OFFICE CRASH I	REPORT *DENOTES MA	ANDATORY FIELD FOR SUPPLEM	ENT REPORT		OCAL REPORT N	JMBER*
PHOTOS TAKEN OH-2 K OH-3	LOCAL INFORMATION			2023-	000	05803
OH-1P OTHER	REPORTING AGENCY NAME*		NCIC*	HIT/SKIP	NUMBER OF UNITS	
PRIVATE PROPERTY	Bellbrook Police	0 7	2905	1 - SOLVED L 2 - UNSOLVED	0,2	0 1 98 - ANEMAL 99 - UNKNOWN
2 9 1 2-VILLAGE Bellbro	VILLAGE, TOWNSHIP*			CRASH DATE /1	_	CRASH SEVERITY 1 - FATAL
3-TOWNSHIP			T	12062023		2 - SERIOUS INJURY
2 - SOUTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DE		SUSPECTED  3 - MINDR INJURY
4-44E31	Franklin	MIT FROM HOUSE A	ST	•	2 2 4	SUSPECTED
a - South	REFERENCE ROAD NAME (ROAD,	MILEPUS I, HUUSE #)	ROAD TYPE	LONGITUDE OF		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE
1 4-WEST 4-WEST	92		ST	-84,07,3	8 2 2	ONLY
ERGIN REFERENCE	ROUTE TYPE INTERSTATE ROUTE(TP) AL	ROAD TYPE - ALLEY HW- HIGHWAY R	D - ROAD		INTERSECTION RE	
3 2-MILE POST 2-SOUTH US-	EDETAL OF MOUTE		Q - SQUARE		RSECTION OR ON A	PPROACH
	CR CR		T - STREET E - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APPROACHES
FROM REFERENCE UNIT OF MEASURE	WIMPEDED TOWNSLUED		L - TRAIL		ROADWAY	
2 - FEET 3 - YARDS	ROUTE	- DRIVE PI - PIKE W - HEIGHTS PL - PLACE	VA - WAY	ROADWAY DIV	IDED	
LOCATION OF FIRST HARMFUL EVENT	MANI	NER of CRASH COLLISION/IMPA	CT	DIRECTION OF TRAVE		MEDIAN TYPE
1 - ON ROADWAY 9 - CROSSOVER 1 - ON SHOULDER 10 - DRIVEWAY//	LLEY ACCESS & BETY	COLLISION 4-REAR-TO-REAR NEEN 5-BACKING		1-NORTH	1 - D(V	IDED FLUSH MEDIAN
3 - IN MEDIAN 11-RAILWAY GF	ADE CROSSING VEHI	ICLES IN 6-ANGLE		2 - SOUTH 3 - EAST	2- DIV	IDED FLUSH MEDIAN
4 - ON ROADSIDE 12 - SHARED US 5 - ON GORE TRAILS	PATHS OR TRAI	NSPORT 7-SIDESWIPE, SAME R-END 8-SIDESWIPE, OPPO		4 - WEST		FEET ) (DED, DEPRESSED MEDIAN
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOTH	3 - HEA[	D-ON 9-OTHER/UNKNOW	/N			IDED, RAISED MEDIÁN Y TYPE)
8-OFF RAMP 99-OTHER/UNI	CNOWN				9- OTH	ER/UNKNOWN
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE
WINDLYE DE DECENT	ANE CLOSURE ANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST V WARNING SIGN	VORK ZONE	1_1_	_1	2
1 AW ENCODORMENT DOCCENT . 3-V	ORK ON SHOULDER	2 - ADVANCE WARNIN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
1-4	NTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2-WET 3-SNOW	2 - BLACKTOP, BITUMINOUS,
ACTIVE SCHOOL ZONE 5-0	THER	5 - TERMINATION ARE	A	4 - CURVE GRADE	4 - ICE	ASPHALT  3 - BRICK/BLOCK
LIGHT CONDITION  1 - DAYLIGHT	WEATHE			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIF OIL, GRAVEL	
4 2- DAWN/DUSK	1-CLEAR 01 2-CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		1	6 - WATER (STAND	STONE ING, 5-DIRT
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	3 - FOG, SMOG, SMOKE 4 - RAIN	8 - BLOWING SAND, SOIL, DIRT, 9 - FREEZING RAIN OR FREEZI		1	MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL	99 - OTHER / UNKNOWN	NG DIRECTE		9 - OTHER/UNKNO	NN
9 - OTHER / UNKNOWN						
NARRATIVE  Unit 1 was traveling east on \	Maet Franklin Strae	et and				Indicate the north direction with
failed to yield while turning le						an "N" on the compass diagram.
Franklin Street. Unit 2 was tra						
Franklin Street and struck Un						
side of the vehicle. Both units						-
BWC ON						1
		<del>1</del>		SEE OH:	2	-
		-			۷_	
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY						
1,20,62023, 1,746 1206		2062023 1	7541	2062023	1827	X POLICE AGENCY MOTORIST
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTES	officer's NAME* Johnston	CHE	ckeb by OFFIC	ER'S NAME*		
	OFFICER'S BADGE NUMBER*  OFFICER'S BADGE NUMBER*  CHECKED BY OFFICER'S BADGE NUMBER*  SUPPLEMENT CORRECTION OF ADDITION TO MA DESIGNATION OF ADDITION TO MA DESIGNATION OF ADDITION TO MA DESIGNATION OF ADDITION TO MADERIAL STATEMENT OF THE PROPERTY OF THE					(CORRECTION OR ADDITION
0 6 0 1 0	L B B 4	3	3 B	3 3	- i - i	



