Onto Depart of Public 8	APITY T	RAFFIC	CRASH	REPORT	*DENOTES	MANDATORY	FIELD	FOR SU	JPPLEM	ENT RE	PORT		_	L		REPORT		R*	_	
PHOTOSTAKEN OH-3 LOCAL INFORMATION										19-00044							1 1			
SECONDAR		OH-1P	OTHER	REPORTING AG					_	NCIC*			T/SKIP		NUMB	ER OF UNI	TS		IN ERR	
COUNTY* LOS	PALITY		E PROPERTY		Police De	partmen	ıt		<u>,O,</u>	2,9,0	),5,	<u>L</u> _2	- SOLV	LVED	(	ركرر		ريكر		KNOWN
2.9	CALITY*	/ILLAGE   i		TY, VILLAGE, TOWNS.	HID*							110	1201		IME* 18.	59		R <b>ASH SE</b> N L - FATAL		,
ROUTE TYPE		GWINGHIA	Bellbrook	LOCATION ROAL	) NAME		_			ROAD	TYDE		ATITU	DE ass	11.1			SUSPE		URY
ROUTE TYPE			2-SOUTH 3-EAST	Hess						R		3 9	6	37	' <b>4</b> 4	<u>.</u> 9	3	S-MINOF		RY
	OUTE NU	MBER PREFI		REFERENCE RO	AD NAME (ROA	D, MILEPOST	HOUS	E#)		ROAD 1		المال	NGITU	DE nec	IMAL DEC		4	SUSPE SUSPE		IRI F
ROUTE TYPE R			2-SOUTH 3-EAST	Washingto			,			R		-89	_	64	44	4		- PROPE		
REFERENCE P	DINT	DIRECTIO FROM REFEREN	4-WEST	ROUTE TYP	E		RI	DAD TYF	E			4.		II	UTEDSI	ECTION	DEL ATE	ONLY	_	
1 - INTERS		1 1-N	ORTH IR	- INTERSTATE RO		L - ALLEY V - AVENUE	HW	- HIGHW	AY R	D - ROAD		□ w	ITHIN:			ON OR ON				
3- HOUSE	:#	3-E 4-W	AST US	- FEDERAL US RO - STATE ROUTE		L - BOULEVAR		- LANE - MILEP		Q - SQUA T - STRE		□ v	THIN I	NTER	CHANG	E AREA	NUN	BER OF	APPRO	ACHES
DISTANCE FROM REFEREN		DISTANC UNIT OF MEAS	E CR	NUMBERED COU	NTV ROUTE I	R - CIRCLE T - COURT		- OVAL - PARKW		- TERR			100			OADWA				
50		2-F	EET	NUMBERED TOW ROUTE	NSHIP	R - DRIVE	PI	- PIKE		A - WAY		□ R	DADWA	ועום י	DEN					
	DCATION	3-Y/				E - HEIGHTS		- PLACE												
	ROADWAY	OF FIRST HAI	- CROSSOVER		1 - NOT	<b>nner of Cra</b> T collision				Т		DIRECTIO				3 DE		N TYPE	CDIAN	
2-0N S	HOULDE IEDIAN	_		ALLEY ACCESS RADE CROSSING	∥ <b>O</b> , TW	TWEEN O MOTOR		- BACKING					1 - NORTH 1 - DIVIDED FLUSH					)		
	OADSIDE		2-SHARED US TRAILS		TRA	HICLES IN ANSPORT	6 - ANGLE 7 - Sideswipe, same direction					4-WEST			(≥	- DIVIDED FLUSH MEDIAN (≥4 FEET)				
5 - ON G 6 - OUT:		110 1101	3-BIKE LANE		2 - REA 3 - HEA	AR-END AD-ON	8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					3					- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN			
7 - 0N R 8 - 0FF			1-TOLL BOOTI 9-OTHER/UN	11													NY TYPE Her/Uni			
WORK ZONE	PELATE	D.		WORK ZONE TY	PE	LOCATI	ON OF	CRASH	IN WAR	K ZONE	+	CON	FOUR	$\dashv$	CD	NDITION	ıs.	T s	URFAC	_
1 - LANE CLOSURE 1 - BE					l - BEF		E 1ST W	TWORK ZONE 1 1 1						2	.					
