



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

18-000011

CRASH SEVERITY

2  
1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN  
 OH-2  OH-1P  
 OH-3  OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*  
02905REPORTING AGENCY NAME \*  
Bellbrook Police DepartmentNUMBER OF UNITS  
01UNIT IN ERROR  
01  
98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
29  
CITY \*  
 VILLAGE \*  
 TOWNSHIP \*  
BellbrookCRASH DATE \*  
03022018TIME OF CRASH  
0727DAY OF WEEK  
FRI

DEGREES / MINUTES / SECONDS

LATITUDE  
0 / 0 / 0LONGITUDE  
0 / 0 / 0

DECIMAL DEGREES

LATITUDE  
39.637875LONGITUDE  
-84.100835ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
N - NORTHBOUND E - EASTBOUND  
S - SOUTHBOUND W - WESTBOUNDNUMBER OF THRU LANES  
03ROAD TYPES OR MILEPOST <sup>2</sup>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER  
W  
LOCATION ROAD NAME  
FranklinLOCATION ROAD TYPE 2  
STROUTE TYPES <sup>1</sup>IR - INTERSTATE ROUTE (ING. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
 MILES  
 FEET  
 YARDSDIR FROM REF  
N, S, E, W

REFERENCE ROUTE TYPE 1

REF PREFIX  
N, S, E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
Bonnie DaleREFERENCE ROAD TYPE 2  
DRREFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
0301 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDEROAD CONTOUR  
1 - STRAIGHT LEVEL 4 - CURVE GRADE  
2 - STRAIGHT GRADE 9 - UNKNOWN  
3 - CURVE LEVELROAD CONDITIONS  
PRIMARY  
01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER  
03 - SNOW 07 - SLUSH 99 - UNKNOWN  
04 - ICE 08 - DEBRIS\*  
\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR  
5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION  
8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - UNKNOWN

WEATHER

1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS  
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW  
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWNROAD SURFACE  
1 - CONCRETE 4 - SLAG, GRAVEL, STONE  
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT  
3 - BRICK/BLOCK 6 - OTHERLIGHT CONDITIONS  
1 - PRIMARY  
2 - SECONDARY1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN  
2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING  
3 - DUSK 7 - GLARE\*  
4 - DARK - LIGHTED ROADWAY 8 - OTHER  
\* SECONDARY CONDITION ONLY SCHOOL ZONE RELATEDSCHOOL BUS RELATED  
 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVED WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK  
2 - LANE SHIFT/CROSSOVER 5 - OTHER  
3 - WORK ON SHOULDER OR MEDIAN

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA  
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA  
3 - TRANSITION AREA

NARRATIVE

UNIT #1 WAS TRAVELING WEST BOUND ON WEST FRANKLIN ST. WHEN UNIT#1 REACHED BONNIEDALE UNIT#1 CROSSED OVER THE CENTER LINE INTO THE EAST BOUND LANE. UNIT #1 CONTINUED TRAVELING SOUTHWEST INTO A YARD AND DITCH. UNIT #1 STRUCK A UTILITY POLE CAUSING MAJOR DAMAGE TO THE POLE AND VEHICLE. UNIT #1 BROKE THE UTILITY POLE OFF ABOUT 2 FEET ABOVE GROUND AND CONTINUED TRAVELING SOUTHWEST TILL IT CAME TO A STOP.

SEE ATTACHED DRAWING

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

REPORT TAKEN BY  
 POLICE AGENCY  MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED  
03032018TIME CRASH REPORTED  
0727DISPATCH TIME  
0727ARRIVAL TIME  
0731TIME CLEARED  
1002OTHER INVESTIGATION TIME  
25TOTAL MINUTES  
176OFFICER'S NAME \*  
Burns, JamesOFFICER'S BADGE NUMBER  
7CHECKED BY  
Jones, Jackie

