*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT										RT	LOCAL REPORT NUMBER*											
PHOTOSTAKEN OH-2 OH-3 LOCAL INFORMATION Improper Backing											$\overline{\Omega + \epsilon}$	2	1 1									
	OH-1P OTHER REPORTING AGENCY NAME* NCIC*														UNIT IN	ERRO B - ANII						
PRIVATE PROPERTY Bellbrook Police Department 0,2,9,0,									의	_ 2-U	NSOLVE		<u> </u>		- <del></del> 99	9 - UNK	CNOW					
COUNTY* LOCALITY* 2. 9 1 1-CITY										05	05012020 1619 5 1- FATAL											
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME ROAD TYPE										_	2 - SERIOUS INJE											
2-SOUTH 3-EAST Upper Hillside								DR					39 641136					3 - MINOR INJURY				
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH REFERENCE ROAD NAME (ROAD, MILEPOST									ROAD TYP	취교						SUSPECTED 4 - INJURY POSSIBLE						
2 - SOUTH 3 - EAST 147									NOND I I I	- I		064			5 - PROPERTY DAMAG							
REFERENCE PO	£80 ==	AD TYP			16	<b>3</b> _					ONLY											
1 - INTERSE	1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLEY								- ROAD	lп	WITH			E <b>CTION RI</b> ON OR ON A								
	3 2-MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE								- SQUARE													
DISTANCE	4-WEST SR-STATE ROUTE BL-BOULEVARD MP-MILEPOST ST-S  STANCE DISTANCE CR-NUMBERED COUNTY ROUTE  CR-CIRCLE OV -OVAL TE-TI								- SIKEEI	EE HOMBER OF A								ACHES				
FROM REFERENC	M REFERENCE UNIT OF MEASURE  1 - MILES TR - NUMBERED TOWNSHIP OF ORDIVE DISCRETE WAS MANAY.									ROADWAY												
2 - FEET ROUTE DR - DRIVE PI - PIKE WA- WAY  L											ROADWAY DIVIDED											
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT										DIRECTION OF TRAVEL MEDIAN TYPE												
O 1 2- ON SHOULDER 10- DRIVEWAY/ALLEY ACCESS 5 1- NOT COLLISION OF BETWEEN THE OWNER T							AR-TO-F CKING	REAR				ORTH		1 - DIVIDED FLUSH MEDIAN								
3- IN ME	DIAN 11-	- RAILWAY GR	ADE CROSSING	ו וי	WO MOTOR EHICLES IN	OR SIN 6-ANGLE						OUTH AST		( <4 FEET ) 2 - DIVIDED FLUSH MEDIAN								
4 - ON RO 5 - ON GO	RE	-SHARED USI TRAILS	: PATHS OR		RANSPORT EAR-END	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION					4 - V	/EST		(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN								
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - O									N				4 - DIVIDED, RAISED MEDIAN (ANY TYPE)					1				
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNKNOWN														9 - OTHER/UNKNOWN								
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN								IN WOR	K ZONE	1	ONTOU	IR	CO	NDITIONS S			RFACE	E .				
WORKERS PR	RESENT		ANE CLOSURE ANE SHIFT/CROS	SOVER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN					<u></u> _	.	_1_			2						
LAW ENFORC	EMENT PRESENT	, 3-W	ORK ON SHOULD			2 - ADVANCE WARNING AREA  J 3 - TRANSITION AREA					RAIGHT	LEVEL	1 - DRY	DRY 1 - CO			RETE					
			ITERMITTENT OF	MOVING WO		4 - ACTIVITY AREA								I .			CKTOP, MINOU	JS,				
ACTIVE SCHO	OL ZONE	5 - 0	THER			5 - TERMINATION AREA					1 1			B - SNOW H - ICE			ASPHALT					
1	GHT CONDITION				THER					9 - OTI	9 - OTHER/UNKNOWN 5 - SAND,				D, MUD, DIRT, 4 - SLAG, GRAVEL,							
1 1-DAYLIG			1 - CLE 2 - CLG		6 - SNOW 7 - SEVER	IOW EVERE CROSSWINDS							•	GRAVEL ER (STANDI		STON		·				
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLO						NG SAN	D, SOIL,	DIRT, S					MOVI	MOVING)			5 - DIRT 9 - OTHER/UNKNOWN					
5 - DARK -	4 - RAI 5 - SLE	IN 9 - FREEZING RAIN OR FREEZING DRIZZLE EET, HAIL 99 - OTHER / UNKNOWN						1		- 1	7 - SLUS 9 - OTHE	USH HER/UNKNOWN										
9 - OTHER/UNKNOWN																						
NARRATIVE						·*	Not	16 Sc	ale.	1	1	177				Indica	ite the	north				
Unit 2 was lega southwest.	lly parked on Upp	er Hillside	Dr. in front of	f 146 facin	9	-					7	$\top$			10	an "N"	ion wit." on the	e				
						-		$\neg$			+	+	1	-	Ť	compa	uss diag	jram.				