		- 1	, 3-1	LANE SHIFT/CROS VORK ON SHOULD		1 1	2 - ADV	ANCE W	'ARNING	GAREA 1-STRAIGHT LEVEL 1-DRY 1-CONCRETE						'				
H <u> </u>	LAW ENFORCEMENT PRESENT OR MEDIAN  OR MEDIAN  4 - INTERMITTENT OR MOVING WORK  4 - ACTIVITY AREA  2 - STRAIGHT GRADE 2 - WET							2 - BLACKTOP, BITUMINOUS,												
ACTIVE SCH	100L Z0N	E		THER					ON AREA	1	- 1	3 - CURVE 1 - CURVE			- SNOW - ICE	1		ASP	HALT	
	IGHT CO	NDITION			WEATH	ER						- OTHER				, MUD, DI	RT,	3 - BRIC 4 - SLAC		
2 1-DAYLI				7 2-CLC		6 - SNOW 7 - SEVERI	- CROS	outws:	5					1		RAVEL R (STAND	TAIC	STO		,
		ED ROADWAY	TED	3-F00	G, SMOG, SMOKE	8 - BLOWIN	IG SAN	D, SOIL	, DIRT, S						MOVI	NG)	IIVG,	5 - DIRT 9 - OTHE		NOWN
5 - DARK	– UNKNO	WN ROADWA		4 - RAI 5 - SLE	EET, HAIL	9 - FREEZI 99 - OTHER			REEZIN	3 DRIZZ	LE				- SLUSI - OTH FE	ł ₹/UNKNO	ww.	7-01110	.10 0.11	
9-0THE	R/UNKN	OWN						-		_	_			Ĺ	0.11121	- Contract				
NARRATIVE							F"					10.		SI.	.1.	."]_	A		ate the	
Unit 1 was par was struck by	Unit 2	(possibly	white in co	lor) and then	left the scen	e. A	-										4		" on th	
broken peice of off of the Unit	of tail lig	ht was fou	ind next to	Unit 1 that is I	pelieved to h	ave fallen														
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SEE ATTACH	ED DR	AWING						+			+	-			$\rightarrow$		_			
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CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL								TEL OUT MILE DI					- 1							
TOTAL TIME		THER	TOTAL	OFFICER'S			101	TI	LL	$\Box$		1 1 1	1 1	Ĭ.L.	TI.		=	10TORIS	٢	
ROADWAY CLOSED	INVEST	GATION TIME	MINUTES	Johnsto	n, Ryan										UPPLEM ORRECTION		THOM			
1		30	52		OFFICER'S BAD	GE NUMBER	k	3		Снеске	0 8Y O	FFICER'S	BADGE	NUM	BER*		— IÇ	ORRECTION AN EXISTING RE	OR ADD PORT SENT T	0 00PS)
D.//	4 3						1													

Case Number: 19-0044 Date: 11-1-19 Location: 69 He 55 162 Description: Unit #2 Unit #1 Hess Rd NOT TO SCALE

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

28 - BRIDGE PARAPET

30-GUARDRAIL FACE

J FIRST HARMFUL EVENT

\_ 29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

48 - TREE

49 - FIRE HYDRANT

3 - UNDETERMINED

ADDRESS STREET, CITY, STATE, 219  OL CLASS ENDORGEMENT  RESTRICTION SELECTORS MADE  OL STATE  OFFENSE CHARGED  OL STATE  OTHER DRUG  OL STATE  OFFENSE CHARGED  OL STATE  OFFENSE CHARGED  OL STATE  OFFENSE CHARGED  OL CLASS  OL STATE  OFFENSE CHARGED  OL CLASS  OL STATE  OFFENSE CHARGED  OL STATE  OFFENSE CHARGED  OL STATE  OFFENSE CHARGED  OL CLASS  OL STATE  OFFENSE CHARGED  OL STATE  OL STATE  OFFENSE CHARGED  OL STATE  OL	OND DEPARTMENT MOTORIST / N		Non-	-Мот	0RI	ST			19-000044					
162 Hess Rd Bellbrook OH 45305    SAS ABENCY (NAME)		1								120			AGE 52	GENDE
THURINES INJURED EMS AGENCY (NAME)  INJURED STATUS OFFENSE CHARGED  OLE LASS CHORGEMENT  OLE	2		-							CONTACT P	HONE - INCLUDE AREA	CODE		