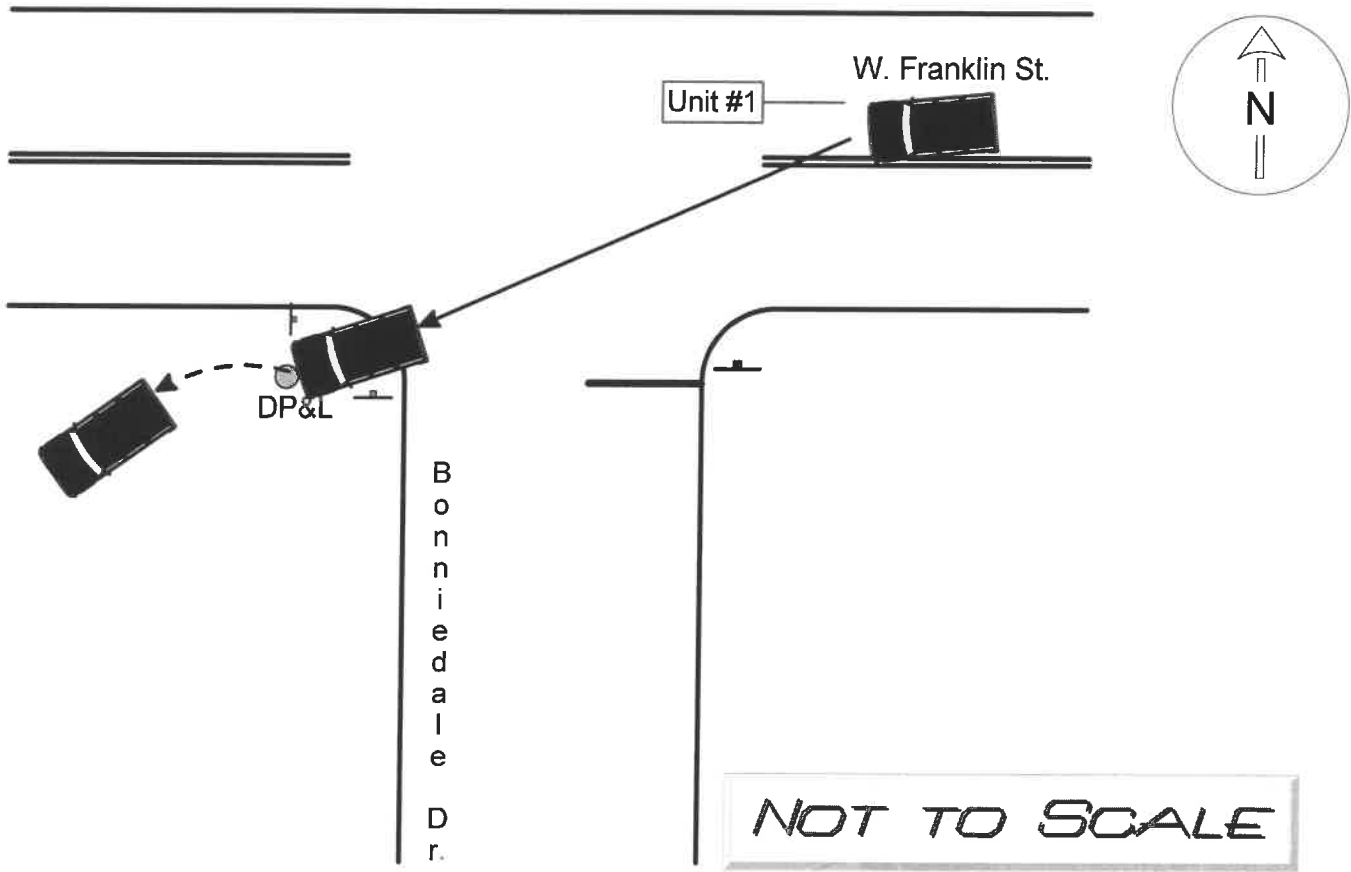
PAGE 1 OF 6

Case Number: 18-0011

Date: 3-2-18

Location: W. Franklin @ Bonnidale

Description:



UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>HBQ9085</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNDT13S362338153</b>	2 - MINOR	
VEHICLE YEAR <b>2006</b>	VEHICLE MAKE <b>CHEV</b>	VEHICLE MODEL <b>TRL</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>Nationwide</b>	POLICY NUMBER <b>9234K851836</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
			TOWED BY <b>Spring Valley Body Shop</b>	
			CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRASS > 4 FT.) MEDIAN 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION <b>01</b>	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>02</b> IMPACT AREA <b>02</b>	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
-------------------------------	---	---	---	--	--	---	--

PRE-CRASH ACTIONS <b>01</b>	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
--------------------------------	---	--	--

CONTRIBUTING CIRCUMSTANCES <b>17</b>	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/>	01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
---	--	--	---	---	---

SEQUENCE OF EVENTS	NON-COLLISION EVENTS
1 <b>11</b> 2 <b>09</b> 3 <b>44</b> 4 <b>40</b> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>4</b>	

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	COLLISION WITH FIXED OBJECT
14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 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 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, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	

UNIT SPEED <b>045</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>3</b> TO <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18-000011

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE Fricke, Jacob Cole	DATE OF BIRTH 11101984	AGE 33	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	---------------------------	-----------	---

ADDRESS, CITY, STATE, ZIP 217 Race St Spring Valley OH 45370	CONTACT PHONE- INCLUDE AREA CODE (937) 532-0211
---	--

INJURIES <b>2</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY Treated On Scene	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>01</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	--------------------------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>**</b>	OPERATOR LICENSE NUMBER *****	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	----------------------------------	----------------------	--------------------------------------	-----------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	--------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) 4511.202	OFFENSE DESCRIPTION Failure To Control	CITATION NUMBER 29758	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
--	---	--------------------------	--	----------------------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
----------	-------------------------	----------	--------------------------------------	-----------------------------------	-----------	------------------------	---------------------	-------------------	--------------------	------------------	----------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
--	---------------------	-----------------	--	----------------------

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 10 - NONE USED 11 - HELMET USED 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER 15 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
--	---	---

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
---	--

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS D) 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	---	--	---

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
---	--	--	---	---

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE Stilabower, Joshua Lee	DATE OF BIRTH 06291987	AGE 30	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	---------------------------	-----------	---

ADDRESS, CITY, STATE, ZIP 1679 Otoole Dr Xenia OH 45385 4323	CONTACT PHONE- INCLUDE AREA CODE (937) 376-2483
---	--

INJURIES <b>3</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY Treated On Scene	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	--------------------------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**18-000011**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>SMITH, DELANEY SUE</b>	DATE OF BIRTH <b>11/03/2000</b>	AGE <b>17</b>	GENDER <b>F</b> F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

Address, City, State, Zip <b>2056 S LAKEMAN DR BELLBROOK OH 45305 1431</b>	Contact Phone- include area code <b>(937) 310-1235</b>
---	---

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	<b>12 - REFLECTIVE CLOTHING</b> <b>13 - LIGHTING</b> <b>14 - OTHER</b>
---	--	--	---	--

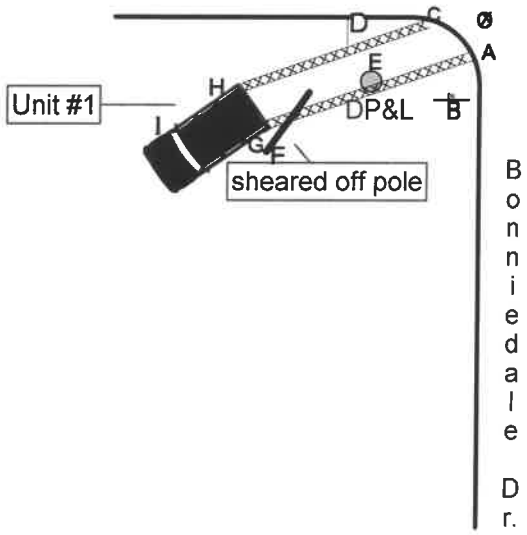
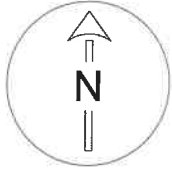
<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAP) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
--	--	---	--	---

