



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2024 - 00000835

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**Bellbrook Police**    NCIC\*  
**02905**

HIT/SKIP    NUMBER OF UNITS    UNIT IN ERROR  
 1 - SOLVED    02    01 98 - ANIMAL  
 2 - UNSOLVED    01 99 - UNKNOWN

COUNTY\*    LOCALITY\*    LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**29**    **1**    **Bellbrook**

CRASH DATE / TIME\*    CRASH SEVERITY  
**01222024 1524**    **5**  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE    ROUTE NUMBER    PREFIX    LOCATION ROAD NAME    ROAD TYPE  
**S T**       **3**    **FRANKLIN**    **S T**  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**EAST**

LATITUDE DECIMAL DEGREES    LONGITUDE DECIMAL DEGREES  
**39.635941**    **-84.069498**

REFERENCE POINT    DIRECTION FROM REFERENCE    ROUTE TYPE    ROAD TYPE  
 1 - INTERSECTION    1 - NORTH    IR - INTERSTATE ROUTE(TP)  
 2 - MILE POST    2 - SOUTH    US - FEDERAL US ROUTE  
 3 - HOUSE #    3 - EAST    SR - STATE ROUTE  
 4 - WEST    4 - WEST    CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT    MANNER OF CRASH COLLISION/IMPACT    DIRECTION OF TRAVEL    MEDIAN TYPE  
**01**    **2**    1 - NORTH    1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - ON SHOULDER    10 - DRIVEWAY/ALLEY ACCESS    2 - SOUTH    2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING    3 - EAST    3 - DIVIDED, DEPRESSED MEDIAN  
 4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS    4 - WEST    4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 5 - ON GORE    13 - BIKE LANE    9 - OTHER/UNKNOWN  
 6 - OUTSIDE TRAFFIC WAY    14 - TOLL BOOTH  
 7 - ON RAMP    99 - OTHER / UNKNOWN  
 8 - OFF RAMP

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

LIGHT CONDITION    WEATHER  
**1**    **01**  
 1 - DAYLIGHT    1 - CLEAR    6 - SNOW  
 2 - DAWN/DUSK    2 - CLOUDY    7 - SEVERE CROSSWINDS  
 3 - DARK - LIGHTED ROADWAY    3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW  
 4 - DARK - ROADWAY NOT LIGHTED    4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE  
 5 - DARK - UNKNOWN ROADWAY LIGHTING    5 - SLEET, HAIL    99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

NARRATIVE  
**On Monday, January 22, 2024 at 1524 hours I responded to a crash on East Franklin Street near East Street. Unit II was traveling eastbound on East Franklin Street and had stopped for traffic turning left onto East Street. Unit II was struck by Unit I traveling eastbound on East Franklin Street. Both Unit I and Unit II had minor damage. Unit I was issued citation 32175 for ACDA ORC 4511.21. My body camera was activated during this incident.**  
 Respectfully,  
**Det. J.Warren #37**

Indicate the north direction with an "N" on the compass diagram.  
  
 SEE OH-2

CRASH REPORTED DATE / TIME    DISPATCH DATE / TIME    ARRIVAL DATE / TIME    SCENE CLEARED DATE / TIME    REPORT TAKEN BY  
**01222024 1524**    **01222024 1524**    **01222024 1524**    **01222024 1548**     POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 0055)

TOTAL TIME ROADWAY CLOSED    OTHER INVESTIGATION TIME    TOTAL MINUTES    OFFICER'S NAME\*    CHECKED BY OFFICER'S NAME\*  
**0**    **60**    **84**    **Warren**    **Williams**  
 OFFICER'S BADGE NUMBER\*    CHECKED BY OFFICER'S BADGE NUMBER\*  
**B B 3 7**    **B B 4 2**

