZONE WARNING SIGN, 2 - ADVANCE WARNING AREA, 3 - TRANSITION AREA, 4 - ACTIVITY AREA, 5 - TERMINATION AREA

NARRATIVE

Unit #1 was turning left onto Aicholtz Road from Eastgate Square when it lost control and crossed the double yellow line striking Unit #2 and Unit #3 struck Unit #2.

DIAGRAM



REPORT TAKEN BY: X POLICE AGENCY | MOTORIST
SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
10282015	1220	1232	1232	1450		0138

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	
Milne, Brian	13	White, William M	Page: 1 of 7

HSY7001 OH1 (REV 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
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UNIT

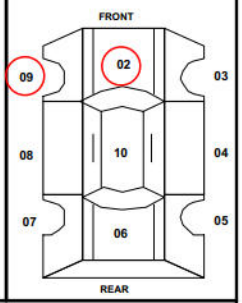
LOCAL REPORT NUMBER: 11501287 1

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
01	TEETERS JAMES DOUGLAS II	[redacted]	4	

OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)
4140 BROOKFIELD DR CINCINNATI 45245

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

DAMAGED AREA



LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	CB23XN	KMHDN45D13U573424	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2003	HYUN	ELA	GRY

PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
X	VIKING INSURANCE COMPANY O	354609467	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR / GCWR: 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS 3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01 - NO CARGO BODY TYPE / NOT APPLICABLE; 02 - BUS / VAN (9-15 SEATS, INC DRIVER); 03 - BUS (16 + SEATS, INC DRIVER); 04 - VEHICLE TOWING ANOTHER VEHICLE; 05 - LOGGING; 06 - INTERMODAL CONTAINER CHASSIS; 07 - CARGO VAN / ENCLOSED BOX; 08 - GRAIN, CHIPS, GRAVEL; 09 - POLE; 10 - CARGO TANK; 11 - FLAT BED; 12 - DUMP; 13 - CONCRETE MIXER; 14 - AUTO TRANSPORTER; 15 - GARBAGE / REFUSE; 99 - OTHER / UNKNOWN

TRAFFICWAY DESCRIPTION: 1 - TWO - WAY, NOT DIVIDED; 2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE; 3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN; 4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER; 5 - ONE - WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON - MOTORIST LOCATION PRIOR TO IMPACT: 01 - INTERSECTION - MARKED CROSSWALK; 02 - INTERSECTION - NO CROSSWALK; 03 - INTERSECTION - OTHER; 04 - MIDBLOCK - MARKED CROSSWALK; 05 - TRAVEL LANE - OTHER LOCATION; 06 - BICYCLE LANE; 07 - SHOULDER / ROADSIDE; 08 - SIDEWALK; 09 - MEDIAN / CROSSING ISLAND; 10 - DRIVEWAY ACCESS; 11 - SHARED - USE PATH OR TRAIL; 12 - NON - TRAFFICWAY AREA; 99 - OTHER / UNKNOWN

TYPE OF USE: 1 - PERSONAL; 2 - COMMERCIAL; 3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 03

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): 01 - SUB - COMPACT; 02 - COMPACT; 03 - MID SIZE; 04 - FULL SIZE; 05 - MINIVAN; 06 - SPORT UTILITY VEHICLE; 07 - PICKUP; 08 - VAN; 09 - MOTORCYCLE; 10 - MOTORIZED BICYCLE; 11 - SNOWMOBILE / ATV; 12 - OTHER PASSENGER VEHICLE; 99 - UNKNOWN OR HIT / SKIP

MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS: 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES; 14 - SINGLE UNIT TRUCK; 3 + AXLES; 15 - SINGLE UNIT TRUCK / TRAILER; 16 - TRUCK / TRACTOR (BOBTAIL); 17 - TRACTOR / SEMI - TRAILER; 18 - TRACTOR / DOUBLE; 19 - TRACTOR / TRIPLES; 20 - OTHER MED / HEAVY VEHICLE

☐ HAS HM PLACARD

BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER): 21 - BUS / VAN (9-15 SEATS, INC DRIVER); 22 - BUS (16 + SEATS, INC DRIVER); NON - MOTORIST; 23 - ANIMAL WITH RIDER; 24 - ANIMAL WITH BUGGY, WAGON, SURREY; 25 - BICYCLE / PEDACYCLIST; 26 - PEDESTRIAN / SKATER; 27 - OTHER NON - MOTORIST

SPECIAL FUNCTION: 01

01 - NONE; 02 - TAXI; 03 - RENTAL TRUCK (OVER 10K LBS); 04 - BUS - SCHOOL (PUBLIC OR PRIVATE); 05 - BUS - TRANSIT; 06 - BUS - CHARTER; 07 - BUS - SHUTTLE; 08 - BUS - OTHER; 09 - AMBULANCE; 10 - FIRE; 11 - HIGHWAY / MAINTENANCE; 12 - MILITARY; 13 - POLICE; 14 - PUBLIC UTILITY; 15 - OTHER GOVERNMENT; 16 - CONSTRUCTION EQUIP.; 17 - FARM VEHICLE; 18 - FARM EQUIPTMENT; 19 - MOTORHOME; 20 - GOLF CART; 21 - TRAIN; 22 - OTHER (EXPLAIN IN NARRATIVE); 99 - UNKNOWN

MOST DAMAGED AREA: 09

IMPACT AREA: 09

01 - NONE; 02 - CENTER FRONT; 03 - RIGHT FRONT; 04 - RIGHT SIDE; 05 - RIGHT REAR; 06 - REAR CENTER; 07 - LEFT REAR; 08 - LEFT SIDE; 09 - LEFT FRONT; 10 - TOP AND WINDOWS; 11 - UNDERCARRIAGE; 12 - LOAD / TRAILER; 13 - TOTAL (ALL AREAS); 14 - OTHER; 99 - UNKNOWN

ACTION: 5

1 - NON - CONTACT; 2 - NON - COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - STRIKING / STRUCK; 9 - UNKNOWN

PRE - CRASH ACTIONS: 06

MOTORIST: 01 - STRAIGHT AHEAD; 02 - BACKING; 03 - CHANGING LANES; 04 - OVERTAKING / PASSING; 05 - MAKING RIGHT TURN; 06 - MAKING LEFT TURN; 07 - MAKING U - TURN; 08 - ENTERING TRAFFIC LANE; 09 - LEAVING TRAFFIC LANE; 10 - PARKED; 11 - SLOWING OR STOPPED IN TRAFFIC; 12 - DRIVERLESS; 13 - NEGOTIATING A CURVE; 14 - OTHER MOTORIST ACTION; 99 - UNKNOWN

NON - MOTORIST: 15 - ENTERING OR CROSSING SPECIFIED LOCATION; 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING; 17 - WORKING; 18 - PUSHING VEHICLE; 19 - APPROACHING OR LEAVING VEHICLE; 20 - STANDING; 21 - OTHER NON - MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 06

SECONDARY:

MOTORIST: 01 - NONE; 02 - FAILURE TO YIELD; 03 - RAN RED LIGHT; 04 - RAN STOP SIGN; 05 - EXCEEDED SPEED LIMIT; 06 - UNSAFE SPEED; 07 - IMPROPER TURN; 08 - LEFT OF CENTER; 09 - FOLLOWED TO CLOSELY / ACDA; 10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD; 11 - IMPROPER BACKING; 12 - IMPROPER START FROM PARKED POSITION; 13 - STOPPED OR PARKED ILLEGALLY; 14 - OPERATING VEHICLE IN NEGLIGENT MANNER; 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS); 16 - WRONG SIDE / WRONG WAY; 17 - FAILURE TO CONTROL; 18 - VISION OBSTRUCTION; 19 - OPERATING DEFECTIVE EQUIPTMENT; 20 - LOAD SHIFTING / FALLING / SPILLING; 21 - OTHER IMPROPER ACTION; 99 - UNKNOWN

NON - MOTORIST: 22 - NONE; 23 - IMPROPER CROSSING; 24 - DARTING; 25 - LYING AND / OR ILLEGALLY IN ROADWAY; 26 - FAILURE TO YIELD RIGHT OF WAY; 27 - NOT VISIBLE (DARK CLOTHING); 28 - INATTENTIVE; 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER; 30 - WRONG SIDE OF THE ROAD; 31 - OTHER NON - MOTORIST ACTION