DISTATE OPERATOR LICENSE NUMBER  OFFENSE CHANGED  OTHER DRUG  OTHER DRUG  OTHER DRUG  OTHER DRUG  OFFENSE CHANGED  OTHER DRUG  OTHER DRUG  OFFENSE CHANGED  OTHER DRUG	<u> </u>			)5						C C	937 848-58	394	1 1	
OL CLASS ENDRESCHENT  UNIT # NAME: LAST, FIRST, MIDOLE  ADDRESCHENT  NAME: LAST, FIRST, MIDOLE  ADDRESCHENT  OFFENSE CNARGED  LOCAL  Improper Starting Or Backing  30994  ASSISTANCE OF BIRTH  AGE  CONDITION  STATUS	Z _ TAKEN			INJURE	DTAKE	VTO: MEDICAL FACILIT	Y (NAME, CIT	USED O	DOT-COM	PLIANT 7	AIR BAG USA	E EJECTIO	n TRAPPED	
UNIT 9 NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  OFFENSE CHARGED  OL CLASS  ENGORSSEMENT  NAME: LAST, FIRST, MIDDLE  OFFENSE CHARGED  OL CLASS  ENGORSSEMENT  NAME: LAST, FIRST, MIDDLE  OFFENSE CHARGED  OL CLASS  OFFENSE CHARGED  OTHER DRUG  OTHER DRU	OTT								Improper	CRIPTION Starting C				
UNIT # NAME: LAST, FIRST, MIDDLE    MADRESS: STREET, CITY, STATE, ZIP		S ENDORSEME SELECT UP TO	NT RESTRICTION SET	ECT UPTO 3	DISTRACTED	AI								
ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  INJURIES INJURED TAKEN TO: MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMENT USED  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED LOCAL CODE  UNITY MAME: LAST, FIRST, MIDDLE  OL CLASS EMBORESMENT STATUS TYPE RESTUTION SELECTION TO MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMENT USED  OL CLASS ENDORSEMENT STATUS TYPE VALUE STATUS TYPE RESULT SHEET USED  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED LOCAL CONDITION  INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMENT USED  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED LOCAL CODE  INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (MAME, CITY) SAFETY EQUIPMENT USED  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED LOCAL CODE  INJURIES SALECT UPTO?  OL CLASS ENDORSEMENT SEATING POSITION SELECT UPTO?  OL CLASS ENDORSEMENT SEATING POSITION ARE ROBE LICETION TRANSPORTED ALCOHOL DRIVE SUSPECTED ALCOHOL SUSPECTED ALCOHOL DRIVE SUSPECTED ALCOHOL SUSPECTED ALCOHOL DRIVE SUSPECTED ALCOHOL DRIVE SUSPECTED ALCOHOL SUSPEC	4				1 1			ARIJUANA	9	111		1 1		u n
INJURED STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED  OL STATE  OL CLASS  ENDOSEMENT  INJURED  INJUR	UNIT #	NAME: LAS	T, FIRST, MIDDLE		4-				- L		DATE OF BIRTH		AGE	GENDER
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DL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED  LOCAL CODE  OL CLASS  ENDORSEMENT STATUS TYPE  OL CLASS, STREET, CITY, STATE, ZIP  OL STATE  OPERATOR LICENSE NUMBER  OFFENSE CHARGED  OTHER DRUG		, , , ,	- · · · · -, - · ·							CONTACT PI	FONE - INCLUDE AREA C	DDE	70 - 71	10
