OHIO DEPARTM OF PUBLIC SAL	TRAFFIC	CRASH	REPORT	*DENOTES	MANDATORY	FTELD F	OR SUF	PLEME	NT REPOR	100	LOCAL REPOR		<b>?</b> *		
X PHOTOSTAK	OH-2	🗶 он-з	LOCAL INFORM	ATION						19-0	0000	)8			
SECONDARY	CRASH OH-1P	REPORTING AGENCY NAME*  Bellbrook Police Department  NCIC*  0,2,9,0,5						HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 98 - ANIMAL							
COUNTY* LOCA	ALITY* L	PROPERTY	Y, VILLAGE, TOWNS		epartment	:		<u>U,Z</u>	. <sub>1</sub> 9,0,0	CRASH DATE		CB	ASH SEVERITY		
29	1 - CITY	Bellbrook								04022019	0850	. 5 . 1	- FATAL		
ROUTE TYPE RO	UTE NUMBER PREFIX	1-NORTH 2-SOUTH	LOCATION ROAD	NAME				1	ROAD TYPE	LATITUDE	DECIMAL DEGREES	2	- SERIOUS INJURY SUSPECTED		
	LLL S	3-EAST 4-WEST	Main					L	ST	39,63	7674	3	- MINOR INJURY SUSPECTED		
ROUTETYPE RO	UTE NUMBER PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	REFERENCE RO	AD NAME (ROA	AD, MILEPOST,	HOUSE	#)	F	ROAD TYPE		0 7 0 0		- INJURY POSSIBLE - PROPERTY DAMAGE		
REFERENCE PO	INT DIRECTION	4-WEST						L		-84.07	4/94		ONLY		
3 1- INTERSE	ECTION FROM REFERENCE	RTH IR -	ROUTE TYP INTERSTATE RO	UTE(TP)	AL - ALLEY		ID TYPE HIGHWA		- ROAD	WITHIN INT	INTERSECTION OR O				
3- HOUSE		ST	FEDERAL US RO STATE ROUTE	0,1	AV - AVENUE BL - BOULEVARI	LA - L D MP - N	LANE MILEPOS		- SQUARE - STREET		ERCHANGE ARE		4		
DISTANCE FROM REFERENCE	DISTANCE	CR-	NUMBERED COU	NTY ROUTE I	CR - CIRCLE	0V - 0	OVAL PARKWA		- TERRACE - TRAIL		ROADV		DER OF AFT ROADILES		
	1 - MI 2 - FE	LES TR-	- NUMBERED TOWNSHIP DR - DRIVE PI - PIKE				- WAY	ROADWAY D	IVIDED						
LO	3-YA CATION OF FIRST HAR				HE - HEIGHTS ANNER OF CRAS	_		MDACT		DIDEGETOR OF TRAIN		1450711	. TVPE		
0 1 1-0N RG	DADWAY 9 -	CROSSOVER		_ 1-NO	T COLLISION TWEEN	4-REA	R-TO-R			DIRECTION OF TRAV	1-		LUSH MEDIAN		
3- IN ME	EDIAN 11	- RAILWAY GF	ALLEY ACCESS RADE CROSSING	L J VE	VO MOTOR EHICLES IN	5 - BAC				2 - SOUTH 3 - EAST	2-	( <4 FEET ) 2 - DIVIDED FLUSH MEDIAN			
4 - ON RC 5 - ON GC	RE	-SHARED US TRAILS	E PATHS OR		ANSPORT AR-END			E, SAME DI E, OPPOSIT	RECTION E DIRECTION	4-WEST	1	( ≥4 FEET DIVIDED, D	) DEPRESSED MEDIAN		
6 - OUTS! 7 - ON RA	IDC INALL TO WAL	-BIKE LANE -TOLL BOOTH		3 - HE	AD-ON	9 - <b>0T</b> HI	ER/UN	KNOWN				DIVIDED, R (ANY TYPE	RAISED MEDIAN		
8-0FF R	AMP 99	OTHER/UN	CNOWN								9-0	OTHER/UNI	KNOWN		