VEHICLE DEFECTS: 01 - TURN SIGNALS; 02 - HEAD LAMPS; 03 - TAIL LAMPS; 04 - BRAKES; 05 - STEERING; 06 - TIRE BLOWOUT; 07 - WORN OR SLICK TIRES; 08 - TRAILER EQUIPTMENT DEFECTIVE; 09 - MOTOR TROUBLE; 10 - DISABLED FROM PRIOR ACCIDENT; 11 - OTHER DEFECTS

SEQUENCE OF EVENTS

1	2	3	4	5	6
20	20				

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

99 - UNKNOWN

NON - COLLISION EVENTS: 01 - OVERTURN / ROLLOVER; 02 - FIRE / EXPLOSION; 03 - IMMERSION; 04 - JACKKNIFE; 05 - CARGO / EQUIPTMENT LOSS OR SHIFT; 06 - EQUIPTMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT); 07 - SEPERATION OF UNITS; 08 - RAN OFF ROAD RIGHT; 09 - RAN OFF ROAD LEFT; 10 - CROSS MEDIAN; 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL; 12 - DOWNHILL RUNAWAY; 13 - OTHER NON - COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 - PEDESTRIAN; 15 - PEDALCYCLE; 16 - RAILWAY VEHICLE (TRAIN, ENGINE); 17 - ANIMAL - FARM; 18 - ANIMAL - DEER; 19 - ANIMAL - OTHER; 20 - MOTOR VEHICLE IN TRANSPORT; 21 - PARKED MOTOR VEHICLE; 22 - WORK ZONE MAINTENANCE EQUIPTMENT; 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE; 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR / CRASH CUSHION; 26 - BRIDGE OVERHEAD STRUCTURE; 27 - BRIDGE PIER OR ABUTMENT; 28 - BRIDGE PARAPET; 29 - BRIDGE RAIL; 30 - GUARDRAIL FACE; 31 - GUARDRAIL END; 32 - PORTABLE BARRIER; 33 - MEDIAN CABLE BARRIER; 34 - MEDIAN GUARDRAIL BARRIER; 35 - MEDIAN CONCRETE BARRIER; 36 - MEDIAN OTHER BARRIER; 37 - TRAFFIC SIGN POST; 38 - OVERHEAD SIGN POST; 39 - LIGHT / LUMINARIES SUPPORT; 40 - UTILITY POLE; 41 - OTHER POST, POLE OR SUPPORT; 42 - CULVERT; 43 - CURB; 44 - DITCH; 45 - EMBANKMENT; 46 - FENCE; 47 - MAILBOX; 48 - TREE; 49 - FIRE HYDRANT; 50 - WORK ZONE MAINTENANCE EQUIPTMENT; 51 - WALL, BUILDING, TUNNEL; 52 - OTHER FIXED OBJECT

UNIT SPEED: 25

☐ STATED

X ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 12

01 - NO CONTROLS; 02 - STOP SIGN; 03 - YIELD SIGN; 04 - TRAFFIC SIGNAL; 05 - TRAFFIC FLASHERS; 06 - SCHOOL ZONE; 07 - RAILROAD CROSSBUCKS; 08 - RAILROAD FLASHERS; 09 - RAILROAD GATES; 10 - CONSTRUCTION BARRICADE; 11 - PERSON (FLAGGER, OFFICER); 12 - PAVEMENT MARKINGS; 13 - CROSSWALK LINES; 14 - WALK / DON'T WALK; 15 - OTHER; 16 - NOT REPORTED

UNIT DIRECTION: FROM 1 TO 3

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

OHIO DEPARTMENT OF PUBLIC SAFETY
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UNIT

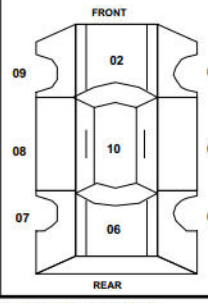
LOCAL REPORT NUMBER: 11501287 1

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
02	DEMARKO TIMOTHY A		4	

OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)
3323 MEADOWGREEN CT AMELIA 45102

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

DAMAGED AREA



LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	EUU3032	5FPYK16559B100879	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2009	HOND	RGL	GRY

PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
☐			GRAYS TOWING

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR / GCWR
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE
01 - NO CARGO BODY TYPE / NOT APPLICABLE
02 - BUS / VAN (9-15 SEATS, INC DRIVER)
03 - BUS (16 + SEATS, INC DRIVER)
04 - VEHICLE TOWING ANOTHER VEHICLE
05 - LOGGING
06 - INTERMODAL CONTAINER CHASSIS
07 - CARGO VAN / ENCLOSED BOX
08 - GRAIN, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARBAGE / REFUSE
99 - OTHER / UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO - WAY, NOT DIVIDED
2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN
4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE - WAY TRAFFICWAY
☐ HIT / SKIP UNIT

NON - MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - INTERSECTION - OTHER
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - BICYCLE LANE
07 - SHOULDER / ROADSIDE
08 - SIDEWALK
09 - MEDIAN / CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED - USE PATH OR TRAIL
12 - NON - TRAFFICWAY AREA
99 - OTHER / UNKNOWN

TYPE OF USE: 1
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT
☐ IN EMERGENCY RESPONSE

UNIT TYPE: 06
99 - UNKNOWN OR HIT / SKIP
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
01 - SUB - COMPACT
02 - COMPACT
03 - MID SIZE
04 - FULL SIZE
05 - MINIVAN
06 - SPORT UTILITY VEHICLE
07 - PICKUP
08 - VAN
09 - MOTORCYCLE
10 - MOTORIZED BICYCLE
11 - SNOWMOBILE / ATV
12 - OTHER PASSENGER VEHICLE

MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 3 + AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRUCK / TRACTOR (BOBTAIL)
17 - TRACTOR / SEMI - TRAILER
18 - TRACTOR / DOUBLE
19 - TRACTOR / TRIPLES
20 - OTHER MED / HEAVY VEHICLE
☐ HAS HM PLACARD

BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER
21 - BUS / VAN (9-15 SEATS, INC DRIVER)
22 - BUS (16 + SEATS, INC DRIVER)
NON - MOTORIST
23 - ANIMAL WITH RIDER
24 - ANIMAL WITH BUGGY, WAGON, SURREY
25 - BICYCLE / PEDACYCLIST
26 - PEDESTRIAN / SKATER
27 - OTHER NON - MOTORIST

SPECIAL FUNCTION: 01
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSIT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY / MAINTENANCE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - OTHER GOVERNMENT
16 - CONSTRUCTION EQUIP.
17 - FARM VEHICLE
18 - FARM EQUIPTMENT
19 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 09
IMPACT AREA: 09
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD / TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER
99 - UNKNOWN

ACTION: 4
1 - NON - CONTACT
2 - NON - COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING / STRUCK
9 - UNKNOWN

PRE - CRASH ACTIONS: 01
99 - UNKNOWN
MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING / PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U - TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION
NON - MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON - MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES
PRIMARY: 01
SECONDARY:
99 - UNKNOWN
MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TO CLOSELY / ACDA
10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE / WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPTMENT
20 - LOAD SHIFTING / FALLING / SPILLING
21 - OTHER IMPROPER ACTION
NON - MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND / OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON - MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPTMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: 20
2: 20
3:
4:
5:
6:
FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1
99 - UNKNOWN

NON - COLLISION EVENTS
01 - OVERTURN / ROLLOVER
02 - FIRE / EXPLOSION
03 - IMMERSION
04 - JACKNIFE
05 - CARGO / EQUIPTMENT LOSS OR SHIFT
06 - EQUIPTMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT)
07 - SEPERATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON - COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN, ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPTMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPTMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED: 25
☐ STATED
X ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 12
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK / DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION: FROM 3 TO 4
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION * SERVICE * PROTECTION

UNIT

LOCAL REPORT NUMBER: 11501287 1

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
03	CALLOWAY GARY LEE	513.259.6989	3	

OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)
640 DANIEL CT 16A CINCINNATI Ohio 452441480

