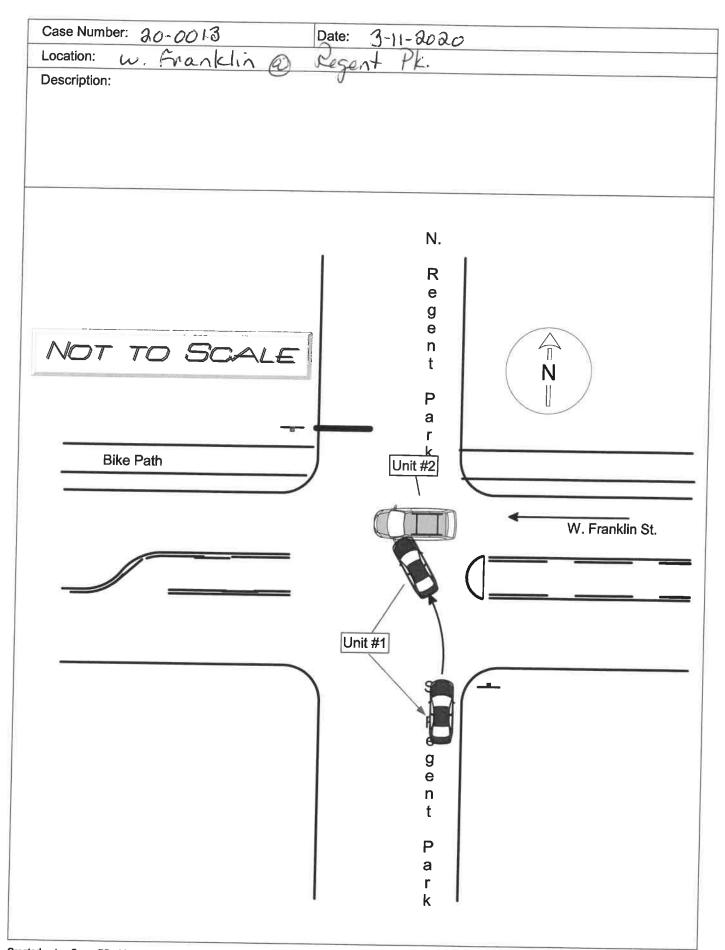
or Public SAPETY TRAF	fic Crash	REPORT *D	ENOTES MANDATOR	Y FIELD FOR	SUPPLEA	MENT REPOR	T .		LOCAL REP	ORT NUMB	ER*	
X PHOTOS TAKEN	100,000	LOCAL INFORMATION				WENT NET DI	7 2	0 - 0	000	13	er vi sa	
SECONDARY CRASH 0	H-1P 🔲 OTHER	REPORTING AGENCY				NCIC*		T/SKIP	NUMBER 0	FUNITS		ERROR
	RIVATE PROPERTY	1 2011001011 011	ce Departme	nt	0	2,9,0,5	`	L - SOLVED 2 - UNSOLV		<u> </u>		8 - ANIMA 9 - UNKNO
29 1 1-CITY 2-VILLAG	E Dallhas a	TY, VILLAGE, TOWNSHIP*						RASH DATE	/TIME* 0745		RASH SEVE 1 - FATAL	ERITY
ROUTE TYPE ROUTE NUMBER	141	LOCATION ROAD NAME	:			ROAD TYPE		1111	1111	<u> </u>	2 - SERIOU	
COCATI	2-SOUTH 4 3-EAST	Franklin	•			ST	7 2 0	63	7987	-	SUSPEC 3 - MINOR I	
TROUTE TYPE ROUTE NUMBER	PREFIX 1 - NORTH	REFERENCE ROAD NAI	ME (ROAD, MILEPOS	T. HOUSE #)		ROAD TYPE	177		DECIMAL DEGREES	듸	SUSPEC	TED
	2 - SOUTH 3 - EAST	Regent Park		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DR	-84		9088	.1	4 - INJURY 5 - PROPER	
REFERENCE POINT DIR	ECTION REFERENCE	ROUTE TYPE		ROAD	YPE		1 17.1	LYY	INTERSECT		ONLY	
1 - INTERSECTION 2 - MILE POST	1-NORTH IR	- INTERSTATE ROUTE(TI		HW- HIG	HWAY R	D - ROAD	N KZI	/ITHIN INT	ERSECTION OF			
3- HOUSE #	3-EAST	- FEDERAL US ROUTE - STATE ROUTE	AV - AVENUE BL - BOULEVA	LA - LA! ARD MP-MIL	_	Q - SQUARE T - STREET	I		ERCHANGE AI		_4	
		NUMBERED COUNTY RO	OUTE CR - CIRCLE	OV - OVA PK - PAR		E - TERRACE				WAY	MBER OF A	PPRUACE
		NUMBERED TOWNSHIP ROUTE	DR - DRIVE	PI - PIK		L - TRAIL /A - WAY		DADWAY D		WAI		
	3-YARDS		HE - HEIGHTS	PL - PLA	CE			JADWAY D	AIBED			
LOCATION OF FIRS	ST HARMFUL EVEN 9 - CROSSOVEI		MANNER of CR 1 - NOT COLLISION			т	1	N of TRAV			AN TYPE	
2 - ON SHOULDER 3 - IN MEDIAN		ALLEY ACCESS	BETWEEN TWO MOTOR	5 - BACKII			1	l - NORTH 2 - SOUTH	1	- DIVIDED !		DIAN
4 - ON ROADSIDE	12-SHARED U		VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESV	/IPE, SAME	DIRECTION	1	3 - EAST 1 - WEST] 2	- DIVIDED ! (≥4 FEET		DIAN
5 - ON GORE 6 - OUTSIDE TRAFFIC W			2 - REAR-END 3 - HEAD-ON	8-SIDESV 9-OTHER		ITE DIRECTION		1-WE31		- DIVIDED, - DIVIDED,		
7 - ON RAMP 8 - OFF RAMP	14-TOLL BOOT 99-OTHER/UN			, 0111211	· ····································				1	(ANY TYP	E)	-DIAN