III A 1		MIDDLE ( SAME AS DRIVER		OWNER F	PHONE: INCLU	IDE AREA CODE ( SAME AS DRIVER)		DAMAGE	
OWNER ADDRESS: STR		RT EUGENE				<del></del>	■ 1 - NONE	DAMAGE SCAL	.E FUNCTIONAL DAMAGE
74			TWP, OH 45440				3 1-NONE 2-MINORI		DISABLING DAMAGE
COMMERCIAL CARRIE				COMMER	CIAL CARRIER I	PHONE: INCLUDE AREA CODE		9 - UNKNOWN	
				لــــــــــــــــــــــــــــــــــــــ		1 1 1 1 1 1		DAMAGED ARE	
LP STATE LICENSE F			E IDENTIFICATION # L 3 2 L A 8 2 (	3 9 4 Z	O O 2	R VEHICLE MAKE	12 12	CATE ALL THAT	APPLY 12
VERIFIED Allsta			INSURANCE POLICY # 26343477		CDLOR WHI	VEHICLE MODEL  Expedition	10 11 12	3	10 12 1
	OF USE EVERNMENT	IN EMERGENCY L	US DOT #	TOWED B	Y: COMPANY	NAME US MATERIAL	9 10 2 3 5 4	o	9 3 3
EQUIPPED -	IT/SKIP UNIT	0 2	HICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS.  1 3 - >26K LBS.	PLA	TERIAL C EASED AGARD	LASS# PLACARD ID#	7 5 6 5	5 1 1 2 2	8 7 5 4
3 - SPORT UTIL UNIT TYPE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SI	VAN (MINIVAN) 8 Ityvehicle 9	- MOTORCYCLE 2-WHEELED - MOTORCYCLE 3-WHEELED - AUTOCYCLE 0- MOPED OR MOTORIZED BICYCLE 1- ALL TERRAIN VEHICLE (ATV / UTV)	14 - SINGLE UNIT TRUCK 15 - Semi-tractor	18 - LIMO (LIVERY 19 - BUS (16+ PAS: 20 - OTHER VEHIC 21 - HEAVY EQUIP 22 - ANIMAL WITH ANIMAL-DRAY	SENGERS) Le Ment I rider or	23-PEDESTRIAN/SKATER 24-WHEELCHAIR (ANYTYPE) 25-OTHER NON-MOTORIST 26-BICYCLE 27-TRAIN 99-UNKNOWN OR HIT/SKIP	10 9	12 15 10 2 9 3 0 4 7 6	3 3 5 11 12
		WN AUTONOMOUS MODE LEVEL	1 - DRIVER ASSISTANCE	3 - CONDITIONAL 4 - HIGH AUTOMA 5 - FULL AUTOMA	TION	9 - UNIKNOWN	10 12 1 10 10 2 9 3 3	3	11 12 1 10 11 10 2 9 9 3 3 3
FUNCTION 4 - SCHOOLTRA	7 RIDE SHARING B	- BUS - CHARTER/TOUR - BUS - INTERCITY - BUS - SHUTTLE - BUS - OTHER 0-AMBULANCE	12 - MILITARY 13 - POLICE	16 - FARM 17 - MOWING 18 - SHOW REMOV 19 - TOWING 20 - SAFETY SERV		21 - MAIL CARRIER 99 - Other / Unknown	8 7 6 5	12	8 7 5 5 4 7 6 5 5
O 1 1-NO CARGO B / NOT APPLI CARGO 2-BUS TYPE	CABLE	- VEHICLE TOWING ANOTHER MOTOR VEHICLE - LOGGING	CHASSIS  6 - CARGO VANVENCLOSED BOX	8 - POLE 9 - CARGOTANK 10 - FLAT BED 11 - DUMP		12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3	9 2 3	9 3 9 3
1 - TURN SIGNA VEHICLE 2 - HEAD LAMP DEFECTS 3 - TAIL LAMPS	S 5	- BRAKES - STEERING - TIRE BLOWOUT		9 - MOTORTROUB 10 - DISABLED FR ACCIDENT		99-OTHER/UNKNOWN	6 - NO DAMAGE	6	6 6  NDERCARRIAGE L 14 J
1-INTERSECTI CROSSWALK NON-MOTORIST 2-INTERSECTI LOCATION AT IMPACT	M – UNMARKED	- INTERSECTION - OTHER - MIDBLOCK - MARKED CROSSWALK -TRAVEL LANE - OTHER LOCATE	7 - SHOULDER / ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROS 10 - DRIVE WAY AC 11 - SHARED USE TRAILS	CESS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN		_	LL AREAS [ 15 ]