WORK ZONE	RELATED	1-1	WORK ZONE TY	PE				N WORK	ZONE RK ZONE	CONTOUR	CONDITI	DNS	SURFACE		
WORKERS P	RESENT	2 - L	ANE SHIFT/CROS			WARN	VING SI			CTPAICHT LEVEL	1 200	_			
LAW ENFORC	CEMENT PRESENT	0	/ORK ON SHOULD R MEDIAN		3 ا	-TRANS	SITION	AREA	AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1-DRY 2-WET		1 - CONCRETE 2 - BLACKTOP,		
ACTIVE SCHO	OOL ZONE		NTERMITTENT O THER	R MOVING WOR	1	- ACTIV				3 - CURVE LEVEL	3-SNOW		BITUMINOUS, ASPHALT		
LI	GHT CONDITION			WEAT	HER					4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD,	DIRT	3 - BRICK/BLOCK		
1 1-DAYLIG			2 1-CL		6 - SNOW	cnocci	מתולוווו			7 7772100711110	OIL, GRAVE	- '	4 - SLAG, GRAVEL, STONE		
3-DARK-	LIGHTED ROADWAY	3-FOG, SMOG, SMOKE 8-BLOWING SAND, SOIL, DIRT				DIRT, SN	ow		6-WATER (STA MOVING)	NDING,	5 - DIRT				
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING			4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN					DRIZZLE		7 - SLUSH 9 - OTHER/UNK	MOWN	9 - OTHER/UNKNOWN			
9-OTHER	/ UNKNOWN										7-01RENUNK	40 99 14			
NARRATIVE	The second secon		Philadelphia Markey and a company of the company of									A	Indicate the north		
	/E DATE, UNIT# 4227 ) TRAVELIN							ĺ	Araba and a same	2		D	an "N" on the compass diagram.		
STOPPED AT	THE INTERSECT NIT #2 ( OH REG	ION OF S	OUTH MAIN	AND EAST					n (4-200						
NORTHBOUND	ON SOUTH MA	IN AND W	AS STOPPE	D BEHIND	UNIT #1.		$\neg$								
	ED UP A COUPL UNIT #1'S TRAII							E				704			
ALL UNITS MC	VED TO ANOTH	ER LOCA	TION FOR TH	IIS REPOR	T. BODY							AMMAN TANAN			
SEE ATTACHE	D DRAWING	\$ 4000 mm (1700 AM) Ago, m.s.					-				\$ 000 AN -0000-000	-			
011111111111111111111111111111111111111	.o biv ivinto	, under vortransfelderschift de sentre		***************************************	*Woodsdatesdatestatestatestatestatestatestat		-	-	-		ve.	F-Usualista - abo Tomoran ana.	MANUAL MA		
						\$			1	A months and	e day.	- Grown			
							1								
		,					ч					1 6			
	1000			SPATCH DATE/TIME			ARRIVAL DATE/TIME 04022019 09			SCENE CLEARED BATE / TIME		REPORT TAKEN BY POLICE AGENCY			
TOTAL TIME	T			0853	<u> </u>	- N T	7 (	790		4022019	1 + 4 4 4		MOTORIST		
	OTHER Investigation time	TOTAL MINUTES	Ruble,	NAME* Anthony					es, Jac	CER'S NAME*  ackie SUPPLEMENT					