DAMAGE SCALE: 1 - NONE; 2 - MINOR; 3 - FUNCTIONAL; 4 - DISABLING; 9 - UNKNOWN

DAMAGED AREA: FRONT, 02, 03, 09, 08, 10, 04, 07, 06, 05, REAR

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	GNQ7544	1GCCS1448SK208743	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
1995	CHEV	S10	RED

PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
☐	GRANGE INSURANCE	[redacted]	GRAYS TOWING

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR / GCWR
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE
01 - NO CARGO BODY TYPE / NOT APPLICABLE
02 - BUS / VAN (9-15 SEATS, INC DRIVER)
03 - BUS (16 + SEATS, INC DRIVER)
04 - VEHICLE TOWING ANOTHER VEHICLE
05 - LOGGING
06 - INTERMODAL CONTAINER CHASSIS
07 - CARGO VAN / ENCLOSED BOX
08 - GRAIN, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARBAGE / REFUSE
99 - OTHER / UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO - WAY, NOT DIVIDED
2 - TWO - WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO - WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN
4 - TWO - WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE - WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON - MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - INTERSECTION - OTHER
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - BICYCLE LANE
07 - SHOULDER / ROADSIDE
08 - SIDEWALK
09 - MEDIAN / CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED - USE PATH OR TRAIL
12 - NON - TRAFFICWAY AREA
99 - OTHER / UNKNOWN

TYPE OF USE: 1
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 07
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
01 - SUB - COMPACT
02 - COMPACT
03 - MID SIZE
04 - FULL SIZE
05 - MINIVAN
06 - SPORT UTILITY VEHICLE
07 - PICKUP
08 - VAN
09 - MOTORCYCLE
10 - MOTORIZED BICYCLE
11 - SNOWMOBILE / ATV
12 - OTHER PASSENGER VEHICLE
99 - UNKNOWN OR HIT / SKIP

MED / HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 3 + AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRUCK / TRACTOR (BOBTAIL)
17 - TRACTOR / SEMI - TRAILER
18 - TRACTOR / DOUBLE
19 - TRACTOR / TRIPLES
20 - OTHER MED / HEAVY VEHICLE

☐ HAS HM PLACARD

BUS / VAN / LIMO (9 OR MORE INCLUDING DRIVER
21 - BUS / VAN (9-15 SEATS, INC DRIVER)
22 - BUS (16 + SEATS, INC DRIVER)
NON - MOTORIST
23 - ANIMAL WITH RIDER
24 - ANIMAL WITH BUGGY, WAGON, SURREY
25 - BICYCLE / PEDACYCLIST
26 - PEDESTRIAN / SKATER
27 - OTHER NON - MOTORIST

SPECIAL FUNCTION: 01
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSIT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY / MAINTENANCE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - OTHER GOVERNMENT
16 - CONSTRUCTION EQUIP.
17 - FARM VEHICLE
18 - FARM EQUIPTMENT
19 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 09
IMPACT AREA: 09
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD / TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER
99 - UNKNOWN

ACTION: 3
1 - NON - CONTACT
2 - NON - COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING / STRUCK
9 - UNKNOWN

PRE - CRASH ACTIONS: 01
MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING / PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U - TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION
99 - UNKNOWN
NON - MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON - MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES
PRIMARY: 01
SECONDARY:
99 - UNKNOWN
MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TO CLOSELY / ACDA
10 - IMPROPER LANE CHANGE / PASSING / OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE / WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPTMENT
20 - LOAD SHIFTING / FALLING / SPILLING
21 - OTHER IMPROPER ACTION
NON - MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND / OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON - MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPTMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: 20
2: 20
3:
4:
5:
6:
FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1
99 - UNKNOWN

NON - COLLISION EVENTS
01 - OVERTURN / ROLLOVER
02 - FIRE / EXPLOSION
03 - IMMERSION
04 - JACKNIFE
05 - CARGO / EQUIPTMENT LOSS OR SHIFT
06 - EQUIPTMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ECT)
07 - SEPERATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON - COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN, ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPTMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 - IMPACT ATTENUATOR / CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT / LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPTMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED: 25
☐ STATED
☒ ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 12
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK / DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION: FROM 3 TO 4
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION * SERVICE * PROTECTION

MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 115012871

UNIT NUMBER 01

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
TEETERS JAMES DOUGLAS II	06221995	20	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 4140 BROOKFIELD DR, CINCINNATI 45245

CONTACT PHONE - INCLUDE AREA CODE: Home: [redacted] Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
3	2	UNION TOWNSHIP FIRE DEPARTMENT	Anderson Mercy Hospital	04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	[redacted]	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
4511.202	Failure To Control	067241	☐	1

UNIT NUMBER 02

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
DEMARKO TIMOTHY A	01101956	59	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 3323 MEADOWGREEN CT, AMELIA 45102

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	[redacted]	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

INJURIES
1 - NO INJURY / NONE REPORTED
2 - POSSIBLE
3 - NON - INCAPACITATING
4 - INCAPACITATING
5 - FATAL

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
4 - OTHER
9 - UNKNOWN

SAFETY EQUIPMENT USED
MOTORIST
01 - NONE USED - VEHICLE OCCUPANT
02 - SHOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - SHOULDER AND LAP BELT USED
05 - CHILD RESTRAINT SYSTEM - FOREWARD FACING
06 - CHILD RESTRAINT SYSTEM - REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED
99 - UNKNOWN SAFETY EQUIPMENT
NON - MOTORIST
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ECT)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
05 - SECOND - MIDDLE
06 - SECOND - RIGHT SIDE
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
08 - THIRD - MIDDLE
09 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF CAB (TRUCK)
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON - TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)
12 - PASSENGER IN UNENCLOSED CARGO AREA
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERIOR (NON - TRAILING UNIT)
15 - NON - MOTORIST
16 - OTHER
99 - UNKNOWN

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT / SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - TOTALLY EJECTED
3 - PARTIALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - EXTRICATED BY NON - MECHANICAL MEANS

OPERATOR LICENSE CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO IS "D")
5 - MC / MOPED ONLY

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED
6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
7 - OTHER

ALCOHOL / DRUGS SUSPECTED
1 - NONE
2 - YES - ALCOHOL SUSPECTED
3 - YES - HBD NOT IMPAIRED
4 - YES - DRUGS SUSPECTED
5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRIVER DISTRACTED BY
1 - NO DISTRACTION REPORTED
2 - PHONE
3 - TEXTING / E-MAILING
4 - ELECTRONIC COMMUNICATION DEVICE
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
6 - OTHER INSIDE VEHICLE
7 - EXTERNAL DISTRACTION

UNIT NUMBER

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			☐ F - FEMALE ☐ M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

UNIT NUMBER

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
			☐ F - FEMALE ☐ M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION * SERVICE * PROTECTION

MOTORIST / NON - MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 11501287 1

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
03	CALLOWAY GARY L	11141972	42	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 640 DANIEL CT 16A, CINCINNATI Ohio 452441480

CONTACT PHONE - INCLUDE AREA CODE: Home: 513.630.7988 Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPTMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	[redacted]	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ F - FEMALE ☐ M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPTMENT USED	DOT COMPLAINT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M / C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
			☐	☐					.		