OL CLASS ENDORSEMENT RESTRICTION SELECTUPTO3 DRIVER DISTRACTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE VALUE STATUS TYPE RESULT SELECTION SELECTION TRANSPORTED OFFENSE CHARGED OFFENSE CHARGED CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECTION TRANSPORTED OFFENSE CHARGED OFFE	E INJURIES				INJURED	TAKEN	TO: MEDICAL FACILITY	(NAME, CITY		DOT-COMP	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED
UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  INJURIES INJURED TAKEN DETAILS TYPE VALUE STATUS TYPE RESULT STATUS  INJURIES INJURED TAKEN DETAILS THE USED DOT-COMPLIANT MICHEMET  OL STATE  OPERATOR LICENSE NUMBER  OFFENSE CHARGED  OL CLASS ENDORSEMENT SELECT UP TO 2 DETAILS DETAILS TO THE DISTRACTED DETAILS TO THE DISTRACTED DETAILS TO THE DESCRIPTION  INJURIES SEATING POSITION AIR BAG USAGE EJECTION TRANSPORT OF THE DISTRACTED DETAILS TO THE DESCRIPTION STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION STATUS TYPE RESULT SELECT UP TO 2 DETAILS TO THE DESCRIPTION TO THE DESCRIP	OL STATE	E OPERATOR	LICENSE NUMBER	OFFENSE CH			ARGED		. OFFENSE DESC		[]		CITATION NUMBER	
UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  CONTACT PHONE - INCLUDE AREA CODE  CONTACT PHONE	OL CLASS	ENDORSEMEN SELECT UP TO 2		CT UPT03		AL	COHOL / DRUG SUSP	ECTED	CONDITION					
UNIT # NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP  CONTACT PHONE - INCLUDE AREA CODE  INJURED TAKEN BY  OL STATE  OL STATE  OPERATOR LICENSE NUMBER  OFFENSE CHARGED  LOCAL CODE  OL CLASS  ENDORSEMENT SELECT UP TO 2  RESTRICTION SELECT UP TO 3  OTHER DRUG  INJURED  ALCOHOL / DRUG SUSPECTED BY  ALCOHOL   MARIJUANA  OTHER DRUG  INJURIES  SEATING POSITION  ALCOHOL   MARIJUANA  OTHER DRUG  INJURIES  INJURIES  SEATING POSITION  ALCOHOL   MARIJUANA  OTHER DRUG  INJURIES  INJURIES  SEATING POSITION  ALCOHOL   MARIJUANA  OTHER DRUG  INJURIES		1		, ,				RIJUANA		314103 1171	VALUE	HALUS   ITP	E KESUL	I SELECTUPTOA
INJURIES INJURED DATAGENCY (NAME)  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED  OL CLASS ENDORSEMENT SELECTUPTO2  OL CLASS ENDORSEMENT SELECTUPTO2  INJURIES  INJURIES  INJURED TAKEN DOFFENSE CHARGED  OFFENSE CHARGED  OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION NUMBER  OFFENSE DESCRIPTION  CITATION NUMBER  OFFENSE DESCRIPTION  OFFENSE DESCRIPTION  STATUS  TYPE  VALUE  STATUS  TYPE  RESULT SELECTUPTO2  INJURIES  SEATING POSITION  ALCOHOL TEST  DRUG TEST(S)  TYPE  RESULT SELECTUPTO2  INJURIES  OL CLASS  OL RESTRICTION(S)  OL RESTRICTION(S)  OL RESTRICTION(S)  INJURIES  OL RESTRICTION(S)  INTURED TEST STATUS  1- FRONT-LEFT SIDE  (MOTORCYCLE DRIVER)  2- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- FRONT- RIGHT SIDE  3- CLASS C  3- CORRECTIVE LENSES  DOT COMPLIANT  MC HELMET  DOT COMPLIANT  MC HELMET  ALCOHOL TEST  DRUG TEST(S)  TYPE  VALUE  STATUS  1- NOT DISTRACTED  1- NOT DISTRACTED  1- NONE GIVEN  2- TEST REFUSED  3- CLASS C  3- CORRECTIVE LENSES  DEVICE TREVENCE COMMUNICATION  DEVICE TREVENCE COMMUNICATION  3- TEST GIVEN, CONTAMINAL  DEVICE TEXTING TYPICE  OCTATION  TRAF	UNIT#	NAME: LAST	FIRST, MIDDLE			_			1		DATE OF BIRTH		AGE	GENDER