1	60	129		OFFICER'S BA	DGE NUMBER	ŧ	2			BY OFFICER'S BADGE NUMBER*  (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO RUMS)					
				1		T	3	1	1	F F	5				

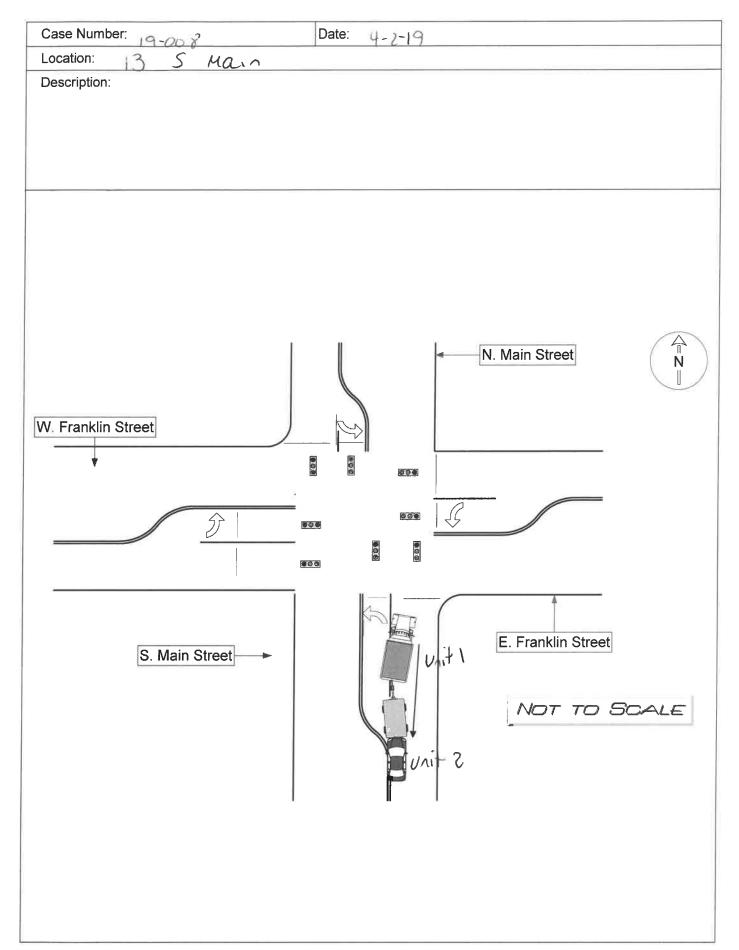
LOCAL REPORT NUMBER

J FIRST HARMFUL EVENT

■ MOST HARMFUL EVENT

Oracle Or	DEPARTMENT UBLIC SAPETY HISTORY PROTECTION	OTORIST / N	ON-I	VIото	RIS	ST			1	9 <b>–</b> 0 0 0 0	PORT NUMBE	R		
0.1	NAME: LAST, FIRST, MIDDLE  TRENTEL, MATTHEW T							DATE OF BIRTH AGE GENDE 37 M						
ADDRE:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
258 \$		BELLBROOK RD >	ENIA (	DH 4538	35 9	014				937 361-39	1 1		10.00	
258 SINJURIE	S INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED 0 4				DOT-	COMPLIANT SEATING POSITION	ON AIR BAG USAG	E EJECTION	TRAPPED 1	
OL STAT		OPERATOR LICENSE NUMBER RR650436				offense charged Loc Con			cription Starting	Or Backing	30480			
E OL CLAS	S ENDORSEMEN SELECT UP TO 2			RIVER ALCOHOL / DRUG SUSPECTED STRACTED ALCOHOL MARIJUANA			CONDITION	STATUS	TYPE VALUE	STATUS TYP	E RESUL	T SELECT UP TO 4		
	1					THER DRUG								
02		, FIRST, MIDDLE S, MACKENZIE R	ENEE						DATE OF BIRTH AGE GENDER 16 F					
	S: STREET, CITY, S		#U.F.6	211.4500					-	T PHONE - INCLUDE AREA (			1	
5		D WAY WAYNES	/ILLE (			0: MEDICAL FACILITY	/41332F A1894	SAFETY EQUIPMENT		937 409-37	1-1	L I I I I I I I I I I I I I I I I I I I	Typapper	
INJURIE	TAKEN BY	End House Change		INJUNEDI	KKEN I	O. MEDICAL PACILITY	USED 04		DOT-COMPLIANT OT		AIR BAG USAGE EJECTION TRAPPET		TRAPPED	
OH OH	UW37	license number 1980		OFFENS	E CHA	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUMBER			
E OL CLASS	SELECT UPTO 2	T RESTRICTION SELEC		IVER STRACTED		OHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION		COHOL TEST	STATUS TYPE	G TEST(S)	SELECT UP TO 4	
4	J			<u> </u>		THER DRUG		L	<u> </u>					
UNIT#	NAME: LAST,	FIRST, MIDDLE							P 7	DATE OF BIRTH		AGE	GENDER	
ADDRESS	S: STREET, CITY, S'	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	00E			
ADDRESS	INJURED	EMS AGENCY (NAME)		Transport	VENTO	MEDICAL FACTURE		CAPCTV COLUDARNIA		P. C. THIS DAGGETON				
NON I	TAKEN BY	EMS NGENCT (MARKE)		INJUREDIA	KENIU	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C	OMPLIANT	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSI	CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION N	UMBER		
