September TRAFFIC CRAS	H REPORT *DENOT	TES MANDATOR	Y FIELD	FOR SU	IPPLEME	NT REPO	1	9.	_	OO (_	*	
PHOTOSTAKEN OH-2 OH-3	LOCAL INFORMATION Crashed into side REPORTING AGENCY NAM	of drivew	ay			u o z o è	1-4						desirem and a	<u></u>
SECONDARY CRASH PRIVATE PROPER			nt			vcic* 2,9,0,5	51	11 1/SK I 1 - SOL 2 - UNS	VED	10	OF UNIT	, 0	2.	ANIMAL UNKNOV
120 1 1 1 1 1 1 1 1 1	CITY, VILLAGE, TOWNSHIP*							620		TIME* 064	3 3		SH SEVER	
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORT	H LOCATION ROAD NAME				Ti	ROAD TYP		_		ECIMAL DEGRE	ᆜᆫ		SERIOUS SUSPECT	
2 - SOUT. 3 - EAST. 4 - WEST	Clearview					DR],39	6	2 5	716	Q		MINOR IN	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH		ROAD, MILEPOS	T, HOUS	E #)	1	OAD TYP	1 .		UDE o	ECIMAL DEGRE	ES		INJURY P	
REFERENCE POINT DIRECTION		Islandisi	200		L		-84	+	. φ (110	9		PROPERTY	/ DAMA
1 - INTERSECTION PROM REFERENCE 1 - NORTH	ROUTE TYPE R - INTERSTATE ROUTE(TP)	AL - ALLEY	HW	AD TYP		- ROAD		WITHIN		INTERSECTION			ан	
3- HOUSE # 3- EAST	S - FEDERAL US ROUTE R - STATE ROUTE	STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STF CR - CIRCLE OV - OVAL TE - TEF CT - COURT PK - PARKWAY TL - TRA					WITHIN INTERCHANGE AREA NUMBER OF APPROACH							
FROM REFERENCE UNIT OF MEASURE	R - NUMBERED COUNTY ROUTE													ĮV.,
1 - MILES T 2 - FEÉT 3 - YARDS	R - NUMBERED TOWNSHIP ROUTE	DR - DRIVE HE - HEIGHTS		PIKE PLACE	WA -	WAY		ROADW/	AY DIV	TDED				
LOCATION OF FIRST HARMFUL EVI		MANNER OF CRA					DIRECT	ON OF T	RAVEL	I	M	EDIAN'	TYPE	
	AY/ALLEY ACCESS	NOT COLLISION BETWEEN TWO MOTOR	5 - BA	CKING	REAR		 , ,	1 - NOR 2 - SOU		١		DED FLI FEET)	USH MEDI	AN
4 - ON ROADSIDE 12-SHARED	USE PATHS OR	VEHICLES IN TRANSPORT		ESWIP	E, SAME DI			3 - EAS			(≥4	FEET)	USH MEDI	
6-OUTSIDE TRAFFIC WAY 13-BIKE LAN	JE 3-	REAR-END HEAD-ON			E, OPPOSITE VKNOWN	DIRECTION					4 - DIVII	•	PRESSED ISED MED	
7-ON RAMP 14-TOLL BOO 8-OFF RAMP 99-OTHER/L												R/UNKN	10WN	
WORK ZONE RELATED	WORK ZONE TYPE - LANE CLOSURE				IN WORK			ITOUR		COND	ITIONS		SURF	ACE
WORKERS PRESENT 2	- LANE SHIFT/CROSSOVER - WORK ON SHOULDER	1	WAR	NING SI			1 - STRAI	3	VEI 1	L 1 - DRY	<u> </u>	,	کے CONCRE	
LAW ENFORCEMENT PRESENT	OR MEDIAN - INTERMITTENT OR MOVING W	: لـــا	3 - TRAN	SITION	AREA		2 - STRAI		- 1	2 - WET			- BLACKTO	OP,