INJURIES INJURED DATAGENCY (NAME)  OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED  OL CLASS ENDORSEMENT SELECTUPTO2  OL CLASS ENDORSEMENT SELECTUPTO2  INJURIES  INJURIES  INJURED TAKEN DOFFENSE CHARGED  OFFENSE CHARGED  OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION NUMBER  OFFENSE DESCRIPTION  CITATION NUMBER  OFFENSE DESCRIPTION  OFFENSE DESCRIPTION  STATUS  TYPE  VALUE  STATUS  TYPE  RESULT SELECTUPTO2  INJURIES  SEATING POSITION  ALCOHOL TEST  DRUG TEST(S)  TYPE  RESULT SELECTUPTO2  INJURIES  OL CLASS  OL RESTRICTION(S)  OL RESTRICTION(S)  OL RESTRICTION(S)  INJURIES  OL RESTRICTION(S)  INTURED TEST STATUS  1- FRONT-LEFT SIDE  (MOTORCYCLE DRIVER)  2- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- SUSPECTED MINOR INJURY  3- FRONT- RIGHT SIDE  3- CLASS C  3- CORRECTIVE LENSES  DOT COMPLIANT  MC HELMET  DOT COMPLIANT  MC HELMET  ALCOHOL TEST  DRUG TEST(S)  TYPE  VALUE  STATUS  1- NOT DISTRACTED  1- NOT DISTRACTED  1- NONE GIVEN  2- TEST REFUSED  3- CLASS C  3- CORRECTIVE LENSES  DEVICE TREVENCE COMMUNICATION  DEVICE TREVENCE COMMUNICATION  3- TEST GIVEN, CONTAMINAL  DEVICE TEXTING TYPICE  OCTATION  TRAF											<u> </u>			
OL STATE OPERATOR LICENSE NUMBER  OFFENSE CHARGED  LOCAL CODE  OL CLASS ENDORSEMENT SELECT UP TO 2  OL CLASS ENDORSEMENT SELECT UP TO 2  INJURIES  SEATING POSITION  AIR BAG  OTHER DRUG  OTHER DRUG  OTHER DRUG  OTHER DRUG  1 - FATAL  2 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED SERIOUS INJURY  3 - SUSPECTED MINOR INJURY  3 - SUSPECTED MINOR INJURY  3 - FRONT - RIGHT SIDE  1 - FRONT - RIGHT SIDE  3 - FRONT - RIGHT SIDE  0 - CITATION NUMBER  CONDITION  STATUS TYPE  CONDITION  STATUS TYPE  CONDITION  STATUS TYPE  VALUE STATUS  1 - FRONT - LEFT SIDE  (MOTORCYCLE DRIVER)  2 - DEPLOYED FRONT  2 - CLASS B  2 - CLASS B  3 - CLASS C  3 - CORRECTIVE LENSES  DRUG TEST (S)  STATUS TYPE  VALUE STATUS  1 - NOT DISTRACTION  1 - NONE GIVEN  2 - TEST TEST SIDE  3 - TEST GIVEN, CONTAMINATION  DEVICE TEXTING. TYPE  ON THE PROPERTY OF THE PROPERTY	ADDRESS	S: STREET, CITY, S	TATE, ZIP							CONTACT PH	ONE - INCLUDE AREA CO	DE		
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SELECT UPTO 2  SELECT UPTO 2  SELECT UPTO 2  SELECT UPTO 2  SEATING POSITION  AIR BAG  OTHER DRUG  OTH	0								of Ferriage Degree			CITATION	IUMBER	
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS  1 - FATAL 1 - FRONT-LEFT SIDE (MOTORCYCLE DRIVER) 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSCEPT MINOR INJURY 3 - FRONT-RIGHT SIDE 3 - DEPLOYED SIDE 3 - CLASS C 3 - CORRECTIVE LENSES 4 - POSCEPT MINOR INJURY 3 - FRONT-RIGHT SIDE 3 - TEST GIVEN, CONTAMINAT 4 - POSCEPT MINOR INJURY 4 - POSCEPT MINOR INJURY 5 - FRONT-RIGHT SIDE 3 - TEST GIVEN, CONTAMINAT 5 - TEST STATUS 1 - ALCOHOL INTERLOCK DEVICE 2 - MANUALLY OPERATING AN 5 - TEST GIVEN, CONTAMINAT 5 - TEST GIVEN, CONTAM	OL CLASS		RESTRICTION SELEC		DISTRACTED				CONDITION					SELECT UP TO 4