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS - FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	

INJURIES
1 - NO INJURY / NONE REPORTED
2 - POSSIBLE
3 - NON - INCAPACITATING
4 - INCAPACITATING
5 - FATAL

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
4 - OTHER
9 - UNKNOWN

SAFETY EQUIPTMENT USED

MOTORIST
01 - NONE USED - VEHICLE OCCUPANT
02 - SHOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - SHOULDER AND LAP BELT USED
05 - CHILD RESTRAINT SYSTEM - FOREWARD FACING
06 - CHILD RESTRAINT SYSTEM - REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED
99 - UNKNOWN SAFETY EQUIPTMENT

NON - MOTORIST
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ECT)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
05 - SECOND - MIDDLE
06 - SECOND - RIGHT SIDE
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
08 - THIRD - MIDDLE
09 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF CAB (TRUCK)
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON - TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)
12 - PASSENGER IN UNENCLOSED CARGO AREA
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERIOR (NON - TRAILING UNIT)
15 - NON - MOTORIST
16 - OTHER
99 - UNKNOWN

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT / SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - TOTALLY EJECTED
3 - PARTIALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - EXTRICATED BY NON - MECHANICAL MEANS

OPERATOR LICENSE CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO IS "D")
5 - MC / MOPED ONLY

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED
6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
7 - OTHER

ALCOHOL / DRUGS SUSPECTED
1 - NONE
2 - YES - ALCOHOL SUSPECTED
3 - YES - HBD NOT IMPAIRED
4 - YES - DRUGS SUSPECTED
5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRIVER DISTRACTED BY
1 - NO DISTRACTION REPORTED
2 - PHONE
3 - TEXTING / E-MAILING
4 - ELECTRONIC COMMUNICATION DEVICE
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
6 - OTHER INSIDE VEHICLE
7 - EXTERNAL DISTRACTION

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ F - FEMALE ☐ M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPTMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ F - FEMALE ☐ M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE: Home: Work:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPTMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

OHIO TRAFFIC ACCIDENT - NARRATIVE CONTINUATION			OH-2 REV 1/12
LOCAL REPORT NUMBER **15-12871**	REPORTING AGENCY **Union Township Police Dept.**		DATE OF ACCIDENT **10/28/2015**
IN COUNTY OF **13**	ACCIDENT LOCATION **TR 2549, UNION, OH 78288**		
NARRATIVE TYPE **CAD Transfer**		OFFICER **Russell, Melissa A**	BADGE NO. **92**

Age unknown, Gender unknown, Conscious, Breathing.
ACCIDENT
Age unknown, Gender unknown, Conscious, Breathing.
ACCIDENT
The incident involves multiple vehicles.
Chemicals or other hazards are not involved.
There is no one pinned.
No one was thrown from the vehicle.
Everyone appears to be completely awake (alert).
The type and nature of their injuries are not known.
It''s not known if there is SERIOUS bleeding.
ProQA Code: 29B04 (Unknown status/Other codes not applicable)
Response: Bravo
Age unknown, Gender unknown, Conscious, Breathing.
ACCIDENT
The incident involves multiple vehicles.
Chemicals or other hazards are not involved.
There is no one pinned.
No one was thrown from the vehicle.
Everyone appears to be completely awake (alert).
The type and nature of their injuries are not known.
It''s not known if there is SERIOUS bleeding.
C1-Cancel Checks-4327 Aicholtz RD Cincinnati
13-Cancel Checks-4327 Aicholtz RD Cincinnati
E49-Cancel Checks-4327 Aicholtz RD Cincinnati
[redacted]-Cancel Checks-4327 Aicholtz RD Cincinnati

ADMINISTRATIVE

AGENCY NAME: Union Township Police Dept.

*INCIDENT NUMBER: [redacted]

CALL NUMBER: 1-26-030025

*GEOCODE: 1S

TOD: 18:23:52

TOA: 18:29:18

TOC: 19:08:17

☐ INCIDENT (NON-CRIMINAL)
☒ OFFENSE
☐ SUPPLEMENT

*CLEARANCES

A ☐	Death of Suspect	G ☐	Arrest – Juvenile
B ☐	Prosecution Declined	H ☐	Warrant Issued
C ☐	Extradition Denied	I ☐	Invest. Pending
D ☐	Victim Refused to Coop.	J ☐	Closed
E ☐	Juvenile/No Custody	K ☐	Unfounded
F ☒	Arrest - Adult	U ☐	Unknown
☐	Referred to another agency		

OHIO UNIFORM OFFENSE REPORT

*CLEARANCE DATE: 6/25/2026

CLEARED BY: DISBENNETT, DE

*REPORT DATE/TIME MONTH	DAY	YEAR	TIME	*INCIDENT OCCURRED FROM MONTH	DAY	YEAR	TIME	*INCIDENT OCCURRED TO MONTH	DAY	YEAR	TIME
6	24	2026	1814	6	24	2026	1814	6	24	2026	1814

INCIDENT LOCATION (Street, Apt., City, State, Zip): 640 Daniel CT, Cincinnati, OH 45245

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	* TYPE CRIMINAL ACTIVITY
1. Theft	1. 2913.02	C	M1	N	23H	1. N 2. ___ 3. ___
2.	2.					1. ___ 2. ___ 3. ___
3.	3.					1. ___ 2. ___ 3. ___
4.	4.					1. ___ 2. ___ 3. ___
5.	5.					1. ___ 2. ___ 3. ___

(Enter up to three for each offense)
B- BUYING/RECEIVING
C- CULTIVATING/MFG./PUB.
D- DISTRIBUTING/SELLING
E- EXPLOITING CHILDREN
O- OPER/PROPOTING/ASSIST.
P- POSSESSING/CONCEALING
T- TRANSP/TRANSMITTING
U- USING/CONSU MING
G- OTHER GANG ACTIVITY
J- JUVENILE GANG ACTIVITY
N- NO GANG ACTIVITY

*LOCATION OF OFFENSE (Enter up to two)

1. 02 2. _____

RESID ENTIAL S TRUCTURE
01 Sing le Fa mily Home
02 Multiple Dwelling
03 Res identi al Facil ity
04 Oth er Res identi al
05 Gar age/Shed

PUBLI C ACCESS BLDGS.
06 Transit Faci lity
07 G overnm ent Offi ce
08 Sc hool
09 Coll ege
10 Chu rch
11 Hos pital
12 Jail/ Prison
13 Park ing Garage
14 Oth er Pub lic Ac cess Build ings

COMMERCIAL LOCATIONS
15 Aut o Shop
16 Fin ancial Institut ion
17 Bar ber/B eauty Sh op
18 Hote l/Motel
19 D ry Clean ers/L aundry
20 Pro fessio nal Off ice
21 Doc tor's Of fice
22 Oth er Bus iness Office
23 Amu semen t Cen ter
24 Ren tal Storage Facili ty
25 Oth er Co mmerci al Service Loc.

RETAIL
26 Bar
27 B uy/Sell/Trade Shop
28 Res taurant
29 Gas Station
30 Aut o Sal es Lot
31 Jewelry Store
32 Clot hing S tore
33 Dru gstore
34 Liq uor Sto re
35 Sh opping Mall
36 Spo rting Goods
37 Gro cery/Superm arket
38 Vari ety/Con venience
39 De partme nt Sto re
40 Oth er Ret ail Sto re

41 Fac tory/Mill/Plan t
42 Oth er Bui lding

OUTSIDE
43 Yard
44 Con structi on Site
45 Lak e/Wate rway
46 Field/ Woods
47 Str eet
48 Park ing Lot
49 Park /Playground
50 Ce metery
51 Publ ic Transit V ehicle
52 Oth er Outs ide Location

77 Other

*SUSPECTED OF USING

A ☐ ALCOHOL
D ☐ DRUGS
C ☐ COMPUTER EQUIPMENT
N ☒ NOT APPLICABLE

*TYPE WEAPON/FORCE USED

1. 99 2. _____ 3. _____

*METHOD OF ENTRY
1 ☐ FORCE
2 ☐ NO FORCE

*NO. PREMISES ENTERED

*METHOD OF ENTRY – MOTOR VEHICLE THEFT
01 ☐ Motor Running/Keys in Car
02 ☐ Unlocked
03 ☐ Duplicate Key Used
04 ☐ Window Broken
05 ☐ Towed
06 ☐ Hot Wire
07 ☐ Slim Jim/Coat Hanger
08 ☐ Tumblers Removed
09 ☐ Column Peeled
10 ☐ Ignition Peeled

*METHOD OF ENTRY – BURGLARY/B&E

ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
1 ☐ BASEMENT	☐	1 ☐ DOOR	☐	1 ☐ FRONT	☐
2 ☐ 1ST FLOOR	☐	2 ☐ WINDOW	☐	2 ☐ SIDE	☐
3 ☐ 2ND FLOOR	☐	3 ☐ GARAGE	☐	3 ☐ REAR	☐
4 ☐ OTHER	☐	4 ☐ SKYLIGHT	☐	4 ☐ ROOF	☐
		5 ☐ OTHER	☐	5 ☐ OTHER	☐

METHODS OF OPERATION

VICTIM

*NO. 1 | *TOTAL VICTIMS 1 | *VICTIM TYPE: I ☒ INDIVIDUAL, B ☐ BUSINESS, F ☐ FINANCIAL INSTITUTION, G ☐ GOVERNMENT, P ☐ POLICE OFFICER (IN THE LINE OF DUTY), R ☐ RELIGIOUS ORGANIZATION, S ☐ SOCIETY, U ☐ UNKNOWN, O ☐ OTHER

NAME (Last, First, Middle): HIGHLEY, ALIZEA NICOLE

ADDRESS (Street, Apt., City, State, Zip): 640 DANIEL CT 16B, CINCINNATI, OH, 45245

PHONE: [redacted] (Mobile)

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):

PHONE:

*AGE/ D.O.B.	*SEX	*RACE	ETHNICITY	HGT	WGT	HAIR	EYES
22 YRS 01/08/2004	Female	☒ W ☐ B ☐ I ☐ A ☐ U	N	5'03"	130	BRO	GRN

OCCUPATION:

SSN: 292-08-2015

*RESIDENT STATUS: 1 ☒ RESIDENT, 2 ☐ TOURIST, 3 ☐ MILITARY, 4 ☐ STUDENT, 5 ☐ OTHER, U ☐ UNKNOWN

*VICTIM INJURED? ☒ Y ☐ N

IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/ HOMICIDE CIRC.