A APPLIE AGUICAL BALLE	-OTHER				NAREA		3 - CURVE		- 1	3 - SNOW 1 - ICE			ASPHAL	T
LIGHT CONDITION 1 - DAYLIGHT	WEA 1 - CLEAR	THER 6 - SNOW					9 - OTHER			5 - SAND, M OIL, GRA			- BRICK/BI - SLAG, GR	
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	1 2-CLOUDY	7 - SEVER			DIPT CNO				6	- WATER (STANDIN	iG, 5	STONE DIRT	
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN						7 - SLUSH				9 - OTHER/UNKNOW		NKNOWN	
9-OTHER/UNKNOWN		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						9	- OTHER/U	NKNOW	1		
NARRÁTIVE			-	at:	1 1	1	r a	'			A	A	Indicate ti	with
After coming around the bend at the inter Dr., Unit 1 came into contact with the eas	t side of a culvert at the e	end of the	-								6		an "N" on compass d	
driveway of 2034 Clearview Dr. The drive Valley South Hospital due to possible hea	ad injury. The suspect veh	nicle was	-											
owed from the scene by Sandy's Towing	in Xenia. There is no Uni	t 2 involved.	-		\perp									
SEE ATTACHED DRA	HUING		-											-
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CRASH REPORTED DATE / TIME	DISPATCH DATE/TIME 52019 0643,	ARR 12267				, , , ,				E/TIME 080!	5 1 2	X POL	ICE AGEN	
CRASH REPORTED DATE / TIME	52019 0643 OFFICER'S NAME*				64,3	1,	22,62	01				NOT	ICE AGENO	CY
CRASH REPORTED DATE / TIME 2262019 0643 1226 TOTAL TIME OTHER TOTAL	OFFICER'S NAME* Stout, Alexi		201		643 CHECKED 1	للللة السا	2262 ks n/me	201	9,	ρ80:		MOT SUP	ICE AGEN	CY

Case Number:	Date:
Location:	
Description:	
2034	
Culvert	
Clearview Dr.	
NOT TO SC	

-	Motorist / Non-Motorist					19-000050						
01							DATE OF SIRTH AGE					
	ESS: STREET, CITY, STATE, ZIP							07291993 , 26				
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INJURIE	S INJURED	the state of the s			KENTO: MEDICAL FACI		SAFETY EQUIPME	NT DOT-COMPLIANT	SEATING POSITI	ON AIR BAG USAG	E EJECTION 1	
OL STATE	F OPERATO	Bellbrook Fire	Departm		ni Valley Sout		10'T	MC HELMET	01	2_		
ОН		TO ENGL HOM DEA		4511.		CODE	Failure To			31052	NUMBER	
OL CLASS	S ENDORSEM!			DRIVER DISTRACTED F	ALCOHOL / DRUG SU	SPECTED	CONDITION	ALCOHOL		DRU	G TEST(S)	
4	1	1, , ,, ,		BY 1	ALCOHOL OTHER DRUG	MARIJUANA	1	STATUS TYPE	VALUE	STATUS TYPE	RESULT SEL	
UNIT #	NAME: LA	ST, FIRST, MIDDLE					L	DATE	OF BIRTH		AGE GE	
ب	,								_1 1 1			
ADDRESS:	: STREET, CITY,	STATE, ZIP						CONTACT PHONE -	INCLUDE AREA CO	DE .		