OWNER UNIT # 01 OWNER NAME: FLOYD, GARY EUGENE OWNER PHONE: 9373089145

OWNER ADDRESS: 2535 SPAHR RD Road XENIA, OH 45385

LP STATE OH LICENSE PLATE # KBK5570 VEHICLE IDENTIFICATION # 5FPYK3F5XPB022253 VEHICLE YEAR 2023 VEHICLE MAKE Honda

INSURANCE COMPANY ERIE INSURANCE TYPE OF USE COMMERCIAL

UNIT TYPE 04 PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED

VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS

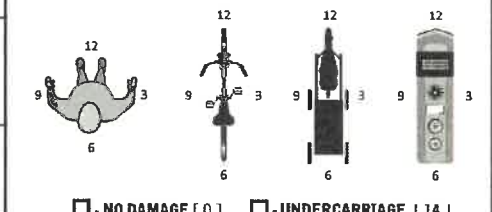
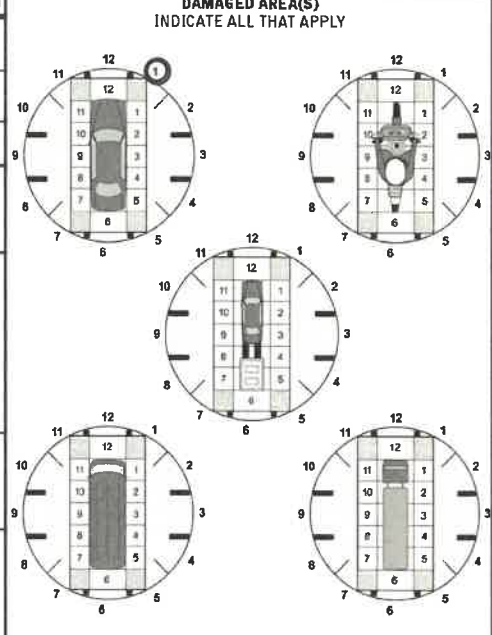
NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK

ACTION 3 STRUCK PRE-CRASH ACTIONS 01 CHANGING LANES

CONTRIBUTING CIRCUMSTANCES 08 1 - NONE 2 - FAILURE TO YIELD

SEQUENCE OF EVENTS 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE

DAMAGE DAMAGE SCALE 2 1 - NONE 2 - MINOR DAMAGE



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

INITIAL POINT OF CONTACT 01 0 - NO DAMAGE 14 - UNDERCARRIAGE

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

# OF THROUGH LANES ON ROAD 6 RAIL GRADE CROSSING 1

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3

UNIT SPEED 15 POSTED SPEED 25 DETECTED SPEED 1

**OWNER**

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **DULEY, MARY H**  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) **9374160508**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**1742 MAUMEE DR Drive XENIA, OH 45385**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

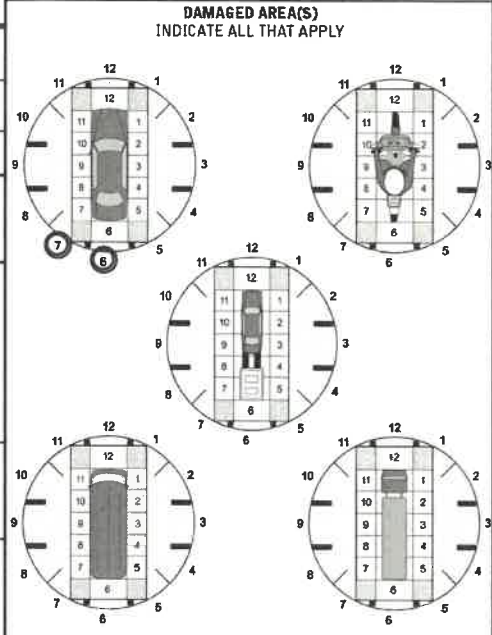
**DAMAGE**

**DAMAGE SCALE**

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

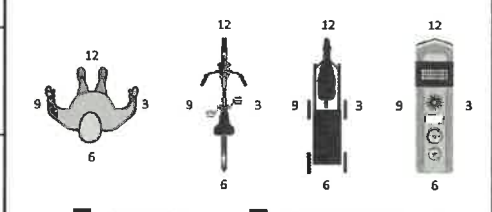
**VEHICLE**

LP STATE **OH** LICENSE PLATE # **DWS4467** VEHICLE IDENTIFICATION # **1HGCV1F11KA141663** VEHICLE YEAR **2019** VEHICLE MAKE **Honda**  
 INSURANCE VERIFIED  INSURANCE COMPANY **AARP INSURANCE** INSURANCE POLICY # **55100157357** COLOR **BLU** VEHICLE MODEL **Accord**  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_