northwest.	king out of the dr	iveway at	4/ Upper Hill	lside Dr. tr	aveling			-		-	+	+	+		-			_				
Unit 1 struck Ur	nit 2 on the driver	side				-		-			_							77				
								_										-				
BC on						-					6-	1	12					-				
						-		,,	1/5/	.0	1	10			1	1	$\Rightarrow$	1				
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												ARED D	TE/TIN	AE T	REP	UKTTAN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,1_1				
THE PART WELL BY THE PART OF T										050		120	16	45		OLICE AC						
TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME MINUTES OFFICER'S NAME*  Johnston, Ryan								CHECKED BY OFFICER'S NAME*  Jones, Jackie					-	MOTORIST  SUPPLEMENT								
1 30 56 OFFICER'S BADGE NUMBER						R*	_	1 30	CHECKED BY OFFICER'S BADGE NUMBER*  (CORRECTION TO MY EXISTING REP						N or ADD							
	سنسا	لسا			1 14	1	3	ı	ı.	1	ï			5								
HSY7001 OH1 1/19 [76	80.09201															AGE	1 of	7				

	INDIORIST / INON-INIOTORIST										20-000016									
# TINU	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDE										
<u>01</u>	1 HUNTINGTON, LUCAS ISAIAH									10261997   22 M										
⊋	ADDRESS: STREET, CITY, STATE, ZIP										CONTACT PHONE - INCLUDE AREA CODE									
<b>560</b> C	560 CALLIE CT BROOKVILLE OH 45309 1380																			
INJURIES	ES INJURED EMS AGENCY (NAME) TAKEN BY				INJURED TAKEN TO: MEDICAL FACILITY INAME, CITY) USED 0.4					DOT-COMPLIANT SEATING POSITION A				EJECTION	TRAPPE					
OL STATE	OPERATO	LICENSE NUMBER		OFFEI	OFFENSE CHARGED LOCAL				CRIPTIO	IPTION			TATION P	UMBER	1					
	,			451	1.38		Improper	Startir	tarting Or Backing				31120							
OL CLASS	SELECT UP TO		DIS	IVER STRACTED		HOL / DRUG SUSI		CONDITION	STATUS	ALCOHO	VALUE	STATE	DRUG TEST(S)							
4	<b>.</b>	BY	BY 1 ALCOHOL MA			RIJUANA		1				1   1								
UNIT #	NAME: LAS	T, FIRST, MIDDLE	OTHER DROG						     0	TE OF RIDTU	J L	1	AGE	GENDE						
	DATE OF BIRTH													AGE	BERDE					
ADDRESS	STREET, CITY,	STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE											
01081									CUMIACI FRUME - INCLUDE AREA CODE											
	INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CIT				SAFETY EQUIPMENT		SEATING POSITION			AIR BAG USAGE EJECTIO		TRAPPED						
ON /	BY									DOT-COMPLIANT WC HELMET										
OL STATE	OPERATOR		OFFENSE CHARGED LC				OFFENSE DESC				CITATION NUMBER		1							
100							CODE													
E OL CLASS	ENDORSEMEN SELECT UP TO 2		CT UP TO 3 DRIVER ALCOHOL / DRUG SUS				ECTED	CONDITION	STATUS		TYPE VALUE ST			DRUG TEST(S) TATUS TYPE RESULT SELECTURTS						
			BY				RIJUANA		STATUS	ITTE	VALUE	STATUS	ITPE	KESULI	SELECT UP TO					
UNIT #	NAME: LACT	EIRET MIDDLE			LI OTH	IER DRUG				وابينا	للللا	<u></u>	بالـ	_ن_ال	_ال_ال_					
	UNIT # NAME; LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER											
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									2015107 20101										
TORE	manema, SINECIPOII '', SINIE' VIA										CONTACT PHONE - INCLUDE AREA CODE									
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	AKENTO: M	EDICAL FACILITY	(NAME CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
Z O Z	TAKEN BY				INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFET USED					-COMPLIANT HELMET	SEATING PUSIT	OM YEK E	AG USAGE	EJECTION	TRAPPED					
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHARG	ED	LOCAL	OFFENSE DESC	RIPTION				CITATION NUMBER							
T L				CODE																
E OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		ER RACTED	ALCOH	OL / DRUG SUSPE		CONDITION		LCOHOL				TEST(S)						
			BY BIST	KOLCIED			ANAULIS		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT	SELECT UP TO 4					