1 - NON-CONTAC 2 - NON-COLLIS 2 - NON-COLLIS 3 - STRIKING ACTION 4 - STRUCK 5 - BOTH STRUCK \$ STRUCK 9 - OTHER! UNX	ON 0 6 2 PRE-CRASH 4 ACTIONS 5	- STRAIGHT AHEAD - BACKING - CHANGING LANES - OVERTAKING/PASSING - MAKING RIGHTTURN - MAKING LEFTTURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 1N TRAFFIC	13 - NEGOTIATING 14 - ENTERING OR SPECIFIED LO 15 - WALKING, RUI JOGGING, PLA 16 - WORKING 17 - PUSHING VEH	CROSSING CATION NNING, YING	18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER; UNKNOWN	D - NO DAM	RTOUNIT 15 RAM 99	- UNDERCARRIAGE - VEHICLE NOT AT SCENE - UNKNOWN
1-HONE		- LEFT OF CENTER		17 - VISION OBSTR		21 - LYTHG IN ROADWAY		TRAFFIC	
2 - FAILURE TO' 2 - FAILURE TO' 3 - RAN RED LIG 4 - RAN STOP SI CIRCUMSTANCES 5 - UNSAFE SPE	TELD 8 HT 9 GN 10	-FOLLOWING TOO CLOSE / ACE -IMPROPER LANE CHANGE 0-IMPROPER PASSING 1-DROVE OFF ROAD	PARKED POSITION  14-STOPPED OR PARKED ILLEGALLY  15-SWERVINGTO AVOID	18-OPERATING DE EQUIPMENT 19-LOAD SHIFTIN SPILLING	EFECTIVE IG/FALLING/	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPERACTION	TRAFFICWAY FLOW  1 - ONE-WAY  2 2 - TWO-WAY	1-l 6 2-s	AFFIC CONTROL ROUNDABOUT 4 - STOP SIGN SIGNAL 5 - YIELD SIGN FLASHER 6 - NO CONTROL
	JRN 1	2-IMPROPER BACKING	16-WRONG WAY	20-IMPROPER CR	SUSSING		# OF THROUGH LANES ON ROAD		GRADE CROSSING
SEQUENCE OF EVENTS			eve-				2		VOT INVOLVED INVOLVED-ACTIVE CROSSING
1 - OVERTURNA 2 - FIRE/EXPLO		- EQUIPMENT FAILURE - SEPARATION OF UNITS	OPPOSITE DIRECTION OF	16 - RAILWAY VEH 17 - ANIMAL — FA		22 - WORK ZONE MAINTENANCE EQUIPMENT		3-1	NVOLVED-PASSIVE CROSSING
3 - IMMERSION 2 1	8 9 JPMENT 10	- RAN OFF ROAD RIGHT - RAN OFF ROAD LEFT D - Cross Median	12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN	18 - ANIMAL — DE 19 - ANIMAL — OT 20 - MOTOR VEHIC TRANSPORT 21 - PARKED MOTO	HER Le in	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO	1 2-3	DIRECTION  NORTH 5 - NORTHEAST  SOUTH 6 - NORTHWEST  EAST 7 - SOUTHEAST  WEST 8 - SOUTHWEST
95 1140407 1	CALINATION OF		N WITH FIXED OBJECT			EO HINDY TONE MATERIANA			9 - OTHER / UNKNOWN
25-1MPACT ATT 4 CRASH CUS 26-BRIDGE OVE	RHEAD 33	L-GUARDRAIL END 2-Portable Barrier 3-Median Cable Barrier	38-OVERHEAD SIGN POST 39-LIGHT/LUMINARIES	43 - CURB 44 - DITCH 45 - EMBANKMEN	Г	50 - WORK ZONE MAINTENANCE EQUIPMENT 53 - WALL	UNIT SPEED		DETECTED SPEED  1 - STATED / ESTIMATED SPEED
STRUCTURE  5 L 1 J 27 - BRIDGE PIE  28 - BRIDGE PAF	R OR ABUTMENT	4 - MEDIAN GUARDRAIL Barrier 5 - Median Concrete	40 - UTILITY POLE	46 - FENCE 47 - MAILBOX		52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	1 0	1	2 - CALCULATED / EDR
61 1 29 - BRIDGE RAI 30 - GUARDRAIL		BARRIER 6- MEDIAN OTHER BARRIER	UD STIDDUDT	48 - TREE 49 - FIRE HYDRAN	Т	99 - OTHER / UNKNOWN	POSTED SPEED  2 5		3 - UNDETERMINED
1 FIRST HAR	MFUL EVENT	1 MOST H	IARMFUL EVENT				23		
HSY8304 OH1U 1/19 [760-0820] PAGE 2 0F 5									



OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER) DAMAGE STEELE, DENISE MARIE 9 3 7 4 7 7 5 2 5 6 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER! 1 - NONE 3 - FUNCTIONAL DAMAGE 1512 CHESTNUT Grove RD Road BELLBROOK, OH 45305 ■ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY O H FCS1094 **VEHICLE IDENTIFICATION #** VEHICLE YEAR VEHICLE MAKE 4 T 1 B F 2 8 B 3 4 U 3 4 2 3 8 2 0 0 4 Toyota INSURANCE COMPANY
VERIFIED GEICO INSURANCE POLICY # COLOR VEHICLE MODEL 6011798128 BLU Avalon TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT IN EMERGENCY HAZARDOUS MATERIAL VEHICLE WEIGHT GYWR/GCWR #OCCUPANTS MATERIAL RELEASED INTERLOCK DEVICE CLASS # PLACARD ID # 1 - ≤10K LBS. HIT/SKIP UNIT 0 1 2 - 10,001 - 26K LBS. PLACARD 13 - >26K 18S 11 1 I - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 18 - LIMO (LIVERY VEHICLE) 12-GOLF CART 23-PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOW MORTLE 19 - BUS (16+ PASSENGERS) 24-WHEELCHAIR (ANY TYPE) 2 - PASSERMENT STATE OF THE STA 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10-MOPED OR MOTORIZED 15-SEMI-TRACTOR ZI - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11-ALLTERRAINVEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - LINKNOWN OR HIT/SKIP (ATV/UTV) 00 # OF TRAILING UNITS WASVEHICLE OPERATING IN AUTONOMOUS O . MO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 0 1 - DRIVER ASSISTANCE A . HIGH AUTOMATION AUTONOMOUS 2 - PARTIAL AUTOMATION 1-YES 2-NO 9-OTHER/UNKNOWN 5 - FULLAUTOMATION MODE LEVEL 16 - FARM 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 21 - MAIL CARRIER 1 2-TAX 17 - MOWING 7 - RUS - INTERCTTY 12-MILITARY 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL UNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19 - TOWING 5 \_ BUS \_TRANSIT/COMMUTER \_ 10\_AMBILLANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 1 - NO CARGO BODYTYPE 8 - POLE 12-CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER CARGO 2 - BUS 6 - CARGO VAM/FNCLOSED BOX 4 - LOGGING 10 - FLAT BED 14-GARBAGE/REFUSE 8 7 - GRAIN/CHIPS/GRAVEL TYPE 11 - DUMP 99\_OTHER/LINKWOWN 00 1 - TURN SIGNALS 4 - RRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99-OTHER/UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTIVE **ACCIDENT DEFECTS 3-TAIL LAMPS** 6 - TIRE BLOWOUT - NO DAMAGE [ 0 ] -UNDERCARRIAGE ( 14 ) 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAWCROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE -TOP [ 13 ] 7 - SHOULDER / ROADSUBE 10 - DRIVEWAY ACCESS 4 - MIDBLOCK - MARKED T-ALL AREAS (15) NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION -UNIT NOT AT SCENE [ 16 ] TRAILS I - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - REGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERINGTRAFFICIANE 14. ENTERING OR CROSSING 3 0 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 19-STANDING SPECIFIED LOCATION 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE → 3 - STRIKING 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING RENNING. 20 - OTHER NON-MOTORIST 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5- BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11-SLOWING OR STOPPED 13 - TOP 16 - WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING TH ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED EQUIPMENT 0,1 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - SIGNAL 5 - YIELD SIGN 2 - TWD-WAY ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99 - OTHER IMPROPERACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 JIMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 2 - INVOLVED-ACTIVE CROSSING EVENTS 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 17 - ANIMAL -- FARM 2 - FIRE/EXPLOSION 7 - SEPARATION OF HINITS TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING, 18-ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 5 - NORTHEAST SHIFTING CARGO OR 1 - NORTH 19-ANUMAL - OTHER J 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER MON-COLLISION ANYTHING SET IN MOTION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO/ EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN \_ To \_ TRANSPORT 3 - EAST 7 - SOUTHEAST LOSS OR SHIFT 24 - OTHER MOVABLE OBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25-IMPACT ATTENUATOR 31-GUARDRAIL END 50-WORK ZONE MAINTENANCE 37 - TRAFFIC SIGN POST 43 - CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH LINIT SPEED DETECTED SPEED 26-BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46 - FENCE 27 - BRIDGE PIER OR ABUTMENT BARRIER 40 - UTILITY POLE 53 - TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30-GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42. CHI VERT 2 5 **\_1** → FIRST HARMFUL EVENT 