Case Number: 18-0011

Date: 3-2-18

Location: W. Franklin @ Bonnedale

Description:



NOT TO SCALE



LOCAL REPORT NUMBER 18-000011	REPORTING AGENCY Bellbrook Police Department	DATE OF CRASH M 03   D 02   Y 2018
----------------------------------	---	---------------------------------------

IN COUNTY OF Greene	CRASH LOCATION W Franklin ST
------------------------	---------------------------------

Pole -- DP&L 1-800-433-8500

Yard/Grass: City of Bellbrook  
15 E. Franklin St.  
Bellbrook, OH 45305  
937-848-4666

4301 W. Franklin St. Property Owner is B&JS Professional Building LLC

OFFICER'S SIGNATURE <b>X</b> Burns, James	BADGE NUMBER 7
--	-------------------

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

I, JOSE STILABOWICZ (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PTL J. BURNS (OFFICERS NAME) AT 725 AT Bonnie Dale (LOCATION)

Mr. Fricks and I were heading west on 725 to our location "Walmart" in this 2000ish chevy Trailblazer. It had been acting funny earlier in the evening the night before, "Maybe Power Steering Issue"? But Nothing Major, so we thought Nothing of It. It seemed like everything was fine. If we were speeding, It could have only been by a few miles per hour because I had just Looked down from the Dash to check my cell phone. Almost Immediately It felt like the front end of the car locked up and I heard the driver Grunt or Struggle. It felt like we had hit the largest speed bump ever without slowing down. I was hit in the face with the passenger airbag very hard and It knocked me out for a brief period of time. I awoke with very bad head pain and knee Pain and I was bleeding and the car was steaming sitting on top of a telephone Pole.

ADDRESS OF WITNESS: 1679 O'TOOLIE DR. Xenia Ohio 45385 PHONE: (937) 376-2483  
 SIGNATURE OF WITNESS: [Signature] OFFICERS SIGNATURE: [Signature]



LOCAL REPORT NUMBER

18-11

REPORTING AGENCY

BRD

DATE OF CRASH

M 03 | D 02 | Y 2018

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

I, Marissa Smith (PRINTED) \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Pt. J. BUKOS (OFFICERS NAME) \_\_\_\_\_ AT corner of Banniedale and 725 (LOCATION)

We were driving down 725 towards Downtown Bellbrook and I looked up and saw a car crossing the road in front of us and then run into a telephone pole. They were traveling the opposite way as us. When this happened, There were no other cars involved in the crash.