UNIT TYPE **01**

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 19 - UNKNOWN OR HITSKIP



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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL **0** 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION **01**

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

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

CARGO BODY TYPE **01**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION **4** PRE-CRASH ACTIONS **01**

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

**INITIAL POINT OF CONTACT**

**06** 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN  
 1-12 - REFER TO UNIT DIAGRAM 13 - TOP

CONTRIBUTING CIRCUMSTANCES **01**

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACCD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**TRAFFIC**

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

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

SEQUENCE OF EVENTS

**20** 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

# OF THROUGH LANES ON ROAD \_\_\_\_\_

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

**COLLISION WITH FIXED OBJECT - STRUCK**

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 EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

**UNIT / NON-MOTORIST DIRECTION**

FROM **4** TO **3**

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

**UNIT SPEED** **0**

**POSTED SPEED** **25**

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



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
**2024-0000835**

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> FLOYD, GARY EUGENE		<b>DATE OF BIRTH</b> 02031943		<b>AGE</b> 80	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2535 SPAHR RD Road XENIA, OH 45385			<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9373089145			
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<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>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 4511.21 MM	<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b> Speed		<b>CITATION NUMBER</b> 32175
<b>OL CLASS</b>	<b>ENDORSEMENT SELECT UP TO 2</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER DISTRACTED BY</b> 1	<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>		<b>DRUG TEST(S)</b>				
<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>	
1	1	.	1	1		

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> DULEY, MARY H		<b>DATE OF BIRTH</b> 12201944		<b>AGE</b> 79	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1742 MAUMEE DR Drive XENIA, OH 45385			<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9374160508			
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<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>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<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> 1	<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>		<b>DRUG TEST(S)</b>				
<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>	
1	1	.	1	1		

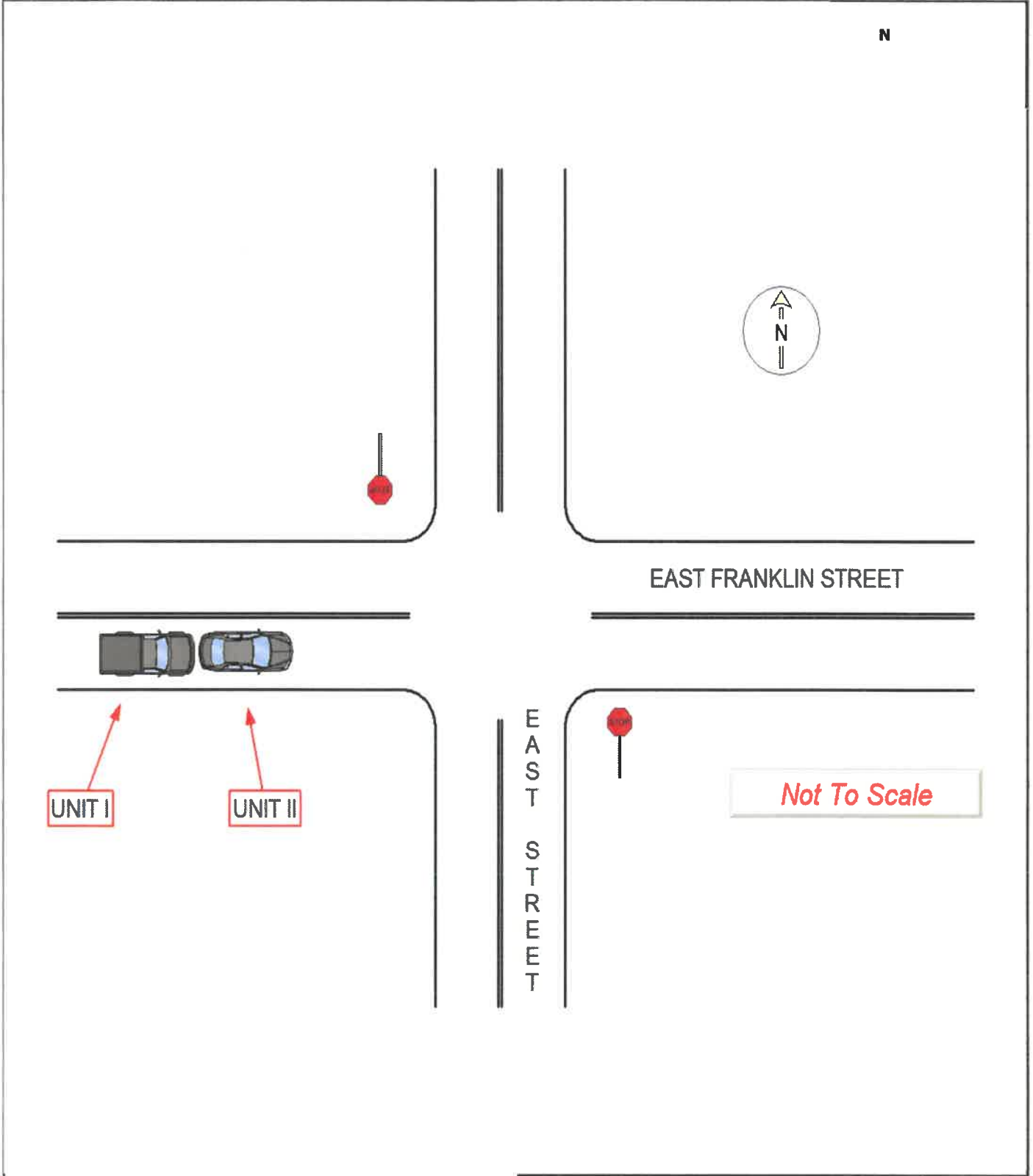
<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>			
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b>	<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>		<b>DRUG TEST(S)</b>				
<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT SELECT UP TO 4</b>	