LOCAL REPORT NUMBER

2023

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	UNIT#															
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IST	ADDRESS:	IESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE														
108	2959 RI	VER EDGE	CR Circle SPRING	VALLEY	, OH 45	370				9	3	7 6	5 8	1 7	2 (	6 7
NON-M	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJUREDT	AKEN TO:	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED 0 4		OT-COMPL C HELM	IANT		AIR BAG US	AGE EJECTION	TRAPPED 1
ST	OL STATE	OPERATOR L	ICENSE NUMBER		OFFENS	SE CHAR	RGED	LOCAL	OFFENSE DESC	RIPTIO	IN			CITATIO	N NUMBER	-]
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5	UNIT #	NAME: LAST, I	FIDST MIDDLE				I NEK DKUG			=		DATE OF	RIPTH	_	AGE	GENDER
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OR			Grove RD Road BEL	LBROO	K, OH 4	5305				9		7 , 7		, 6 , 8	, 2 , 3	3 8
OW-	INJURIES	INJURED	EMS AGENCY (NAME)		<del> </del>		: MEDICAL FACILITY	(NAME, GITY)	SAFETY EQUIPMENT			SFAT	ING POSITION	AIR BAG US		
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i				BY	1		LCOHOL MAF	RIJUANA	1	1	1			1 :	L	25.00/11/2002
2	UNIT#	NAME: LAST J	FIRST, MIDDLE				THER DRUG					DATE OF	RIRTH		AGE	GENDER
q	UNIT # NAME: LAST, FIRST, MIDDLE												"	1		
21	ADDRESS:	STREET, CITY, ST	ATE, ZIP							CONT	TACT PH	ONE - INC	LUDE AREA CO	DE		<u> </u>
1081		ONT FOR A SHOULD REAL WAY						7								
OW-Y	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED T	AKEN 10:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED		DT-COMPL	SEAT	ING POSITION	AIR BAG US	AGE EJECTION	N TRAPPED
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		SELECT UPTO 2		BY	STRACTED	AI.	LCOHOL MAF	RLJUANA		SIAIU	5 TYPE	VA	LUE !	TATUS T	YPE RESUL	IT SELECT UP 104
L				L L		10	THER DRUG				ال	ا ال			ـــالــــا	<u>ا</u> ــالــا
1	INJU - FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		OL CLASS 1-CLASS A	200	OL RESTRIC 1-ALCOHOLINTER			RIVER I	DISTRACT RACTED		TEST STA	ATUS
		SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTATI		775	- MANUALL	Y OPERATING	AN 2-	TEST REFUSED	
100	- SUSPECTED I - POSSIBLE IN	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - 0EPL01	/ED SIDE /ED BOTH FRO	NT / SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES		DEVICE (1	NIC COMMUNE Texting, Typi		TEST GIVEN, CO SAMPLE / UNUS	
