



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

18-000052

CRASH SEVERITY

2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

2 1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

4439 State Route 725 PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER PDO UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY

REPORTING AGENCY NCIC *

02905

REPORTING AGENCY NAME *

Bellbrook Police Department

NUMBER OF UNITS

02

UNIT IN ERROR

01 98 - ANIMAL
99 - UNKNOWNCOUNTY *
29 CITY *
 VILLAGE *
 TOWNSHIP *CITY, VILLAGE, TOWNSHIP *
Bellbrook

CRASH DATE *

12302018

TIME OF CRASH

1836

DAY OF WEEK

SUN

DEGREES / MINUTES / SECONDS

LATITUDE 39° 63' 69.37" LONGITUDE -84° 10' 77.72"

DECIMAL DEGREES

LATITUDE _____ LONGITUDE _____

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

NUMBER OF THRU LANES

 ROAD TYPES OR MILEPOST²

AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CURVE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD ST - STREET TE - TERRACE WA - WAY

LOCATION ROUTE TYPE¹

LOCATION ROUTE NUMBER

LOC PREFIX N,S,E,W

LOCATION ROAD NAME
State Route 725LOCATION ROAD TYPE²ROUTE TYPES¹

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE
 MILES
 FEET
 YARDS

DIR FROM REF N,S,E,W

REFERENCE ROUTE TYPE¹

REFERENCE ROUTE NUMBER

REF PREFIX N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
4439REFERENCE ROAD TYPE²REFERENCE POINT USED
4 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
1001 - 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

6 1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDEROAD CONTOUR
4 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

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

WEATHER

1 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
2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHERLIGHT CONDITIONS
PRIMARY 5 SECONDARY 1 - 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 WORK ZONE RELATED 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

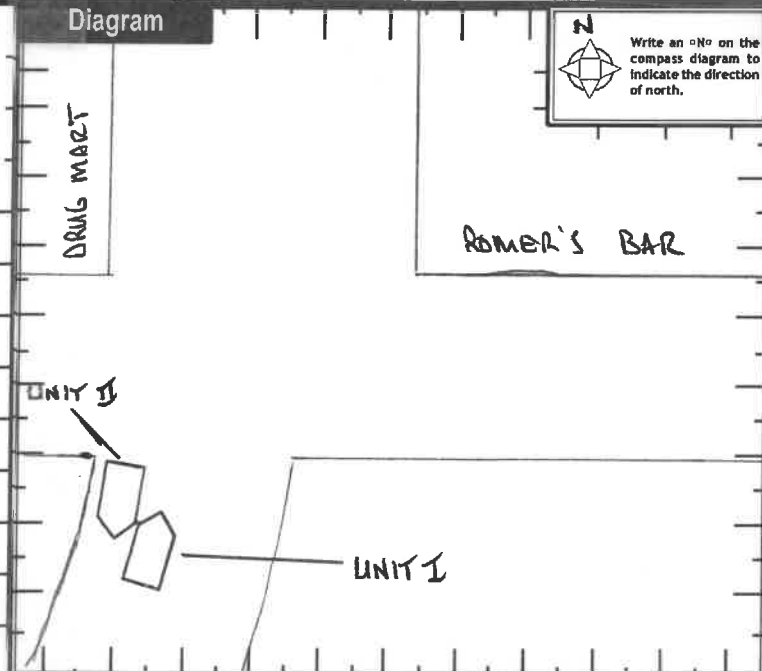
 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

Unit #2 was traveling south in the driveway between Romer's Bar and Grill and Drug Mart at the rear of the businesses. Unit #1 was traveling north in the driveway and struck Unit #2. Unit #1 fled the scene after the crash. Unit #1 was later located in the parking lot of Drug Mart with heavy damage to the driver side and a flat front passenger side tire.

See attached drawing.

Diagram



REPORT TAKEN BY

 POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED
12302018TIME CRASH REPORTED
1836DISPATCH TIME
1836ARRIVAL TIME
1842TIME CLEARED
2115OTHER INVESTIGATION TIME
60TOTAL MINUTES
219OFFICER NAME *
Warren, JoshuaOFFICER BADGE NUMBER
37CHECKED BY
Jones, Jackie

PAGE 1 OF 8



UNIT

LOCAL REPORT NUMBER

18-000052

| | | | | | |
|--|--|--|-----------------------------------|------------------|----------------|
| UNIT NUMBER 01 | 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 4 | DAMAGED AREA | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE | | |
| LP STATE OH | LICENSE PLATE NUMBER HHD9144 | VEHICLE IDENTIFICATION NUMBER 3GCUKRECL1EG564813 | # OCCUPANTS 01 | | 2 - MINOR |
| VEHICLE YEAR 2014 | VEHICLE MAKE CHEV | VEHICLE MODEL SILV | VEHICLE COLOR SIL | | 3 - FUNCTIONAL |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Progressive | POLICY NUMBER 925081627 | TOWED BY Sandy's Towing | | 4 - DISABLING |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | | |

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|-------------------|--|---|---|---|---|
| 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 01 | 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | <input type="checkbox"/> | <input checked="" type="checkbox"/> HAZARDOUS MATERIAL RELEASED | <input type="checkbox"/> HIT / SKIP UNIT | | |

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|--|-------------------------|------------------------|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 | TYPE OF USE 1 | UNIT TYPE 07 | 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> IN EMERGENCY RESPONSE | | | <input type="checkbox"/> HAS HM PLACARD | | |

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| SPECIAL FUNCTION 01 | 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 - TRAIL 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 08 | 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 3 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 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 |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 13 | 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 01 | 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 |
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| SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | NON-COLLISION EVENTS 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 1 | MOST HARMFUL EVENT 1 | 99 - UNKNOWN | |
| 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 |

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|--------------------------|---------------------------|------------------------------|---|--|---|---|---|
| UNIT SPEED 010 | POSTED SPEED 10 | TRAFFIC CONTROL 01 | 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 2 TO 1 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
|--------------------------|---------------------------|------------------------------|---|--|---|---|---|



UNIT

LOCAL REPORT NUMBER

18-000052

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|--|--|--|----------------------------------|---------------------------|
| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) | OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER) | DAMAGE SCALE 2 | DAMAGED AREA FRONT |
| OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER) | | | 1 - NONE | 03 |
| LP STATE OH | LICENSE PLATE NUMBER FPR6485 | VEHICLE IDENTIFICATION NUMBER JT13HN87R7W9011853 | 2 - MINOR | 04 |
| VEHICLE YEAR 1998 | VEHICLE MAKE TOYT | VEHICLE MODEL 4-RUN | 3 - FUNCTIONAL | 05 |
| VEHICLE COLOR WHT | PROOF OF INSURANCE SHOWN | INSURANCE COMPANY State Farm | 4 - DISABLING | 06 |
| POLICY NUMBER 9153671A2635 | TOWED BY | 9 - UNKNOWN | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |

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|-------------------|--|---|---|
| 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 01 | TRAFFICWAY DESCRIPTION 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM PLACARD ID No. | HAZARDOUS MATERIAL RELEASED | 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown |
| HM CLASS NUMBER | <input type="checkbox"/> | 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | <input type="checkbox"/> HIT / SKIP UNIT |

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|--|--|----------------------------|--|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 | TYPE OF USE 1 | UNIT TYPE 06 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) | MED/HEAVY TRUCKS OR COMB UNITS > 10K LBS | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) |
| 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | 99 - UNKNOWN OR HIT / SKIP | 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 | 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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 | 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 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 | | |

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|-------------------------------|---|---|---|--------------------------------|--|---|--------------------|--|
| SPECIAL FUNCTION 01 | 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 08 | 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 4 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 11 | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 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 |
|--------------------------------|--|---|--|--|--------------------------------|

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|----------------------------|--|--|---|------------------------------|---|
| CONTRIBUTING CIRCUMSTANCES | 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 01 | 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 |
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| SEQUENCE OF EVENTS | 1 20 2 01 3 01 4 01 5 01 6 01 | NON-COLLISION EVENTS 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 1 MOST HARMFUL EVENT 1 | | 99 - UNKNOWN | |

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|--|---|---|--|--|--|--|--|
| 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 | | |

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|--------------------------|---------------------------|------------------------------|---|--|---|---|--|--|-------------|
| UNIT SPEED 005 | POSTED SPEED 10 | TRAFFIC CONTROL 01 | 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 1 TO 2 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | 9 - UNKNOWN |
|--------------------------|---------------------------|------------------------------|---|--|---|---|--|--|-------------|



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18-000052

| | | | | |
|--------------------------|---|-----------------------------|-----------|---|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Spicer, Alex E | DATE OF BIRTH 10/09/1994 | AGE 24 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4394 Hillcrest Dr Bellbrook OH 45305-2901 | CONTACT PHONE- INCLUDE AREA CODE (937) 689-9714 |
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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE ** | OPERATOR LICENSE NUMBER ***** | OL CLASS 4 | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION 6 | ALCOHOL/DRUG SUSPECTED 2 | ALCOHOL TEST STATUS 2 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.201 | OFFENSE DESCRIPTION Reckless Operation On Private Property | CITATION NUMBER 30415A | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 <input type="checkbox"/> |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Mansfield, Kevin Gary | DATE OF BIRTH 04/20/1977 | AGE 41 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4057 Beechwood DR Bellbrook OH 45305 | CONTACT PHONE- INCLUDE AREA CODE (937) 848-4977 |
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| INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY Bellbrook Medics | MEDICAL FACILITY INJURED TAKEN TO Treated On Scene | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE ** | OPERATOR LICENSE NUMBER ***** | OL CLASS <input type="checkbox"/> | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 <input type="checkbox"/> |
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| 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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| 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 |
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| 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 (OHIG 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 |
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| 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 (NAVIGATOR DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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| 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 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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| 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 |
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
18-000052