1 - FATAL 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - DEPLOYED 1 - CLASS A 1 - ALCOHOL INTERLOCK DEVICE 1 - NOT DISTRACTION 1 - NONE GIVEN 2 - DEPLOYED FRONT 2 - CLASS B 2 - CDL INTRASTATE ONLY 2 - MANUALLY OPERATING AN 2 - TEST REFUSED 3 - SUSPECTED MINOR INJURY 2 - FRONT - RIGHT SIDE 3 - DEPLOYED SIDE 3 - CLASS C 3 - CORRECTIVE LENSES DEVICE (TEXTING, TYPING D	5 (01)													لـــالـــالـــالـــالــــالــــالـــــالــــــ
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 2 - FRONT - MIDDLE 3 - DEPLOYED FRONT 2 - CLASS B 2 - COL INTRASTATE ONLY 2 - MANUALLY OPERATING AN 2 - TEST REFUSED 3 - CLASS C 3 - CORRECTIVE LENSES ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING) 3 - TEST GIVEN, CONTAMINAT DEVICE (TEXTING, TYPING)		JKIE2		1 - NOT										rus
3 - CASS C 3 - CORRECTIVE LENSES ELECTIONIC COMMONICATION 3 - TEST GIVEN, CONTAMINAT  A DOSCINE IN MIDNY 3 - FRONT - RIGHT SIDE  3 - TEST GIVEN, CONTAMINAT  DEVICE (TESTING, TYPING,											MANUALLY OPERATING A	N 2-TES		
	4 - POSSIBLE IN					NT/SIDE			3 - CORRECTIVE LEN 4 - FARM WAIVER	SES	DEVICE (TEXTING, TYPIN	J-152	T GIVEN, CONT	
5 - NO APPARENT INJURY  4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  5 - NOT APPLICABLE  (OHIO = D)  5 - EXCEPT CLASS A BUS  3 - TALKING ON HANDS-FREF  4 - TEST GIVEN, RESULTS KNO	5 - NO APPAREN	IT INJURY					(OHIO = D)			BUS 3.		4.TFS		
INJURED TAKEN BY  5-SECOND - MIDDLE  9- DEPLOYMENT UNKNOWN  5- M/C MOPED ONLY  6- EXCEPT CLASS A  COMMUNICATION DEVICE  5- TEST GIVEN, RESULTS  6- NO VALID OL  & CLASS B BUS  4- TALKING ON HAND-HELD  UNKNOWN			5 - SECOND - MIDDLE	9 - DEPL	OYMENT UNKNO	WN					COMMUNICATION DEVICE	5 - TEST		ILTS
/TREATED AT SCENE 7-THIRD-LEFT SIDE EJECTION OL ENDORSEMENT 8. INTERMEDIATE LICENSE 5-OTHER ACTIVITY WITH AN	/TREATED AT		7 - THIRD - LEFT SIDE		EJECTION	42.1	OL ENDORSEM	ENT				ALCO	HOLTES	ГТҮРЕ
2 - EMS 1 - NOT EJECTED H - HAZMAT RESTRICTIONS ELECTRONIC DEVICE 1 - NONE									RESTRICTIONS		ELECTRONIC DEVICE	I - NON		
9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED P - PASSENGER RESTRICTIONS 7 - OTHER DISTRACTION 3 - URINE		NOWN								7 -	OTHER DISTRACTION			
10 - SLEEPER SECTION 4 - NOT APPLICABLE N - TANKER 10 - LIMITED TO DAYLIGHT ONLY INSIDE THE VEHICLE 4 - BREATH  SAFETY EQUIPMENT 8 - OTHER DISTRACTION OUTSIDE 5 - OTHER	SAFETY E	QUIPMENT		4 - NOT A	PPLICABLE									
1 - NONE USED 11 - PASSENGER IN OTHER TRAPPED R - THREE-WHEEL MOTORCYCLE 12 - LIMITED - OTHER THE VEHICLE		F17 01111 11275	ENCLOSED CARGO AREA			(F		DRCYCLE			THE VEHICLE			'VDE