	- NO APPAREN		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5-NOT AP		HII SIDL	(OHIO = D)		5-EXCEPT CLASS	BUS	3	DIALING) -TALKING (	ON HANDS-FRI	t t	TEST GIVEN, RE	A CONTRACTOR OF THE PARTY OF TH
	INJURED	TAKEN BY	5 - SECOND - MIDDLE	9-DEPLOY	MENT UNKNO	WN	5 - M/C MOPED ONLY 6 - NO VALID OL		6-EXCEPT CLASS / & CLASS B BUS	1			ICATION DEVIC ON HAND-HELI	-	TEST GIVEN, RE UNKNOWN	SULTS
1	- NOT TRANSPO		6 - SECOND – RIGHT SIDE 7 - THIRD – LEFT SIDE		JECTION		OL ENDORSEN	ADAVIT	7 - EXCEPT TRACTO		R	COMMUNI	CATION DEVICE	CE A	LCOHOL TE	ST TYPE
2	- EMS	SOLINE	(MOTORCYCLE SIDE CAR)	1-NOTEJ	-	7 100	H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	,		TIVITY WITH . NIC DEVICE	1.	NONE	
	- POLICE	18 Entre	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE		LLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S PER RESTRICTIONS	MIT		- PASSENGE - OTHER DI			BLOOD URINE	
3	- OTHER / UNK		10 - SLEEPER SECTION	3-TOTALL 4-NOT AP			P - PASSENGER N - TANKER		10 - LIMITED TO DAY	LIGHT ON	ILY	INSIDE TH	HE VEHICLE	4-	BREATH	111
	SAFETY E - None Used	QUIPMENT	OF TRUCK CAB 11 - Passenger in Other		RAPPED		Q - MOTOR SCOOTER		11 - LIMITED TO EMP		т 8	- OTHER DI	STRACTION OL Cle	JTSIDE 5-	OTHER	
	- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1- NOT TRAPPED		R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHE S - SCHOOL BUS 13 - MECHANICAL D		13 - MECHANICAL DE	VICES		- OTHER/U	INKNOWN		DRUGTEST	TTYPE				
3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA 3		2 - EXTRIC MECHA	ATED BY NICAL MEANS		T - DOUBLE & TRIPLE	TRAILERS	CONTROLS, OR O	THER			NOITION	-	BLOOD			
		CARGO AREA	3-FREED	ВУ		X - TANKER / HAZMAT		ADAPTIVE DEVI				TLY NORMAL IMPAIRMENT		URINE		
6	FORWARD FACING 13 - TRAILING UNIT NON-MECHANIC 6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR		SUPPLIED AL MI	-7013	GENDER		15 - MOTOR VEHICLE AIR BRAKES			- EMOTIONA	AL (E.G., DEPRES	SSED,	OTHER	CCULTON		
	REAR FACING		(NON-TRAILING UNIT) 15 - NON-MOTORIST				F - FEMALE M - MALE		16 - OUTSIDE MIRRO	R	4	ANGRYDIST	UKBED)	100	RUG TEST R Amphetamine	
	- BOOSTER SEA - HELMET USE		99 - OTHER / UNKNOWN				U-OTHER/UNKNOWN		17 - PROSTHETIC AID	)	5	FELL ASLE	EEP, FAINTED,	2-	BARBITURATES	
9	- PROTECTIVE (ELBOW, KNE								18 - OTHER		6.	UNDERTH	E INFLUENCE		BENZODIAZEPII Cannabinoids	
100	- REFLECTIVE	CLOTHING										/ALCOHOL		5.	COCAINE	
11	- LIGHTING - P / BICYCLE ON										9.	OTHER/U	NKNOWN		OPIATES / OPIOI OTHER	IDS
99	- OTHER / UNX														NEGATIVE RESU	ULTS