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 (OHIO - 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 & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	<b>GENDER</b>	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING		F - FEMALE		17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT		M - MALE		18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED		U - OTHER / UNKNOWN				2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <b>2024-00000835</b>	REPORTING AGENCY <b>Bellbrook Police</b>	DATE OF ACCIDENT M <b>01</b> D <b>22</b> Y <b>2024</b>
IN COUNTY OF <b>29 Greene</b>	ACCIDENT LOCATION <b>FRANKLIN ST Street</b>	



OFFICERS SIGNATURE <b>BB37 \ Warren, Josh, L,</b>	BADGE NO <b>BB37</b>
--	-------------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 24-0835	REPORTING AGENCY BELLBROOK POLICE	DATE OF CRASH M 1/10/22/Y 24
--------------------------------	--------------------------------------	---------------------------------

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

I, GARY E. FLOYD HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)

J. WAMEN #37 AT 15 E. FRANKLIN ST  
(OFFICERS NAME) (LOCATION)

I WAS TRAVELING EAST ON E. FRANKLIN ST ~~ON~~ N. EAST ST.  
 TRAFFIC WAS STOPPED AND I DID NOT GET STOPPED  
 IN TIME. I HIT THE CAR IN FRONT OF, ON THE LEFT  
 BUMPER.

ADDRESS OF WITNESS 2535 SPAHR RD XENIA OHIO 45385	PHONE 937-308-9145
SIGNATURE OF WITNESS <i>Gary E. Floyd</i>	OFFICERS SIGNATURE <i>J. Wamen #37</i>



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 24-0835	REPORTING AGENCY BELLBROOK POLICE	DATE OF CRASH M 1   D 22   Y 2024
--------------------------------	--------------------------------------	--------------------------------------

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

I, MARY H. Duley PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
OFF. WARREN OFFICER'S NAME AT 51 E. FRANKLIN ST  
LOCATION BELLBROOK

I was stopped for a black truck to turn left onto N. East St. I was rear ended by a gray truck.

ADDRESS OF WITNESS 1742 Maumee Dr Xenia 937-416-0508	OFFICER'S SIGNATURE 
SIGNATURE OF WITNESS X <u>Mary H. Duley</u> <small>45383</small>	X