WORK ZONE RELATED		WORK ZONE TYPE	1000	TON OF ORA	P.11 FA1 144 P.		0011	TOUR				
WORKERS PRESENT		LANE CLOSURE		1 - BEFORE	THE 1ST W]		CONDI	SMORS	Sur	RFACE
LAW ENFORCEMENT PRESE	1 .	LANE SHIFT/CROSSOVER NORK ON SHOULDER		WARNIN 2 - ADVANCE		AREA	1 - STRAIG	HT LEVEL		<u>. </u>	1 - CONCE	ETE
CAN EN ONCEMENT PRESE		OR MEDIAN (NTERMITTENT OR MOVIN		3-TRANSIT				HT GRADE			2 - BLACK	KTOP,
ACTIVE SCHOOL ZONE		THER		5 - TERMINA		۱ ا	3 - CURVE		3 - SNOW		ASPHA	MINOUS, ALT
LIGHT CONDITION	N	1	WEATHER				4 - CURVE 9 - OTHER/		4 - ICE 5 - SAND, MUI	D, DIRT,	3 - BRICK	
3 1- DAYLIGHT 2- DAWN/DUSK		2 1- CLEAR 2- CLOUDY	6 - SNOW 7 - SEVER	E CROSSWII	ins				OIL, GRAV	EL	4 - SLAG, STONE	
3 - DARK – LIGHTED ROAD 4 - DARK – ROADWAY NOT		3 - FOG, SMOG 4 - RAIN	, SMOKE 8-BLOWI	NG SAND, SO	IL, DIRT, S	Now			6 - WATER (ST MOVING)	ANDING,	5 - DIRT 9 - OTHER	MIRICALON.
5 - DARK – UNKNOWN ROA		5 - SLEET, HAI		ING RAIN OF R/UNKNOW		G DRIZZLE			7 - SLUSH 9 - OTHER/UNI	KNOWA	7-UINER	/UNKNUW
9-OTHER/UNKNOWN									7- OTHEROW	CHOVIN		
NARRATIVE				- "					1000	A	Indicate	the nort
Unit #2 was traveling westb				-						A	an "N" c	
Unit #1 was traveling northb posted stop sign on Regent	ound on Reger	nt Park Dr. and stop	ped at the	-								
											+++	-
Jnit #1 turned westbound (I driver's left side at the "A" p	eft) onto W. Fra illar.	anklin St. and struck	Unit #2 in the		+++	+++					-	_
Both vehicles moved prior to	PD arrival				-							
nvestigation revealed Unit #		neadlights on.										
BEE ATTACHED DRAWING	3			-								
BC on												
				_							++	
							+					-
CRASH REPORTED DATE / TIME	DI	SPATCH DATE / TIME	ARI	RIVAL DATE	TIME		SCENE C	EARED DA	TE / TIME	111		
3,1,12,020,074	1	2020,074!				1 n			0842		P ort take Police age	
TOTAL TIME OTHER	TOTAL	OFFICER'S NAME*		<u>III</u>		ED BY OFFICE			7774	╡ᆸ▫	OTORIST	
ADWAY CLOSED INVESTIGATION		Jones, Jackie				rmin, Ste	ephen			☐ s	UPPLEMEN	NT
60 60	117	OFFICER	'S BADGE NUMBER	* , 5		CHECKED BY O	FFICER'S	BADGE NU	MBER*	7 - tc	ORRECTION OF AN EXISTING REPORT	SENT TO COPS)
7001 OH1 1/19 [760-0820]					<u> </u>	1 1			_ , 3			0
										P/	AGE 1	of 6