*LEOKA INFORMATION: TYPE OF ACT. | ASSIGN. TYPE | ORI – OTHER

*VICTIM/SUSPECT RELATIONSHIP: 0. ___ 1. ST 2. ___ 3. ___ 4. ___ 5. ___

*VICTIM/OFFENSE LINK: 2913.02

INCIDENT NUMBER: [redacted]

My signature verifies that the information on this report is accurate and true

DATE _____

REPORTING OFFICER	TITLE	BADGE NO.	DATE
[redacted]	Patrol Officer	[redacted]	06/24/2026
APPROVING OFFICER	TITLE	BADGE NO.	DATE

FOLLOW- UP? ☐ Y ☒ N

If yes, follow-up Assignment: P

ADDITIONAL SUPPLEMENTS: ☐ VICTIM/WITNESS ☐ SUSPECT/ARRESTEE ☐ PROPERTY ☐ NARRATIVE ☐ STATEMENTS ☐ OTHER

FORM RECEIVED BY: ☐ INVESTIGATION ☐ INTELLIGENCE ☐ RECORDS

SPECIAL COPIES

11/2005

INCIDENT REPORT – PART 2

INCIDENT NUMBER	[redacted]

VICTIM	OFFENSE	INCIDENT DATE AND TIME
HIGHLEY, ALIZEA NICOLE	Theft	06/24/2026 1814

REPORTEE

NO.	NAME (Last, First, Middle)	AGE/ D.O.B	SSN
1	HIGHLEY, STEPHANIE A	42 YRS 07/20/1983	[redacted]

ADDRESS (Street, Apt., City, State, Zip)	PHONE
223 PARK MEADOW DR BATAVIA, OH 45103	[redacted] (Home)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE [redacted] (Mobile)

STATEMENTS OBTAINED ☐ Y ☒ N TYPE: ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

VEHICLE

CHECK CATEGORIES ☐ STOLEN ☐ RECOVERED ☐ IMPOUNDED ☐ RECEIVED ☐ SUSPECT'S VEHICLE ☐ VICTIM'S VEHICLE ☐ UNAUTHORIZED USE ☐ ABANDONED

NO.	☐ DAMAGE TO VEHICLE ☐ THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE

VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED ☐ Y ☐ N	KEYS IN VEHICLE ☐ Y ☐ N	HOLD VEHICLE ☐ Y ☐ N	RELEASE CONTENTS ☐ Y ☐ N

VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? ☐ Y ☐ N	TOWED BY	OWNERSHIP VERIFIED BY: ☐ TAG RECEIPT ☐ BILL OF SALE ☐ TITLE ☐ OTHER

STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN ☐ BUSINESS	☐ RESID. ☐ RURAL	ADDITIONAL DESCRIPTION

AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)	PHONE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION ☐ Y ☐ N WHERE RECOVERED?	NCIC No.

PROPERTY

*TYPE PROPERTY LOSS/ETC. (enter codes below): 1 NONE, 2 BURNED, 3 COUNTERFEITED/FORGED, 4 DESTROYED/DAMAGED/VANDALIZED, 5 STOLEN/ETC., 6 SEIZED, 7 RECOVERED, U UNKNOWN, P PHOTO, E EVIDENCE — TOTAL VALUE: 35.85

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
5	1	AMAZON PACKAGE	54	35.85

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
1				

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE

VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

PROPERTY CODES :

EXCHANGE MEDIUMS
- 01 Money
- 02 Credit/Debit Card
- 03 Negotiable Instruments
- 04 Other Exchange Mediums

DOCUMENTS
- 05 Non-Negotiable Instruments
- 06 Personal Papers
- 07 Other Documents

VALUABLES
- 08 Jewelry/Precious Metals
- 09 Art Objects, Antiques
- 10 Other Valuables

PERSONAL EFFECTS
- 11 Clothing/Furs
- 12 Purses/Handbags/ Wallets
- 13 Other Personal Effects

HOUSEHOLD ITEMS
- 14 Household Items

EQUIPMENT
- 15 Drug/Narcotic Equip.
- 16 Gambling Equipment
- 17 Computer Hardware/Soft.
- 18 Office Equipment
- 19 Stereo TV Equip.
- 20 Recordings-Audio Visual
- 21 Sports Equipment
- 22 Photographic Equipment
- 23 Farm Equipment
- 24 Heavy Construction/Industrial
- 25 Building Supplies-Const.
- 26 Tools
- 27 Vehicle Parts/Accessories
- 28 School Supplies
- 29 Other Equipment

CONSUMABLE ITEMS
- 30 Alcohol
- 31 Drugs/Narcotics
- 32 Consumable Goods

ANIMALS
- 33 Livestock
- 34 Household Pets

VEHICLES
- 35 Aircraft
- 36 Automobiles
- 37 Bicycles
- 38 Buses
- 39 Trucks
- 40 Trailers
- 41 Watercraft
- 42 Recreational Vehicle
- 43 Other Motor Vehicle

WEAPONS
- 44 Firearms
- 45 Other Weapons

STRUCTURES
- 46 Single Occupancy
- 47 Other Dwellings
- 48 Commercial/Business
- 49 Indus./Mfg.
- 50 Public/Community
- 51 Storage
- 52 Other Structure

OTHER
- 53 Merchandise
- 54 Other Property
- 55 Pending Inventory

NARRATIVE

On the listed date and time, the listed offender committed the listed offense.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY: Union Township Police Dept.
INCIDENT NUMBER: [redacted]

VICTIM: HIGHLEY, ALIZEA NICOLE
OFFENSE: Theft
INCIDENT DATE ND TIME: 06/24/2026 1814

NAME/DESCRIPTIVES

NO.: 1 | ADULT: X | JUVENILE: ☐ | UNKNOWN: ☐
CHECK APPROPRIATE CATEGORY: ☐ SUSPECT ☐ ARRESTEE ☒ SUSPECT/ARRESTEE ☐ RUNAWAY ☐ MISSING ☐ OTHER _____
CHARGES FILED? ☒ Y ☐ N

NAME (Last, First, Middle): CALLOWAY, GARY LEE
SSN: [redacted]
ALIAS:
GANG AFFILIATION:

ADDRESS (Street, Apt., City, State, Zip): 640 DANIEL CT, CINCINNATI, OH, 452441480
PHONE: 513.259.6989 (Home)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):
PHONE:

PLACE OF BIRTH:
DL#/STATE: RT108949 OH
OCCUPATION/SCHOOL:

*AGE/D.O.B.	*SEX	*RACE	ETHNICITY	*HEIGHT	*WEIGHT	*HAIR	*EYES
53 YRS 11/14/1972	Male	☒ W ☐ B ☐ A ☐ I ☐ U		509 To 509	225 To 225	BLD	HAZ

MARITAL STATUS:
SCARS, MARKS, TATOOS:
ADDITIONAL DESCRIPTIVES:

SUSPECTED OF USING: ☐ ALCOHOL ☐ DRUGS
POTENTIAL INJURIES?