3-LAP BELT ONLY USED PICK-UP WITH CAP) 2. FYED TOTAL TRAFFLY (SPECIAL BRAKES, HAND 1-NONE										ICES	UTTER/UNKNUWN			172
4-SHOULDER & LAP BELT USED 12- PASSENGER IN UNENCLOSED MECHANICAL MEANS 1-DUBLE & INIPLE TRAILERS CONTROLS, OR OTHER CONDITION 2-BLOOD  ADAPTIVE DEVICES 1-APPAPENTLY MORMAL 2-BLOOD  ADAPTIVE DEVICES 1-APPAPENTLY MORMAL 2-BLOOD				MECH	ANICAL MEANS			RAILERS		as a				
5 - CHILD RESTRAINT SYSTEM - SOURCE S						ANS			14 - MILITARY VEHICLE	ES ONLY 2-P				
6-CHILD RESTRAINT SYSTEM - REAR FACING 15-MOTOR VEHICLES WITHOUT AIR BRAKES 15-MOTOR VEHICLES WITHOUT AIR BRAKES 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) DRUG TEST RESULT(S													TEST RES	III T/S)
7 - BOOSTER SEAT 15 - NON-MOTORIST M - MALE 16 - OUTSIDE MIRROR 4 ILLNESS 1 - AMPHETAMINES			15 - NON-MOTORIST											
8 - HELMET USED 99 - OTHER / UNKNOWN U - OTHER / UNKNOWN 17 - PROSTHETIC AID 5 - FELL ASLEEP, FAINTED, 2 - BARBITURATES  9 - PROTECTIVE PAGE USED 18 - OTHER FATIGUED, ETC. 3 - REMODING ASSETTIVE PAGE USED 18 - OTHER FATIGUED, ETC. 3 - OT			99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN							
9 - PROTECTIVE PADS USED 3 - BENZODIAZEPINES (ELBOW, KRES, ETC.) 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS 4 - CANNABINOIDS										6 - U	NDER THE INFLUENCE			- 17
10 - REFLECTIVE CLOTHING /ALCOHOL 5 - COCAINE										11	ALCOHOL	5 - COCAI	NE	
/ BICYCLE ONLY 7- OTHER JOHNNOWN 6 OFFICE JOHNNOWN 7- OTHER JOHNNOWN 7- OTHER JOHNNOWN 8 OTHER JOHNNOWN	/ BICYCLE ONL	.Υ								9 - 0	THER / UNKNOWN			
9- OTHER / UNKNOWN 8- NEGATIVE RESULTS SY8306 OH1M 1/19 1760-15001	9 - OTHER / UNKN				- 1 - 3									

UCCUPANT / WITNESS ADDENDUM							19-000044					
UNIT # NAME: LAST, FIRST, MIDDLE								ATE OF BIRTH		AGE	GENDE	
ADDRESS	S: STREET, CITY	STATE, ZIP					CONTACT PHON	E - INCLUDE AREA (	[			
ADDRESS								W U	7			
	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	) SAFETY EQUIPMEN	IT .	SEATING POSITION	N AIR BAG USAG	E EJECTIO	N TRAPPE	
	TAKEN BY					USED	DOT-COMPLIAN MC HELMET	T .				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDE	
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INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMEN	T DOT-COMPLIAN	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPE	
<u></u>	BY						MC HELMET	1 1		ا	J	
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER	
											ال	
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INJURIES	INJURED	Page 4									,	
INJUNIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UALY 7. 4							MC HELMET		L	L	<u> </u>	
UNIT#	NAME: LAS	r, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY,	STATE 71D								1	<u> </u>	
	orkee, or i,	77A12,217					CONTACT PHONE	- INCLUDE AREA CO	DE			
	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR RAG IISAGE	FIECTION	TRAPPEN	