Marissa Smith Date of Birth: 02-03-03

*[Handwritten signature]*

1432 9085

ADDRESS OF WITNESS 2056 S. Lakeman Drive

PHONE 937-310-1235

SIGNATURE OF WITNESS Marissa Smith

OFFICERS SIGNATURE

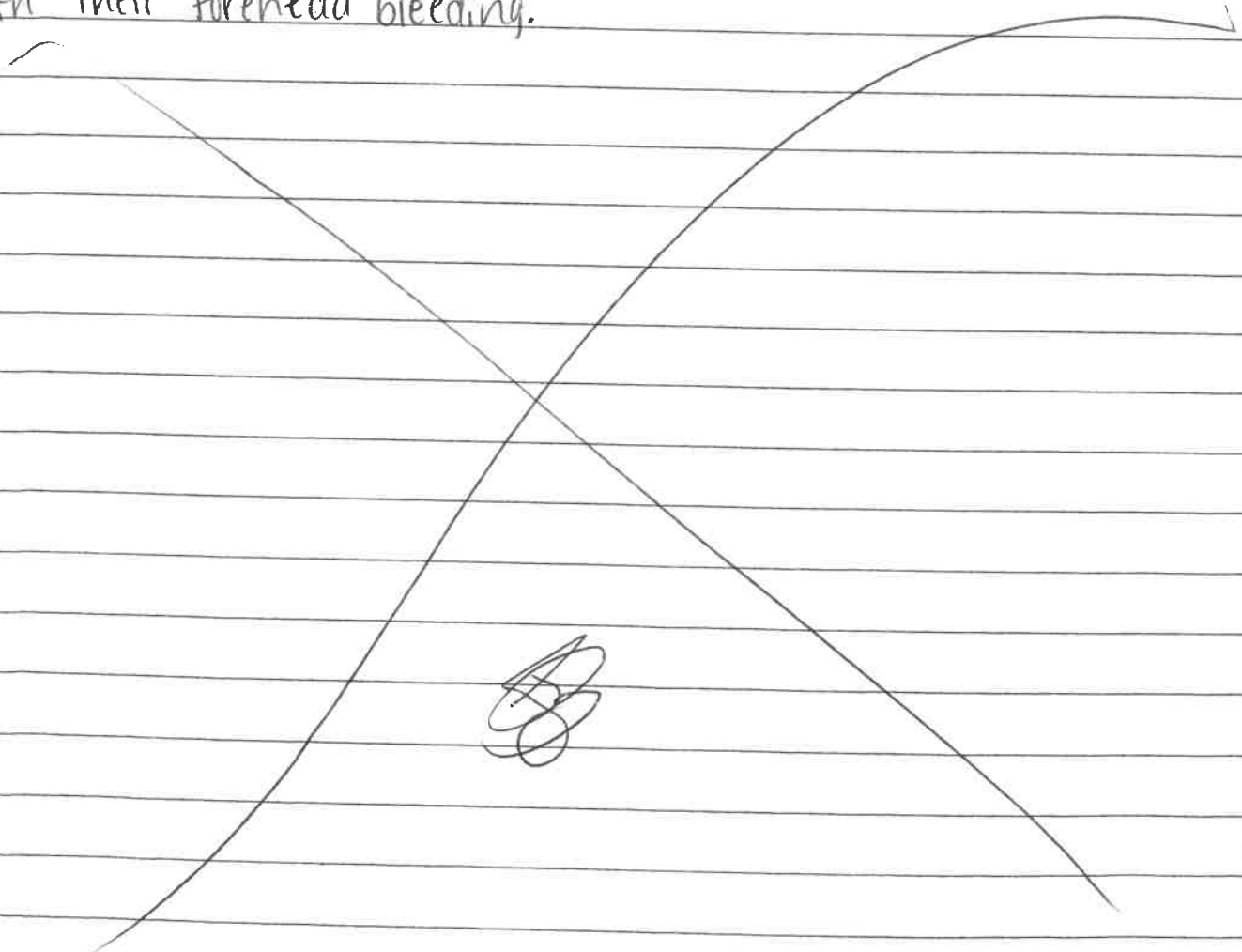
*[Handwritten signature]*

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

I, Delaney Smith (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME) AT The corner of Bonniedale and 725. (LOCATION)

I did not see the full thing, but I had just left my house with my sister to go to school. We were heading East on 725 when the black SUV, which was traveling West on 725, crossed over our lane and went off the road, hitting the telephone pole. No other cars were involved. The two men in the car got out, one of them with their forehead bleeding.



LOCAL REPORT NUMBER 18-11	REPORTING AGENCY BPD	DATE OF CRASH M 3 D 2 Y 18
------------------------------	-------------------------	-------------------------------

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

I, Jacob C. Fricke (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Ptl J. Burns (OFFICERS NAME) AT ST 25 Bellbrook Sugar Creek (LOCATION)

area - WAS doing no more than 35 mph - and something locked up in the Front End - WAS unable to brake or steer - taken by complete surprise - didnt know ~~what~~ what to do - Just Glad that Everyone WAS OK and Very sorry that my friend got bumped around

*(Handwritten scribble)*

ADDRESS OF WITNESS 217 RACE STREET Spring Valley	PHONE 937-532-0211
SIGNATURE OF WITNESS <u>Jacob C. Fricke</u>	OFFICER'S SIGNATURE <u>Ptl J. Burns</u>