UNIT		: LAST, FIRST, MIDDLE	1014						REPORT NUMBER
0.	4 1		,					DATE OF BIRTH	
		COLLINS, NICOLE R SS: STREET, CITY, STATE, ZIP						04151988	31
~			!!b! O!					CONTACT PHONE - INCLUDE ARE	A CODE
E INJUR	IES INJUR	OWOOD CIR BE	IIDrook OI					- - -	
5		EMS ABERCY (NAME)		INJURED	TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY	SAFETY EQUIPM	DOT-COMPLIANT SEATING POSIT	TON AIR BAG USAGE EJECTIVA 7
OL STA		TOR LICENSE NUMBER					0.4	MC HELMET 01	1 1 1
OF	I	TOURSER HUMBER			E CHARGED	LOCAL	OFFENSE DE	SCRIPTION	CITATION NUMBER
OL CLA		MENT DECENIENT		4511			railure	o Yield Making Left	31094
4	SELECTU	PTO2	- 1	DRIVER DISTRACTED BY -	ALCOHOL / DRUG SUSI		CONDITION	ALCOHOL TEST STATUS TYPE VALUE	DRUG TEST(S)
				, 1	OTHER DRUG	RIJUANA	1	1111	STATUS TYPE RESULT SELE
UNIT		AST, FIRST, MIDDLE							
02	_	terfield, Quante M						12311993	AGE GE
	S: STREET, CI								26 _I
4		t Suite:A BELLBF	OOK OH	45305-29	901			CONTACT PHONE - INCLUDE AREA C	CODE
	S INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAI	KENTO: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT	CEATING DOCUMEN	AIR BAG USAGE EJECTION TRA
_5		انـ					USED 04	MC HELMET 0 1	AIR BAG USAGE EJECTION TRA
	E OPERATO	OR LICENSE NUMBER		OFFENSE		LOCAL	OFFENSE DESC	RIPTION	CITATION NUMBER
	4			4513.0	03	CODE	Lights Red	uired On Roadway	31095
OL CLASS	SELECT UP TO	ENT RESTRICTION		TIVER STRACTED	ALCOHOL / DRUG SUSPE	CTED	CONDITION	ALCOHOLTEST	DRUG TEST(S)
4	1		ВУ			JUANA	7	STATUS TYPE VALUE S	TATUS TYPE RESULT SELECT
UNIT#	NAME: LAS	ST, FIRST, MIDDLE			OTHER DRUG	L			
	1							DATE OF BIRTH	AGE GENI
ADDRESS	: STREET, CITY,	STATE, ZIP						<u> </u>	
								CONTACT PHONE - INCLUDE AREA COD	E
INJURIES	INJURED	EMS AGENCY (NAME)		IN HIDENTAKE	NTO MERIDA PAGUEN				
	TAKEN BY			I I I I I I I I I I I I I I I I I I I	N TO: MEDICAL FACILITY (NA		FETY EQUIPMENT	DAL-AGMLITAM!	AIR BAG USAGE EJECTION TRAPP
L STATE	OPERATOR	LICENSE NUMBER		OFFENSE CI	HARGED 1	OCAL O	FFENSE DESCR	MC HELMET	
						ODE	Frenst DESCK	PILON	CITATION NUMBER
L CLASS	ENDORSEMEN SELECT UP TO 2	T RESTRICTION SE		ER AL	LCOHOL / DRUG SUSPECT	ED	CONDITION	ALCOHOL TEST	DBUG TESTION
		1	8A 0121	TOTAL I TOTAL	ALCOHOL MARIJI		S		DRUG TEST(S) TYPE RESULT SELECT UP T
INJUR	RIES	SEATING POSITION		The second second	OTHER DRUG				
ATAL		1-FRONT-LEFT SIDE	1 - NOT DEPL	R BAG DYED	OL CLASS 1-CLASSA		OL RESTRICTI	ON(S) DRIVER DISTRACTION	
USPECTED SI	ERIOUS INJURY	(MOTORCYCLE DRIVER) 2-FRONT-MIDDLE	2-DEPLOYED		2-CLASS B		- ALCOHOL INTERLOC - CDL INTRASTATE OF		1 - NONE GIVEN
OSSIBLE INJU		3 - FRONT - RIGHT SIDE	3 - DEPLOYED 4 - DEPLOYED	SIDE BOTH FRONT/SID	3 - CLASS C		CORRECTIVE LENSE		2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED
O APPARENT I	INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPLI		E 4 - REGULAR CLASS (OHIO = D)		FARM WAIVER EXCEPT CLASS A BU	DIALING)	SAMPLE/UNUSABLE