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| UNIT NUMBER <input type="text"/> | NAME: LAST, FIRST, MIDDLE LORENZ, DOUGLAS L | DATE OF BIRTH 01311964 | AGE 54 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3194 MILL POND DR BELLBROOK OH 45305 | CONTACT PHONE- INCLUDE AREA CODE (937) 238-4345 |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE MOKAS, JOSEPH MICHAEL | DATE OF BIRTH 03151985 | AGE 33 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 374 WINDSOR PARK DR CENTERVILLE OH 45459 4109 | CONTACT PHONE- INCLUDE AREA CODE (937) 668-4858 |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| UNIT NUMBER <input type="text"/> | NAME: LAST, FIRST, MIDDLE <input type="text"/> | DATE OF BIRTH <input type="text"/> | AGE <input type="text"/> | GENDER <input type="checkbox"/> |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| UNIT NUMBER <input type="text"/> | NAME: LAST, FIRST, MIDDLE <input type="text"/> | DATE OF BIRTH <input type="text"/> | AGE <input type="text"/> | GENDER <input type="checkbox"/> |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| UNIT NUMBER <input type="text"/> | NAME: LAST, FIRST, MIDDLE <input type="text"/> | DATE OF BIRTH <input type="text"/> | AGE <input type="text"/> | GENDER <input type="checkbox"/> |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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| 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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| 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 |
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| LOCAL REPORT NUMBER 18-0052 | REPORTING AGENCY Bellbrook Police Department | DATE OF CRASH M 12 D 30 Y 18 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kevin G. Mansfield PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
J. WARREN #37 OFFICER'S NAME AT Bellbrook, P.D. LOCATION

At approximately 6:40 P.M. on 12/30/18 I had left Cassano's with a delivery. I left through the connecting street to Mill Pond. As I left I saw a Silverado coming in from the other way, I pulled aside & he slammed me in front left & proceeded to run down to the back of my S.U.V. The truck then left... I was very shaken & couldn't find my phone. I found it, then a patron of Romer's Grill came out & said he had the plate numbers of the Silverado. Then another gentleman came from Mill Pond & said he saw the whole thing.

I had vertigo, then I went to E.R. two hrs. later for pain in back & neck.

It was very stressful being struck, then watching them leave.

4057 Beechwood Dr. Bellbrook, OH 45309
ADDRESS OF WITNESS
Kevin G. Mansfield SIGNATURE OF WITNESS
 X J. Warren #37 OFFICER'S SIGNATURE
PHONE (937) 396-4376
Page of



| | | |
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| LOCAL REPORT NUMBER 18-0052 | REPORTING AGENCY Bellbrook Police Department | DATE OF CRASH M 12 D 20 Y 18 |
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Joe Molcas PRINTED Sgt. K Sayrs OFFICER'S NAME HEREBY MAKE THIS VOLUNTARY STATEMENT TO Romers Parking Lot AT LOCATION

I was standing on the patio & heard a crash around back. I then saw the truck speed off thru the parking lot with a flat tire. License plate # HDD 9144, it was a Silverado I believe. I checked with the other driver to let him know I had called 911.

314 Windsor Park Dr

ADDRESS OF WITNESS **PHONE** 937.684.4858

SIGNATURE OF WITNESS **OFFICER'S SIGNATURE**



| | | |
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| LOCAL REPORT NUMBER 12-0052 | REPORTING AGENCY Bellbrook Police Department | DATE OF CRASH M 12 D 29 Y 18 |
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Doug Lorenz PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Sgt. K. Salvo OFFICER'S NAME AT 4439 ST. RT 725 LOCATION

As I was coming out my apartment at 3194 Mill Pond Dr I saw a crew cab pickup turning left into the driveway behind Romers. He hit a SUV sitting just short of the intersection. One this truck stuck the SUV he hesitated for a second then started taking off scraping the whole ~~side~~ driver side of his truck up against the SUV, the truck proceeded through the parking lot of Romers. I got into my vehicle to catch him but never seen him

| | |
|---|--|
| ADDRESS OF WITNESS 3194 Mill Pond Dr | PHONE 937-238-4345 |
| SIGNATURE OF WITNESS X <u>Doug Lorenz</u> | OFFICER'S SIGNATURE X <u>Sgt. K. Salvo</u> |