*RESIDENT STATUS: 1 ☒ RESIDENT 2 ☐ TOURIST 3 ☐ MILITARY 4 ☐ STUDENT 5 ☐ OTHER (explain) _____ U ☐ UNKNOWN

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. ____ 2. ____ 3. ____

99	NONE	13B	OTHER FULLY AUTOMATIC FIREARM	16	IMITATION FIREARM	50	POISON
11	FIREARM	14	SHOTGUN	17	SIMULATED FIREARM	60	EXPLOSIVES
12	HANDGUN	15	OTHER FIREARM	18	BB/PELLET GUN	65	FIRE/INCENDIARY DEVICE
12A	AUTOMATIC HANDGUN	15A	SEMI-AUTOMATIC SPORTING RIFLE	20	KNIFE/CUTTING INSTRUMENT	70	DRUGS/NARC/SLEEPING PILLS
13	RIFLE	15B	SEMI-AUTOMATIC ASSAULT FIREARM	30	BLUNT OBJECT	80	OTHER WEAPON
13A	FULLY AUTOMATIC RIFLE	15C	MACHINE PISTOL				

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

	ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	Theft	2913.02	M1		23H
2.					
3.					
4.					
5.					

23A POCKET PICKING
23B PURSE SNATCHING
23C SHOPLIFTING
23D THEFT FROM BUILDING
23E THEFT FROM COIN-OP MACH.
23F THEFT FROM MOTOR VEHICLE
23G MOTOR VEH. PARTS/ACCESS.
240 23H THEFT OF MOTOR VEHICLE OTHER: _____

*ARREST DATE: 06/24/2026 | TIME: 2029 | ARREST LOCATION (Street, Apt., City, State, Zip): 640 Daniel CT Cincinnati, OH 45245
*INCIDENT TRACKING NUMBER:
ARREST DISPOSITION: Incarcerated
BAIL:
MIRANDA WITNESSED BY:
TIME READ:

FINGERPRINTED: ☐ Y ☒ N | FINGERPRINT CARD NO.: | PHOTOS TAKEN: ☐ Y ☒ N | NO. TAKEN: | PHOTO ID NO.: | FBI/BCI#:

*MULTIPLE ARRESTEE SEGMENTS INDICATOR: ☐ COUNT ARRESTEE ☐ MULTIPLE ARRESTEE INDICATOR ☒ N/A
*ARREST TYPE: 1 ☐ COMPLAINT 2 ☐ IN-PROGRESS 3 ☐ WARRANT 4 ☒ SUMMONS 5 ☐ ORDER OF PROTECTION 9 ☐ OTHER

JUVENILE

JUV. PARENT/GDN. NOTIFIED: ☐ Y ☒ N | DATE/TIME NOTIFIED: | NOTIFIED BY:
*JUVENILE DISPOSITION: ☐ HANDLED WITHIN THE DEPARTMENT ☐ REFERRED TO OTHER AUTHORITIES

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): | RELATIONSHIP: | PHONE:
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): | RELATIONSHIP: | PHONE:

RUNAWAYS /MISSING

PREVIOUS RUN/MISS.: ☐ Y ☒ N | DATE OF LAST CONTACT: | DATE OF EMANCIPATION: | NCIC #: | DATE/TIME ENTERED:
LAST SEEN WEARING:

REPORTING OFFICER: [redacted] | BADGE NO.: [redacted] | DATE: 06/24/2026
APPROVING OFFICER: | BADGE NO.: | DATE:
COURT: Municipal Court | DATE: 07/08/2026

11/2005

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER [redacted]
VICTIM		INCIDENT DATE / TIME 6/24/2026 1814
OFFENSE		NARRATIVE DATE / TIME 06/24/2026
NARRATIVE TOPIC	OFFICER DISPATCH	BADGE NO.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER [redacted]
VICTIM		INCIDENT DATE / TIME 6/24/2026 1814
OFFENSE		NARRATIVE DATE / TIME 06/24/2026
NARRATIVE TOPIC	OFFICER J. DEPUCCIO (100)	BADGE NO.

06/24/2026 18:15:22 - NEIGHBOR STOLE DAUGHTER'S PACKAGES & THEY HAVE HIM ON VIDEO
06/24/2026 18:39:30 - [redacted] - Cancel Checks-(Daniel Court Apartments/UTPD) 640 Daniel CT Cincinnati

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER [redacted]
VICTIM		INCIDENT DATE / TIME 6/24/2026 1814
OFFENSE		NARRATIVE DATE / TIME 06/24/2026
NARRATIVE TOPIC	OFFICER [redacted]	BADGE NO.

On June 24th 206 at 1814 hours I was dispatched to UTPD for a theft of a package. Reportee Stephanie Highley advised her daughter Alizea advised her that her neighbor at 640 Daniel Ct Apt 16A stole her package that was delivered to her door step. Alizea advised her mother that her neighbor was observed on her ring door bell camera taking her package from her door step. Stephanie advised she went to Alizea's neighbors house to confront the male who stole the package. Stephanie advised she was greeted by the male with the stolen package in his hand which was opened. The male advised Stephanie that he was the police and he wanted to see what was in the package. The male provided Stephanie the package which was returned to Alizea with all of the items still inside.

I contacted Alizea on her cell phone while she was at work and asked her if she would respond to the police department to write a written statement. Alizea advised she would and she wanted to pursue charges.

I responded to her neighbors residence at 640 Daniel Ct Apt 16A and contacted the suspect, Gary Calloway. I read Gary his Miranda rights in which he advised he understood. Gary was wearing the same clothing in the ring door bell video that I observed and I could positively identify him as the male taking the package. I asked Gary why he took the package and he stated that he wanted to look what was inside of it. Gary advised he was expecting a package and thought it belonged to him. In the video footage, Gary walked up to Alizea's door step the first time and looked directly at the package and walked away. Gary walked back a second time and then took the package from Alizea's door step. On the packaging stated Alizea's name and address.

Gary stated that the package was blank and he wanted to take it to the apartment complexes management.

I issued Gary a summons for theft for a mandatory court appearance on July 8th 2026 at 0830 hours in the court of Clermont County Municipal. I uploaded photos of the packaging and the ring doorbell video footage to PD photos as well as the receipt for the order. The total amount of items that was inside the package is $39.87 dollars. Matrix completed.

CLERMONT COUNTY
MUNICIPAL COURT
4430 ST. RT. 222
BATAVIA, OHIO 45103
CLERMONT COUNTY, OHIO

[redacted]

051318

THE STATE OF OHIO
Un. Twp.
v.
Gary Calloway
(Name of Defendant)
640 Daniel CT AHICA
(Street Address)
Cincinnati OH 45244
(City, State, Zip Code)

SUMMONS IN LIEU OF ARREST WITHOUT WARRANT, AND COMPLAINT UPON SUCH SUMMONS

Rule 4(A) (3) Form XII

SUMMONS NO.

CASE NO.

AGE 51 D.O.B. 11/14/72 S.S.N. [redacted]

HT 5'9 WT 225 HAIR Blo EYES Hzl

****

TO DEFENDANT: 513 CJO 7488

SUMMONS

In lieu of immediate arrest upon a misdemeanor you are summoned and ordered to appear at ** the Clermont County Municipal Court at 0830 (Time) o'clock July 9th (Day, Date), 20 26 .** If you fail to appear at this time and place you may be arrested. This summons served personally on the defendant on 6-24, 20 25.

COMPLAINT

On 6-24, 20 25, at 640 Daniel CT Cincinnati OH Apt 16B you did No Person with Purpose to deprive the owner of Property or Services Shall Knowingly Obtain Property without the consent of owner. To Wit: Knowingly took your neighbors Package and took it into your home per admission $55.85 dollars. Orc. 2913.02 M1

[redacted]
Sign

Being duly sworn, the issuing / charging law enforcement officer states that he has read the above complaint and that it is true [redacted]

Sworn to and subscribed before me by [redacted] on 6/25, 20 25

Court / Clerk / Deputy Clerk

ALISON BYESS
Notary Public
State of Ohio
My Comm. Expires
February 19, 2030

Notary Public

My Commission Expires 2/19, 30

Clermont County / State of Ohio/

NOTICE TO DEFENDANT: Officer not required to swear to summons -(complaint on your copy)

**Delete the lines not applicable

Image First Solutions
Cincinnati, Ohio 513-793-0141
Form# 070902

Form 6-01g (Revised 02/07)

Union Township Police Department

Statement Form

Patrol Division

Date: 06/24/2026 Incident # [redacted]

I. Alizza Highley HEREBY MAKE THIS VOLUNTARY STATEMENT

PRINT NAME

I was at work when I checked my doorbell camera and noticed I had a package delivered by amazon that was no longer on my doorstep. I watched the recording of an Amazon ~~driver~~ driver delivering the package at 2:43:15pm. At 4:42:50pm my neighbor is seen on the camera leaving his apartment, coming to my doorstep and checking the address on the package. 2 minutes later at 4:44:55pm my neighbor is recorded walking up to my door, saying "swiped!", taking the package, and walks back to his apartment. The package was sent as a housewarming gift, contained a water filter, cabinet liner, toilet bowl cleaner. My mom and dad went to my neighbors home to retrieve the package, he said he "was police" and he didn't see my doorbell. The package was opened when returned to my parents. The order total for the items is $39.87

What did the male look like?