JURED TA	AKENBY	5-SECOND-MIDDLE	9 - DEPLOYME	NT UNKNOWN	5 - M/C MOPED ONLY	6-	EXCEPT CLASS A	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS
TRANSPORTE		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	-11	1 July 2 1	6 - NO VALID OL	7-1	& CLASS B BUS Except tractor-tr	4 - TALKING ON HAND-HELD	UNKNOWN
AS		(MOTORCYCLE SIDE CAR)	1 - NOT EJECTE	CTION D	OL ENDORSEMEN H - HAZMAT	8-1	INTERMEDIATE LICE	NSE 5 - OTHER ACTIVITY WITH AN	ALCOHOL TEST TYPE
LICE HER/ UNKNO	LAMU	8-THIRD-MIDDLE 9-THIRD-RIGHT SIDE	2 - PARTIALLY		M - MOTORCYCLE		RESTRICTIONS LEARNER'S PERMIT	ELECTRONIC DEVICE 6 - PASSENGER	1 - NONE 2 - BLOOD
		10-SLEEPER SECTION	3-TOTALLY EJE 4-NOT APPLICA		P - PASSENGER	R	RESTRICTIONS	7 - OTHER DISTRACTION	3 - URINE
ETY EQU VEUSED	IPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER		M	N -TANKER Q- MOTOR SCOOTER		IMITED TO DAYLIGHT IMITED TO EMPLOYN		4-BREATH E 5-OTHER
NE VSEV OULDER BELT		ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	TRAI 1-NOTTRAPPE	PPED	R - THREE-WHEEL MOTORCYC	LE 12-LI	IMITED - OTHER	THE VEHICLE	
BELT ONLY U		PICK-UP WITH CAP)	2 - EXTRICATED	ВУ	S - SCHOOL BUS	(\$	ECHANICAL DEVICE: PECIAL BRAKES, HA		DRUGTESTTYPE 1-NONE
ULDER & LAF LD RESTRAIN		12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHANICAL 3- FREED BY	MEANS	T - DOUBLE & TRIPLE TRAILE X - TANKER / HAZMAT	KS CO	ONTROLS, OR OTHER DAPTIVE DEVICES)	CONDITION	2 - BL00D
	3	13 - TRAILING UNIT	NON-MECHAN	ICAL MEANS	GENDER	14- MI	ILITARY VEHICLES OF		3 - URINE 4 - Other
WARD FACING	T BURE -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F-FEMALE	15 - MO	DTOR VEHICLES WITH R Brakes	OUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	
WARD FACING LD RESTRAINT R FACING	T SYSTEM -	mon-importing duti)			M - MALE	16 - OU	TSIDE MIRROR	4- ILLNESS	DRUG TEST RESULT(S) 1-AMPHETAMINES
WARD FACING LD RESTRAINT R FACING STER SEAT	1	15 - NON-MOTORIST				17 00/			munitira
WARD FACING LD RESTRAINT R FACING STER SEAT MET USED	1				U - OTHER / UNKNOWN		OSTHETIC AID	5- FELL ASLEEP, FAINTED,	2 - BARBITURATES
WARD FACING LD RESTRAINT R FACING STER SEAT MET USED TECTIVE PADS FOW, KNEES, E	S USED TC.)	15 - NON-MOTORIST			U - OTHER / UNKNOWN	18-07		FATIGUED, ETC. 6- UNDER THE INFLUENCE	3 - BENZODIAZEPINES
WARD FACING LD RESTRAINT R FACING STER SEAT MET USED FECTIVE PADS OW, KNEES, E LECTIVE CLOTI	S USED TC.) HING	15 - NON-MOTORIST			U - OTHER / UNKNOWN			FATIGUED, ETC.	
WARD FACING LD RESTRAINT R FACING STER SEAT MET USED JECTIVE PADS JOW, KNEES, E LECTIVE CLOTI TING – PEDES YCLE ONLY	S USED TCJ HING STRIAN	15 - NON-MOTORIST			U - OTHER / UNKNOWN			FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS
WARD FACING LD RESTRAINT R FACING STER SEAT MET USED JECTIVE PADS JOW, KNEES, E LECTIVE CLOTI TING – PEDES	S USED TCJ HING STRIAN	15 - NON-MOTORIST			U - OTHER / UNKNOWN			FATIGUED, ETC. 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	3 - BENZODIAZEPINES 4 - Cannabinoids 5 - Cocaine