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDTAK	ENTO: MEDICAL FACILI	TV cursus arms	SAFETY EQUIPMENT		1_1_			
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OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE (HARGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NU	MBER	
OL CLASS	ENDORSEMEN	T RESTRICTION SE										
	SELECT UP TO 2	RESIRIETION SE		ISTRACTED	ALCOHOL / DRUG SUS	PECTED ARIJUANA	CONDITION	STATUS TYPE		TATUS TYPE	RESULT SELECT	
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UNIT #	NAME: LAST,	FIRST, MIDDLE						DATE (FBIRTH		AGE, GEN	
ADDRESS: S	STREET, CITY, S	TATE, ZIP										
								CONTACT PHONE - IN	CLUDE AREA CODE	11801 174		
NJURIES 1	TAKEN	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILITY		AFETY EQUIPMENT	DOT-COMPLIANT SEA	TING POSITION I	AIR BAG USAGE E	JECTION TRAP	
	OPERATOR L	ICENSE NUMBER		OFFENSE CH	APETA			MC HELMET				
				or remote on	MALD	EODE	FFENSE DESCR	IPIIUN	1	CITATION NUM	IBER	
	NDORSEMENT SELECT UP TO 2	RESTRICTION SELE	DIST	TRACTED	COHOL / DRUG SUSPI		CONDITION	ALCOHOLTES TATUS TYPE VA	LUE STA	DRUGT	EST(S) RESULT selectup	
	1		BY		ALCOHOL MAF OTHER DRUG	IJUANA		ş - ş			and the section of	
INJURI	ES	SEATING POSITION	1- NOT DEP	IR BAG	OL CLASS	STREET, SQUARE, SQUARE,	OL RESTRICTI		ISTRACTION	N TES	TSTATUS	
USPECTED SERI	the stant	(MOTORCYCLE DRIVER) 2-FRONT - MIDDLE	2 DEPLOYE	D FRONT	2-CLASS B	3- CP.20	ALCOHOL INTERLOC		ACTED Poperating an	1 - NONE GR 2 - TEST REF		
USPECTED MINI DSSIBLE INJURY	1	3 - FRONT - RIGHT SIDE	3 DEPLOYE	D SIDE D BOTH FRONT/SIDI	3-CLASS C 4-REGULAR CLASS	and the second	- CORRECTIVE LENSE - FARM WAIVER	DEVICE (T	IC COMMUNICATIO EXTING, TYPING,	2 - 1 E31 GIA	EN, CONTAMINATE Unusable	
APPARENT IN	UURY	4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)	- 5- NOT APPL	ICABLE	(OHIO = D) .5 - M/C MOPED ONLY		EXCEPT CLASS A BU	The state of the s	N HANDS-FREE	4-TEST GIVI	EN, RESULTS KNOW	
JURED TAK TTRANSPORTE	_	5 - SECOND - MIDDLE - 6 - SECOND - RIGHT SIDE	9-DEPLOYM	ENT UNKNOWN	6 - NO VALID OL	6	A CLASS B BUS	4 - TALKING O		5 TEST GIVI Unknowi		
REATED AT SCE		7-THIRD LEFT SIDE (MOTORCYCLE SIDE CAR)	Contract Con	CTION	OL ENDORSEM	SHIT I	EXCEPT TRACTOR-TR		ATION DEVICE	ALCOHO	LTESTTYPE	
		8-THIRD - MIDDLE	1 NOT EJECT 2 PARTIALLY		H - HAZMAT M - MOTORCYCLE	1	RESTRICTIONS LEARNER'S PERMIT	ELECTRONI 6 - PASSENGEI	C DEVICE	1 - NONE 2 - BLOOD		
	13.	A STATE OF THE PARTY OF THE PAR			P PASSENGER		RESTRICTIONS	7 - OTHER DIST	RACTION	3-URINE		
LICE		9 - THIRD — RIGHT SIDE 0 - SLEEPER SECTION	3-TOTALLY E.	- K					VEHICLE	4 - BREATH	The second second	
LICE IER/UNKNOWN Ety Equip	PMENT	O-SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLI	CABLE	N-TANKER Q-MOTOR SCOOTER	1 1111	LIMITED TO DAYLIGH LIMITED TO EMPLOYI	HENT 8-OTHER DIST	RACTION OUTSIDE	5-OTHER		
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