OH OH	IO DEPA PUBLIC ST - periode	SAFETY O	CCUPANT /	WITHE	SS ADDENDU	M		2023	LOCAL REP	ORT NUMBER	8 0	3
UNIT	#	NAME: LAS	ST, FIRST, MIDDLE					<u> </u>	TE OF BIRTH	<u> </u>	AGE	GENDER
<u> </u>								F 1 1 1	1 1 1		1 1	, all beautiful and a second
ADDRI	ESS: S	TREET, CITY,	STATE, ZIP	====				CONTACT PHON	E - INCLUDE AREA CO	DE		-
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INJUR	I I	AKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Fai	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT	*	NAME: LAS	T, FIRST, MIDDLE		*			DA*	TE OF BIRTH		AGE	GENDER
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ane	E <b>55:</b> S	TREET, CITY,	STATE, ZIP					CONTACT PHONI	- INCLUDE AREA CO	DE	21 IV	
INJURI	T	NJURED AKEN Y	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
TINU		NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH	L-T	AGE	GENDER
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ADDRE	<b>.\$\$</b> : \$	TREET, CITY,	STATE, ZIP					CONTACT PHONE	• INCLUDE AREA CO	DE 3		
INJURI	Ee In	NJURED	EMS Agency (NAME)									1 3
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TINU	# 1	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER
ADDRE	<b>SS</b> : \$1	FREET, CITY,	STATE, ZIP					CONTACT PHONE			11	
ADDRE			·					CONTACT PROME	- INCLUDE AREA COL	JE 8 60 10		
INJURI		NJURED AKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	B	Υ					USED	MC HELMET				
1 - FA	TAL	INJU	RIES		EQUIPMENT USED		SEATING POS	ITION	Berthall St.	AIR BAG U	SAGE	Latin S
		CTED SE	RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT		T – LEFT SID <b>E</b> ORCYCLE DRIV	ER)	1 - NOT DE			
3 - SI	JSPE	CTED MI	NOR INJURY		R BELT ONLY USED 2 - FRONT - MIDDLE			2 - DEPLOYED FRONT 3 - DEPLOYED SIDE				
1507 17		BLE INJU			FONLY USED  3 - FRONT - RIGHT SIDE  4 - SECOND - LEFT SIDE  (MOTOPOYCLE PASS)			4 - DEPLOYED BOTH				
5 - NO	DAPF	PARENT I	NJURY		STRAINT SYSTEM -		DRCYCLE PASS ND – MIDDLE	ENGER)	FRONTA 5 - NOT API			
7 11	0.00		TAKEN BY	FORWARD			ND - RIGHT SIE	ÞΕ	9 - DEPLOY		NOWN	
		ANSPORT		REAR FAC	STRAINT SYSTEM – ING		D – LEFT SIDE DRCYCLE SIDE	CAR) EJECTION				
2 - EN				7 - BOOSTER			) – MIDDLE ) – RIGHT SIDE	1 - NOT EJECTED			33.16	
3 - P0		/ UNKNO	4/3/	8- HELMET	JSED VE PADS USED	10 - SLEEPER SECTION OF TRUCK CAB 2 - PARTIA			2 - PARTIA		D	Vision.
9 - 01	nek	GEN	ACT OF THE REAL PROPERTY.		(NEES, ETC.)	11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJEC CARGO AREA (NON-TRAILING UNIT, 4 - NOT APPLICAE						
F-FE	MALE			10 - REFLECT			ICK-UP WITH CAP		4- NOT AP	TRAPPE	0	
M - MA		11811281201		/ BICYCLE	- PEDESTRIAN ONLY	CARGO AREA 1 - NOT TRAPPE			SOUTH COMPANY			
0 - 011	nek/	UNKNOW		99 - OTHER / U	NKNOWN					RICATED BY MECHANICAL		
							RAILING UNIT)		MEANS 3 - FREED E	Y NON-MF	CHANTCA	
	M						R/UNKNOWN		MEANS		211711102	
2		IRST, MIDDL						DATI	E OF BIRTH		AGE	GENDER
	SMITH, KRYSTAL ELIZABETH ADDRESS: STREET, CITY, STATE, ZIP					O 1 1 1			<u> </u>	<u>_F</u>		
3634	3634 RIDGEWAY RD Road BELLBROOK, OH 45305					CONTACT PHONE - INCLUDE AREA CODE  9 3 7 2 8 3 4 2 1 9						
NAME: LAST, FIRST, MIDDLE					DATI	OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
NAME:	NAME: LAST, FIRST, MIDDLE						DATE	OF BIRTH	- 1 - 1	AGE	GENDER	
ADDRES	S: ST	REET, CITY, S	TATE, ZIP					CONTACT PHONE		Yi 70		
	_								1 1			

#### OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT 2023-00005803	AGENCY Bellbrook Police	DATE OF ACCIDENT M 12 D 06 Y2023
IN COUNTY OF 29 Greene	ACCIDENT W Franklin ST Street	JAI - JO C TABLE
		N
92 W. Frankli	Unit 1 Unit 2	
	W. Franklin St.	-
	Not to scale	
	OFFICERS SIGNATURE BB43\ Johnston, Rya	in, M, BADGE NO. BB43

# Ohio Department of Public Safety

### TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	DEPORTING ACTION	
O TO	REPORTING AGENCY	DATE OF CRASH
25-2803	Bellbrook Police	12 1 1 1 2
		MID D V

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

1, Krystal Smith	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
R. Johnston OFFICER'S NAME	AT West FRANKLINST.
explorer headed ea cour in front of me couldn't Stop fast con white explorer. The didn't have any reas	of me outso headed toff by a white ast bound. The hit because braves but rough 3 hit the white explorer
	That the explorer
	Krusta 1 Smith
	437-283-4219 Lic#
ADDRESS OF WITNESS  36 9 Kidgeray Rd. Bellbrook  SIGNATURE OF WITNESS  AND A COUNTY OF THE PROPERTY OF THE PRO	OFFICERYS SICNATURE X



## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
23-5803	Rollbrook Police	M/2 D6 Y23

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

1, Dean Mc Master PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
R. Johnston OFFICER'S NAME	AT W. Franklin St.
Heading Eastband on West	Franklin Street and turned
left into the Church pas left into the Church pas left into the Church pas	king let and was struck on the
left - Passanger Side.	
ADDRESS OF WITNESS 2959 Circle Spring	Allex, Ohio (937)532 9409-Min
ADDRESS OF WITNESS 2959 KIVET Edge Circle, Spring l SIGNATURE OF WITNESS X Den Master	OFFICER'S SIGNATURE X



#### TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH			
23-5803	Bellbrook Police	M/2 D 6 YAR			

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

1, Alex Steple	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
I, MILX ) TREC	TENEDI MANE THIS VOLUNTARY STATEMENT TO
	AT
OFFICER'S NAME	LOCATION
I was allowing west bound on we	) + Franklih Street and a car
million to the total of the total	
The dintint of Me, I stape	d on the brakes and range geted
the sicht a land the otto	101
The Fight S de UT The Under VC	1.Cle x
N22	
ADDRESS OF WITNESS 1512 Clest nut grave ct. SIGNATURE OF WITNESS	(a) ~1 >-1 223 D
1516 CHESTHAT GLOVE CT.	(9)7)-776-8238
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
× Alex Steels	X