

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

21-000016

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION		
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		
<input type="checkbox"/> PRIVATE PROPERTY	Bellbrook Police Department		NCIC*	HITS/SKIP	NUMBER OF UNITS
			02905	1 - SOLVED	01
				2 - UNSOLVED	01
					UNIT IN ERROR
					98 - ANIMAL
					99 - UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY
29	1	Bellbrook		04092021 1850	4
					1 - FATAL
					2 - SERIOUS INJURY SUSPECTED
					3 - MINOR INJURY SUSPECTED
					4 - INJURY POSSIBLE
					5 - PROPERTY DAMAGE ONLY

ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE	DECIMAL DEGREES
		2		Linda	DR	39.634531	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE	DECIMAL DEGREES
				2123		-84.097951	

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

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
01	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
1	4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	2	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
<input type="checkbox"/> ACTIVE SCHOOL ZONE					

LIGHT CONDITION	WEATHER
1	2
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN

NARRATIVE

Unit #1 was traveling North bound on S. Linda Dr. Unit #1 went off the east side of the roadway into the grass striking a concrete culvert.

Indicate the north direction with an "N" on the compass diagram.

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
04092021 1851	04092021 1845	04092021 1850	04092021 2010	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
30	60	145	Burns, Mark	
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			3	4

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**WILLIAMS, JULIE G**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**2001 CABERNET WAY Bellbrook Oh 45305-2901**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # GCD2999 VEHICLE IDENTIFICATION # 5TDBA22C84S013249 VEHICLE YEAR 2004 VEHICLE MAKE TOYT

INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 941962694 COLOR SIL VEHICLE MODEL SIE

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR 1 HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

MATERIAL RELEASED  PLACARD

TOWED BY: COMPANY NAME Sandy's Towing

UNIT TYPE 02

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME

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

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

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

SPECIAL FUNCTION 01

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

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - TOP [ 13 ]  
5 - TRAVEL LANE - OTHER LOCATION 6 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 3 PRE-CRASH ACTIONS 01

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 11

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY 20 - MOTOR VEHICLE IN TRANSPORT  
6 - IMPROPER TURN 12 - IMPROPER BACKING 21 - IMPROPER CROSSING

SEQUENCE OF EVENTS

1 08 1 - OVERTURN/Rollover 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 44 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 42 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT

**COLLISION WITH FIXED OBJECT - STRUCK**

4 \_\_\_\_\_ 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 \_\_\_\_\_ 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
6 \_\_\_\_\_ 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

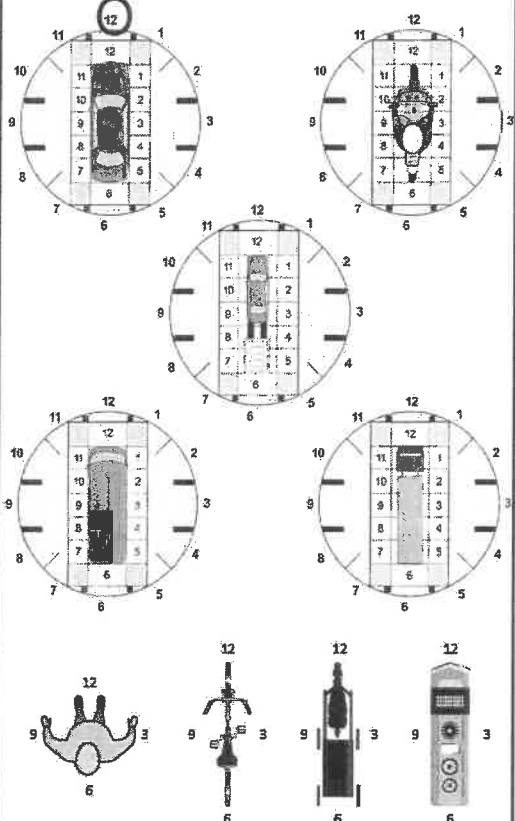
1 1 FIRST HARMFUL EVENT 3 3 MOST HARMFUL EVENT

**DAMAGE**

DAMAGE SCALE

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

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



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

INITIAL POINT OF CONTACT

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

**TRAFFIC**

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

TRAFFIC CONTROL 06 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

UNIT SPEED 025

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

POSTED SPEED 25

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-000016

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> WILLIAMS, CHASE GLEN		<b>DATE OF BIRTH</b> 02012005		<b>AGE</b> 16	<b>GENDER</b> M				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2001 CABERNET WAY BELLBROOK OH 45305 7503				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 4	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> Bellbrook Medic	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 4	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 4511.202	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Failure To Control		<b>CITATION NUMBER</b> 31333			
<b>OL CLASS</b> 4	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 7	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

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

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

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



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
21-000016

OCCUPANT	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>SCHULZ, NATHAN PATRICK</b>			DATE OF BIRTH <b>07092004</b>	AGE <b>16</b>	GENDER <b>M</b>			
	ADDRESS: STREET, CITY, STATE, ZIP <b>4191 WOODEDGE DR BELLBROOK OH 45305 1618</b>				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES <b>4</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY (NAME) <b>Bellbrook Medic</b>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED /TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
<b>GENDER</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		



**TRAFFIC CRASH WITNESS STATEMENT**

LOCAL REPORT NUMBER <b>21-16</b>	REPORTING AGENCY <b>BPD</b>	DATE OF CRASH M <b>4</b>   D <b>9</b>   Y <b>21</b>
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Chase Williams HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Officer S. Bennington 44 AT 2123 S. Linda Dr  
OFFICER'S NAME LOCATION

I was reaching for my phone to get directions, then I saw ~~it~~ it was off the road so I slammed on my brakes to stop but it was too late, I hit the ~~566~~ retaining wall. I turned off my car and me and my friend got out.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS <b>X</b> <i>[Signature]</i>	OFFICER'S SIGNATURE <b>X</b> <i>[Signature]</i>