UNIT # NAME: LAST, FIRST, MIDDLE					49	-,0,0,0	O T 7	T 100	1 161
Westerfield, Christian J					1117	DATE OF BIRTH AGE GE			
ADDRESS: STREET, CITY, STATE, ZIP								_ _5_	_1
101 N Main St Suite:A Be					CONTACT PH	IONE - INCLUDE ARE	EA CODE		
INJURIES INJURED EMS AGENCY (N		INJURED TAKEN TO: MEDIA Treated On S	CAL FACILITY (NAME, CIT	SAFETY EQUIPA	ENT	SEATING POSIT	TON AIR BAG L	USAGE EJECT	ION TRA
UNIT # NAME: LAST, FIRST, MIDDLE	(Wedle	Treated Off S	scene	OSED O	DOT-COMPL	04	1 1		
02, Westerfield, Chris	shon J					DATE OF BIRTH		AGE	GE
ADDRESS: STREET, CITY, STATE, ZIP					1114	2017	1 1	12,	_ _N
101 N Main St Suite:A Be	llbrook OH 45305				COMTACT DUE	ME _ INCLUDE ADEA	CODE		
INJURIES INJURED EMS AGENCY (NA	AME) IN	NJURED TAKEN TO: MEDICA	AL FACILITY (NAME, CITY			SEATING POSITIO	ON AIR BAG US	AGE FJECTI	N TRA
UNIT # NAME: LAST, FIRST, MIDDLE				USED Q5	MC HELME		1	1	
Land Salat, 1 Mar, MIDDLE					D.	ATE OF BIRTH		AGE	GEN
ADDRESS: STREET, CITY, STATE, ZIP					000000000000000000000000000000000000000			<u> </u>	
					CUNTACT PHON	NE - INCLUDE AREA C	ODE		
INJURIES INJURED EMS AGENCY (NAM	ME) INJ	JURED TAKEN TO: MEDICAL	FACILITY (HAME, CITY)	SAFETY EQUIPMEN	DOT-COMPLIAN	SEATING POSITION	AIR BAG USA	GE EJECTION	TRAP
UNIT # NAME: LAST, FIRST, MIDDLE				U3E0	MC HELMET	r			
THE LAST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GEND
ADDRESS: STREET, CITY, STATE, ZIP									L
					CONTACT PHONE	E - INCLUDE AREA COO	ĐE		
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I RV				OPER	Admi myliti			. Carattell	LUMBER
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT IN URBY	1 - NONE USED - VEHICLE OCCU 2 - SHOULDER BE 3 - LAP BELT ONLY	LT ONLY USED Y USED	1 - FRONT (MOTO) 2 - FRONT 3 - FRONT 4 - SECONI	- RIGHT SIDE	ER)	1 - NOT DEP 2 - DEPLOYE 3 - DEPLOYE	ED FRONT ED SIDE	SAGE	
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OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20-000013		REPORTING AGENCY Bellbrook Police Department						
IN COUNTY OF	CRASH LOCATION							
Greene	W Franklin ST							
n speaking to the following witne vas hard to see.	sses (Brent Collins and Emily Cri	der), they advised Unit #2 did not have	ve its headlights on and					
Jnit #2 driver stated she had her DRC 4513.03A1 Driving without I	automatic lights on and does not	know if they were functional. Driver	of Unit #2 was cited for					
	roddingrito.	i						
		94						
	OF	FICER'S SIGNATURE	BADGE NUMBER					
	Ix.	Jones, Jackie	5					