	TAKEN BY				,	USED	DOT-COMPLIANT MC HELMET	, , , , , ,	ALL DAG GUAGE	Lazorion	INAFFED	
	INJU	RIES	SAFETY	' EQUIPMENT USED	I IVE	SEATING POS	ITION	JUES, I IS	AIR BAG U	SAGE		
1 - FATAI	L		1 - NONE US			T - LEFT SIDE		1 - NOT DE	PLOYED			
		RIOUS INJURY		OCCUPANT R BELT ONLY USED		ORCYCLE DRIV T – MIDDLE	ER)	2 - DEPLOY	ED FRONT			
		NOR INJURY	3 - LAP BELT			T - RIGHT SIDE	3 - DEPLOYED SIDE					
	IBLE INJUI PPARENT II			R & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS		4 - DEPLOY				
				STRAINT SYSTEM -		ND - MIDDLE		5 - NOT API	PLICABLE			
	INJURED T RANSPORT		FORWARD			ND - RIGHT SIC	9 - DEPLOYMENT UNKNOWN					
	ATED AT SC		REAR FAC	STRAINT SYSTEM - ING		O – LEFT SIDE DRCYCLE SIDE	CAR)	DESCRIPTION OF THE PARTY OF THE	EJECTIO	N	<b>VUITA</b>	
2 - EMS			7 - BOOSTER	SEAT		- MIDDLE	I - NOT FIFCTED					
3 - POLIC			8 - HELMET I	JSED		- RIGHT SIDE PER SECTION O	ION OF TRUCK CAB 2 - PARTIALLY EJECTED					
9 - OTHER / UNKNOWN 9 - PROTECTIVE PADS USED 11 - PASSENGER IN (					ENGER IN OTHE	THER ENCLOSED 3 - TOTALLY EJECTED						
	GENI	DER	10 - REFLECTI			JAKEA (NON-TR ICK-UP WITH CAP		4 - NOT APP	LICABLE			
F - FEMAL M - MALE	.E			- PEDESTRIAN		NGER IN UNE	ICLOSED		TRAPPE	D		
	/ UNKNOW	N	/ BICYCLE 99 - OTHER / U		13 - TRAIL			1 - NOT TRA				
			99-UINER/U	NKNUWN		G ON VEHICLE RAILING UNIT)	EXTERIOR	MEANS	ATED BY ME	CHANIC	AL	
					15 - NON-M				Y NON-MEC	HANICA	L	
					99 - OTHER	R/UNKNOWN		MEANS				
	FIRST, MIDDLE Timothy							OF BIRTH		AGE 7	GENDER IV/I	
	TREET, CITY, ST						02111			2 /	M	
		w Dr Bellbrook	OH 45305				CONTACT PHONE - 93	7 938-7884				
NAME: LAST, FIRST, MIDDLE												
							DATE OF BIRTH AGE GENDER					
ADDRESS: ST	TREET, CITY, ST	ATE, ZIP					CONTACT PHONE -	INCLUDE AREA CODE				
						1		<u> </u>	- 0 - 0		<u> 1                                   </u>	
IAME: LAST, I	FIRST, MIDDLE						DATE	OF BIRTH		AGE	GENDER	
DDRESS. cr	TREET, CITY, ST	ATF 7IP				1	1 1 1		ب است			
		71 <b>2,</b> 40					CONTACT PHONE -	INCLUDE AREA CODE				
0055 01140	1/19 [760-150	0.7				į.				_1_		

LOCAL	REPORTING	DATE OF CRASH
REPORT   / - L L	AGENCY Bellboook P.D.	MII DI MIA

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

1, TIM TAY LOR (PRINTED)	HEREBY MAKE THIS VOLUNTARY STATEMENT
	- ra les Des Par
(OFFICERS NAME)	AT FRONT OF 162 HESS ROA (LOCATION)
(11121111111111111111111111111111111111	(
I PARKED ON THE STRE	ET (ALONG SOUTHCURB) IN FROM
OF 162 HESS 120AD AT A	TROXIMATELY 1835 hrs, ON OF N
	STBOOKS ON HESS DISTRIBUTING
	DE-TO-DOOR AND THEN BACKDOWN
	STEET TO MY TEUCK, AT
	., ITAVING KNUCKED AT THE LAS
	PRACHED MY TRUCK TO FIND
	the DRIVER'S LEFT FRONT DOOR.
	COLDRED) PAINT TRANSFER, 45
	- ON THE GROUND NEXT THE DOOR
	•
	•
3336Streamview Ct., Bellbrook, a	04 4535 PHONE
SIND TRUMVIEW VI., Delbrook, U	0 H 45305 930305-4446
O C	OFFICERS SIGNATURE