Heavy set, white hair, ball cap, blue shirt, blue jeans. white male.

Signature: [redacted] Address: 6410 Daniel Court, Cincinnati, OH 45244

Witness: [redacted] Phone: [redacted]

DOB: 01/08/2004 SSN: [redacted]

Union Township Police Dept.

Incident Run Sheet

1-26-032255

Printed On: 07/16/2026 1:03 PM

Incident Information

Bus./Common:	Daniel Court Apartments	Date:	07/07/2026
Address:	640 Daniel CT	Time:	17:10:04
Suite:	16A	How Received:	Phone
City/State/Zip:	Cincinnati, OH 45245	Call Taker:	106
Cross Streets:	Summerside RD DEAD END	Subdivision:	
Nature:	Special Detail- Check The Welfare	Nature Code:	13W

Priority: 9 In Progress (IP):

Caller Information

GATES		Address:	0
DONALD		Suite:	
BROTHER		City/State/Zip:	, OH
Phone:	5136781975	Latitude:	39.10745616
Contact:		Longitude:	-84.28989515
Phone:			

Comments

Responder	Date	Time	Comment
APCOI	07/07/2026	17:13:04	Case ID: IPDKMvfvTQ
106	07/07/2026	17:13:26	WELFARE CHECK ON GARY CALLOWAY 41 YOM
106	07/07/2026	17:13:34	BI POLAR SCHIZOPHRENIC
106	07/07/2026	17:13:43	BROTHER HAS NOT HEARD FROM HIM IN 24 HRS
106	07/07/2026	17:13:53	NO VEH/NEG WEAPONS
106	07/07/2026	17:14:02	NO JOB
106	07/07/2026	17:14:23	CELL-513-630-7988
106	07/07/2026	17:21:28	M49 - Clear Time Check-(Daniel Court Apartments) 640 Daniel CT 16A Cincinnati

Involved Parties

Type	Name	Birth Date	Sex	Race
IP	CALLOWAY, GARY LEE	11/14/1972	Male	W

Disposition

1. Handled 07/07/2026 1723 3.
2. 4.

Medics adv male checked male doesn't want to talk right now/comp advised

Response

Law Grid: North Fire Grid:

EMS Grid District: Lower Summerside And Subdivisions

Responders

Responder	Dispatched	Enroute	On Scene	To Hospital	At Hospital	Cleared	In Service	In Quarters
31		17:13:23				17:22:04		
48		17:16:37				17:22:04		
M49	17:13:56	17:15:16	17:17:19				17:21:44	
M49		17:15:18						

Other Traffic

Responder	Time	Action	Comments

Union Township Police Dept.

Incident Run Sheet

1-26-032255

Printed On: 07/16/2026 1:03 PM

M49	17:21:28	RTC	(Daniel Court Apartments) 640 Daniel CT 16A Cincinnati

RMS Report Numbers

Agency	T	Fire	T	EMS	T	Law
Union Township Fire Department			Yes			

2026 CR B 01850 State of Ohio vs. Calloway, Gary UT ADMIN

- Case Type:
- CR - Criminal
- Case Status:
- Closed
- File Date:
- 06/28/2026
- DCM Track:
-
- Action:
- Theft
- Status Date:
- 06/28/2026
- Case Judge:
- Administrative Judge
- Next Event:
-

All Information | Party | Charge | Ticket/Citation # | Event | Docket | Financial

Party Information

Calloway, Gary
- Defendant

- Disposition
-
- Disp Date
-

- Address
- 640 Daniel Ct Apt 16A
Cincinnati, OH 45244

Alias

More Party Information

Puckett, A
- Officer Complainant

- Disposition
-
- Disp Date
-

- Address
- Union Twp PD
c/o Clermont County Prosecutor's Office
Batavia, OH 45103

Alias

More Party Information

Party Charge Information

- **Calloway, Gary**
- - Defendant
Charge # 1:
2913.02 - First Degree Misdemeanor Theft

- Original Charge
- 2913.02 Theft (First Degree Misdemeanor)
- Indicted Charge
-
- Amended Charge
-
- DV Related?
-
- Modifiers
-
- Stage Date
-

- Ticket #
- 051318
- ATN #
-
- Tracking #
-
- Place of Offense
- Union Twp. Police Department
- Date of Offense
- 06/24/2026
- Complainant
-

Sentencing Information

Ticket/Citation

Citation # : **051318 - Union Twp. Police Department**
- **Offense Date**
- **06/24/2026**

- Agency
  - Union Township Police Dept.
  - Officer
  - Puckett, A(4u21)
  - Second Officer
  -
  - Complainant
  -

- Speed Cited
  -
  - Speed Limit
  -
  - Location
  -
  - Insured/Proof
  - Y
  - Accident
  - N
  - Work Zone
  -
  - Haz Mat
  -
  - Points
  - 0
  - Priors
  -

- Expiration
  -
  - State
  - OH
  - Type
  -

- Plate
  -
  - State
  -
  - Year
  -
  - Type
  -
  - Style
  -
  - Color
  -

Events

Date/Time	Location	Type	Result	Event Judge
07/08/2026 08:30 AM	Courtroom D	Arraignment	AJ-BW/OLF/NVC ordered for Failure to Appear.	Administrative Judge

Docket Information

Date	*Docket Text*	Amount Owed	*Image Avail.*
06/28/2026	Hearing Scheduled. Event: Arraignment Date: 07/08/2026 Time: 8:30 am Judge: Administrative Judge Location: Courtroom D Result: AJ-BW/OLF/NVC ordered for Failure to Appear.		
06/28/2026	Complaint and/or Affidavit, filed. Charge #1: Theft		Image
06/28/2026	State Cost - Criminal	$29.00	
07/08/2026	Bench Warrant Ordered. Warrant Block Ordered.	$0.00	Image
07/08/2026	Bench Warrant Issued. Failure to Appear Date: 07/08/2026 (CR)Bench Warrant- Judge Terpstra Sent on: 07/08/2026 16:09:37.84	$30.00	Image
07/08/2026	Alert Issued! Bench Warrant issued on: 07/08/2026 For: Calloway, Gary		
07/08/2026	Warrant Block Fee. WARRANT BLOCK created on: 07/08/2026 For: Calloway, Gary	$30.00	
07/08/2026	Alert Issued! WARRANT BLOCK issued on: 07/08/2026 For: Calloway, Gary		

Financial Summary

Cost Type	Amount Owed	Amount Paid	Amount Adjusted	Amount Outstanding
Cost	$60.00	$0.00	$0.00	$60.00
Local Cost-Criminal (Non Payout)	$216.00	$0.00	$0.00	$216.00
State Cost- Criminal	$29.00	$0.00	$0.00	$29.00
	$305.00	$0.00	$0.00	$305.00

Ohio Bureau of Criminal Investigation
Criminal Intelligence Unit

Intelligence Summary Sheet

Print | Email | Reset

Case Number: 2026-2698

Subject Name: CALLOWAY Jr, Gary
DOB: 11/14/1972
Alias:
SSN: [redacted]
FBI:
DL#:
SID(s):
Height: 5'9"
Misc:
Weight: 225



Date of photo 04/11/2023

☐ **Felon** ☐ **Active Warrant (See Notes)** ☐ **NCIC**

☐ **CCW** ☐ **Approach With Caution** ☐ **DNA in CODIS**

ADDRESS(ES):