LOCAL REPORT NUMBER

20-0013

REPORTING AGENCY

Bellbrook PD

M 3 /D 11 /V2020

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

I, NICOLE CULLINS JOING (OFFICERS NAME) At apploximately 7:42 and	HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT CENTER POOR CHUCH (LOCATION) ON MAICH 11, 2020 1 Was
sitting at the stop sign of tun Left towards center traffic had cleared. I pr	n Regnt Park waiting to will, After I thought want on
to SR725. At the last Silver podge with no	second, I notited a head lights on I tried
it was too late and side of the podar.	my toyota hit the
on the passengers of	the other vehicle. Onle
began to pick up debri	from the road while
ADDRESS O A COLUMN ADDRESS O A COLUMN ADDRESS	All 1521 PHONE
ADDRESS OF WITNESS 2 96 SN29 QUARTE OF WITNESS HSY 7003 1/82	CERS SIGNATURE

BELLBROOK POLICE DEPARTMENT Witness Statement

I was coming up 725. A Car ran into the S Side. I Had my Son's Way to daycare And wi Are Christian Jordan Age 5	Next thing 1 know
A Car ran the S	iide of my driver
Side Had my Son's	in the car on the
Way to daycare And W	ock. There Names
Ave Christian Jordan Age 5	Christian Jordan Age 2.
1130/2014	11/14/2017
LR Booster	ER FFCar
# 20-0013	
9	
	:
4	
THIS STATEMENT CONSISTS OF PAGES, AN	ND THIS IS PAGE OF THE
PAGES OF THIS DOCUMENT. THIS STATEMENT IS DAT	ED THE,19,
WIJNESSES:	SIGNED:
WITNESSES: Address 101 N main St Apt A BA	Whole of 1530 sold
Ky 7	412100 JE OH 73303
- priin	

BELLBROOK POLICE DEPARTMENT Witness Statement

was driving behind Nisole Collins and witnessed the acciden
Was driving behind Nisole Collins and witnessed the accident Nicole was turning left onto 725 off of Regent Park. The Silver Sur that collided with Nicoles Blue Toyota was driving
since Sun that collided with Nicole's Blue Toucta was driving
with the same of the Same was done with the health the
West on 725. The silver SUV was driving with their headlights off. The accident occurred at approximately 7:40 AM on 3/11/202
off. The accident occurred at approximately 7.40 AM on 3/11/202
#20-0013
THIS STATEMENT CONSISTS OF PAGES, AND THIS IS PAGE OF THE
PAGES OF THIS DOCUMENT. THIS STATEMENT IS DATED THE DAY OF
WITNESSES: BRENT COLLINS SIGNED: P2 THE 3/11/2020 866-094
2/11/200
WITNESSES:
III GOT

orash 20-0013

Jackie Jones

From:

Emily Crider <ecrider228@gmail.com> Wednesday, March 11, 2020 10:18 AM

Sent: To:

Jackie Jones

Subject:

car accident on 3/11/2020

Detective Jones -

Here is my statement regarding the car accident on 3/11/2020:

I was driving eastbound on Franklin St. around 7:35am on 3/11/2020. I saw a navy/blue car pull out from a side street and turn to drive westbound on Franklin St. As she was pulling out, I suddenly saw a silver SUV coming westbound with no headlights on. The blue/navy car must have seen the SUV suddenly also because they swerved to avoid but were not able to and collided. I did not see the silver SUV until right before they collided because they did not have any lights on, it was dark, and low visibility due to the wet/misty conditions.

Thank you, Emily Crider