<u></u> і	STATE OF STREET	SEATING POSITION	Street, Square, or other Designation of the last of th		отн	ER DRUG	GREEN CO.		اب	THE RESERVE	لسلسا			ـــائــــا ئ	لسالسال					
1-FATAL	KILS	1 - FRONT - LEFT SIDE	1 - NOT DEPL	R BAG	SENIOR BE	OL CLASS 1-CLASS A		1-ALCOHOL INTERL			ER DISTRAC F <b>distracted</b>	HOIT	24	EST STAT	US					
	- SUSPECTED SERIOUS INJURY (MOTORCYCLE DRIVER)			D FRONT	10.0	2 - CLASS B	i i	2 - CDL INTRASTATE	NUALLY OPERATIA	RATINGAN 2-TEST REFUSED										
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY		3 - FRONT - RIGHT SIDE	3 - DEPLOYED		IDE 4 - CLASS C DTH FRONT/SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LEN	ISES	DEVICE (TEXTING, TYPING,				ON 3-TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE						
5 - NO APPARENT INJURY		4 - SECOND - LEFT SIDE	5- NOTAPPLI	CABLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS A	RÚS	DIALTING)  IS 3 - TALKING ON HANDS-FREE				4 - TEST GIVEN, RESULTS KNOWN						
(MOTORCYCLE PASSENGE INJURED TAKEN BY 5-SECOND-MIDDLE			9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY 6 - NO VALID DL					6 - EXCEPT CLASS A		COMMUNICATION DEVICE				5 - TEST GIVEN, RESULTS UNKNOWN						
1 - NOT TRANSPO	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE							& CLASS B BUS  7 - EXCEPT TRACTOR	-TRAILER	4-TALKING ON HAND-HELD  AILER COMMUNICATION DEVICE				·						
7 TREATED AT 2 - EMS	SUENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION OLENDORSEMENT  1-NOTEJECTED H-HAZMAT					8 - INTERMEDIATE L						ALCOHOLTESTTYPE 1-NONE						
3 - POLICE			2 - PARTIALLY EJECTED M - MOTORCYCLE					RESTRICTIONS 9 - LEARNER'S PERM	IIT ·	6 - PASSENGER				2 - BL00D						
9-OTHER/UNK	9-OTHER/UNKNOWN 9-THIRD-RIGHT SIDE 10-SLEEPER SECTION		3-TOTALLY EJECTED P - PASSENGER					RESTRICTIONS	ICUT ANNO	7 - OTHER DISTRACTION				3 - URINE 4 - BREATH						
	SAFETY EQUIPMENT OFTRUCK CAB		4 - NOT APPLICABLE N - TANKER  Q - MOTOR SCOOTER					10 - LIMITED TO DAYL		B-OTHER DISTRACTION OUTSIDE										
1 NONE USED 2 SHOULDER BE	T AND VICES	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		APPED	20050000	R-THREE-WHEEL MOT	AUR LAFF	12 - LIMITED - OTHER			VEHICLE ER/UNKNOWN	1	DRU	G TEST T	YPE					
3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOTTRAPPED S - SCHOOL BUS 2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAILER					13 - MECHANICAL DEV (SPECIAL BRAKES	, HAND	AND				1-NONE							
4 - SHOULDER & 1		12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHANIC 3 - FREED BY	AL MEANS	MEANS X-TANKER/HAZMAT			CONTROLS, OR OTH ADAPTIVE DEVICE					2 - BLOOD 3 - URINE							
		13 - TRAILING UNIT	INICAL MEANS GENDER			14 - MILITARY VEHICL		ONLY 2 - PHYSICAL IMPAIRMENT			3-URINE 4-OTHER									
6 - CHILD RESTRA	AINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F-	15 - MOTOR VEHICLES AIR BRAKES	TUOHTIW	THOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)				DRUG TEST RESULT(S)									
7 - BOOSTER SEAT		15 - NON-MOTORIST			M - MALE			16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4-ILLNESS				1-AMPHETAMINES						
B - HELMET USED		99 - OTHER / UNKNOWN								5- FELL ASLEEP, FAINTED, FATIGUED, ETC.				2 - BARBITURATES						
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						18-OTHER				6 - UNDER THE INFLUENCE				3 - BENZODIAZEPINES 4 - Cannabinoids						
10 - REFLECTIVE CLOTHING									OF MEDICATIONS / DRUGS / Alcohol				5-COCAINE							
11 - LIGHTING PE / BICYCLE ONL										9-OTHE	R / UNKNOWN			S/OPIOIDS						
99 - OTHER/UNKN	OWN											7 - OTHER 8 - Negative results								
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