Street Address	City	State	ZIP	Comments
640 DANIEL CT APT 16A	Cincinnati	OH	45244	

TELEPHONE(S):

Phone Number	Type	Name Listed To	Carrier	Dates
	-Select-			
	-Select-			
	-Select-			
	-Select-			
	-Select-			

EMAIL ADDRESS(ES):

See below

SOCIAL MEDIA ACCOUNT(S):

Type	User Name	User ID#	Link
Facebook	Gary Calloway	61588172363198	https://www.facebook.com/profile.php?id=61588172363198
Facebook	Gary Calloway	gary.calloway.738679	https://www.facebook.com/gary.calloway.738679

MOTOR VEHICLE(S):

State	Plate	Year/Color/Make/Model	VIN	Registered Owner

ARREST(S):

Reason for Arrest	Date of Arrest	Arresting Agency	Case Number	Related Conviction
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

ANALYST NOTES:

Email Addresses: e.gcallowayjr456085@gmail.com, e.gcallowayjr4560@gmail.com, egcallowayjr@ecoutlook.com, garycallowayjr1@gmail.com, wmcallowaygary79@fuse.net, ygabryjr@zoomtown.com, callowaygary@fuse.net, ivan.baric98@gmail.com, lgaryjrf53@zoomtown.com, egcallowayjr4560@gmail.com, ethelcalloway@yahoo.com, ivanbaric98@gmail.com, egcallowayjr456085@gmail.com

INTELLIGENCE QUERIES:

Application/Database	Result	Date	Comments
Accurint	[redacted]		
CCH/NCIC/III			
CLEAR			
OHLEG			
TLO			
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		
-Select-	-Select-		

Prepared By: E. Kreager
Email: emily.kreager@ohioago.gov
Phone: 740-845-2426

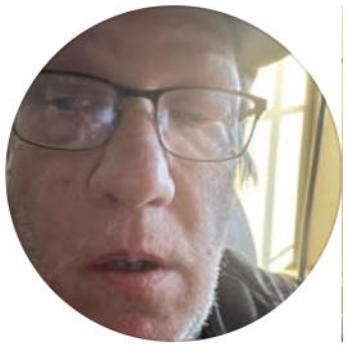
Requested By: SA Lauren Frazier
Email: lauren.frazier@ohioago.gov
Phone: 614-619-2289

Date Completed: 07/20/2026

Office/Agency: Ohio BCI

☐ Check box if updated from previous summary

The above information provided by the BCI Criminal Intelligence Unit is unconfirmed and should be independently verified.
This information is considered Law Enforcement Sensitive and is not intended for release.



Gary Calloway

14 friends

Add friend Message

Cincinnati, OH

All About Friends Photos Check-ins More

Personal details

Lives in Cincinnati

From Amelia, Ohio

Family
1 family member

Friends

See all friend

14 friends



Gary Calloway



Nancy Calloway Gates



Don Gates



April Black



J C Painting JustinCalloway



Don Franz



Zach Calloway



Klohie Bullock



Diana Roskelly

Photos

See all photos

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Gary Calloway is in **Cincinnati, OH**.
February 12 · ·

Moved to Cincinnati, Ohio

February 12

2 comments

Like Comment Share

Gary Calloway updated his profile picture.
February 11 ·







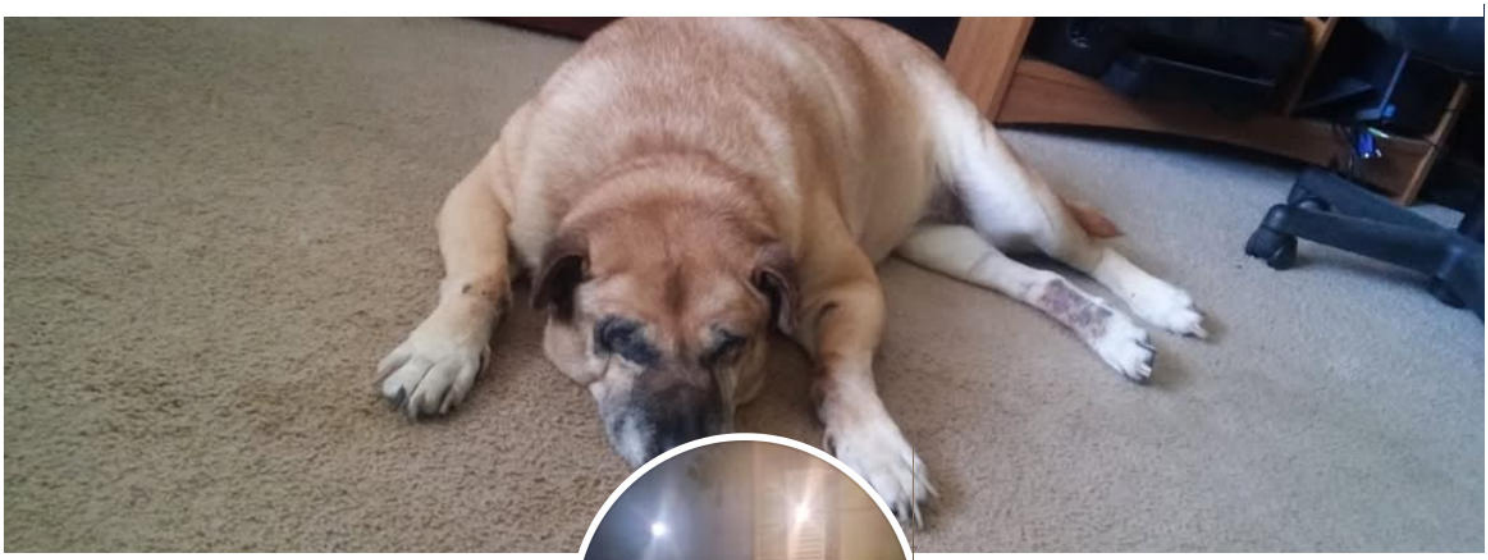






Share







Gary Calloway

286 followers • 102 following

Message Add friend

Digital creator Amelia, OH Single

All About Photos Friends Reels More

Personal details

Lives in Amelia, Ohio

Single

Male

Friends

See all frien

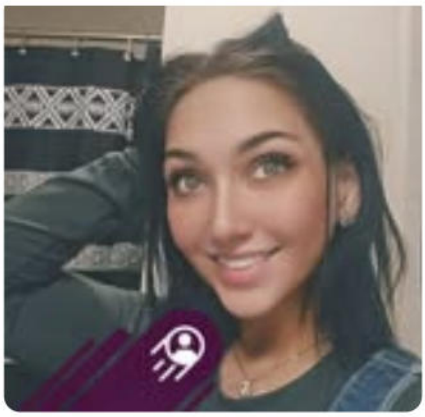
273 friends



Zach Calloway



Don Gates



Klohie Bullock



Gary Calloway



Diana Roskelly



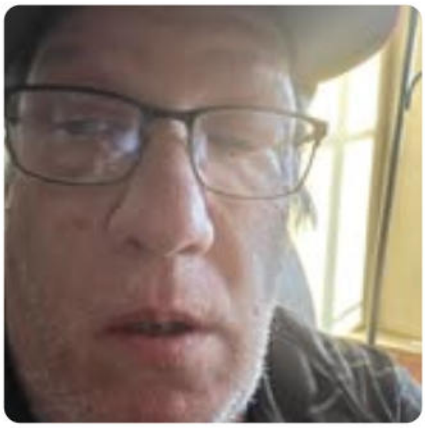
Traci Trent



Kimberly Calloway



Ashley Meisman



Gary Calloway

Photos

See all photos



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Posts

Filters

Gary Calloway
July 13 at 6:15 PM ·



Reds Fans 4Ever ▸ **Cincinnati Reds Fans**
AI content · July 13 at 12:06 PM ·

Custom everything. This is how you show up to the tailgate! 🔥🚙

Like Comment Share

Write a comment...

Gary Calloway
July 13 at 5:12 AM ·



Space Trends is at **Kennedy Space Center, Florida**.
July 10 at 2:09 PM · Orlando, FL ·

Blue skies and a blue Atlantic Ocean provide a colorful backdrop for Space Shuttle Atlantis as it rests on Launch Pad 39A after its 3.4-mile trek from the Vehicle Assem... **See more**

Like Comment Share

Write a comment...










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