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC	DIS	IVER TRACTED		DHOL / DRUG SUSPE		CONDITION	AL STATUS   T	COHOL TEST YPE VALUE	DRUI STATUS   TYPE	RESULT	SELECT UP TO 4	
			BY		=	LCOHOL MAR THER DRUG	IJUANA	1						
INJ 1-FATAL	URIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEF	AIR BAG		OL CLASS 1-CLASSA	8,44,5	OL RESTRIC		DRIVER DISTRACT		EST STAT	rus	
200	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2-CLASS B		1 - ALCOHOL INTERI 2 - CDL INTRASTATE		1 - NOT DISTRACTED 2 - MANUALLY OPERATING	AN 2-TEST	E GTVEN I refused		
3 - SUSPECTED 4 - POSSIBLE I	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOY	ED SIDE ED BOTH FRONT	/eine	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LET 4 - FARM WAIVER	ISES	ELECTRONIC COMMUNI DEVICE (TEXTING, TYPE	BC 3-1E3	GIVEN CONT.		
5 - NO APPARE		4- SECOND – LEFT SIDE (MOTORCYCLE PASSENGER)	5- NOT APP		1 010 L	(OH!O = D)		5- EXCEPT CLASS A	BUS	DIALING)  3-TALKING ON HANDS-FRI	±	GIVEN, RESU		
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9- DEPLOY	MENT UNKNOW.	N	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		COMMUNICATION DEVICE 4 - TALKING ON HAND-HELE	IIMK	GIVEN, RESU Nown	LTS	
1 - NOT TRANSI /TREATED A		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	e.	ECTION		OL ENDORSEM	ENT	7 - EXCEPT TRACTOR		COMMUNICATION DEVICE	ALCO	HOL TEST	TTYPE	
2 - EMS	, , , , , , , , , , , , , , , , , , , ,	(MOTORCYCLE SIDE CAR)	1-NOT EJE		1.0	H - HAZMAT	201	8 - INTERMEDIATE I RESTRICTIONS	ICENSE	5 - OTHER ACTIVITY WITH A ELECTRONIC DEVICE	1 - NON			
3- POLICE 9- OTHER/UNI	/NAWA:	8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE	2 - PARTIAL 3 - TOTALLY	LY EJECTED		M - MOTORCYCLE P - PASSENGER		9- LEARNER'S PERM RESTRICTIONS	AIT .	6 - PASSENGER 7 - OTHER DISTRACTION	2 - BLO0 3 - URIN			
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP			N-TANKER		10 - LIMITED TO DAYL	IGHT ONLY	INSIDE THE VEHICLE	4 - BREA			
1 - NONE USED	QUIPMENT	11 - PASSENGER IN OTHER	7	RAPPED		Q-MOTOR SCOOTER	analial F	11 - LIMITED TO EMP		8 - OTHER DISTRACTION OU THE VEHICLE				
2-SHOULDER	BELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRA	PARAMETER STATE		R - THREE-WHEEL MOTI S - SCHOOL BUS	JRCYCLE	13 - MECHANICAL DE	MCES	9-OTHER/UNKNOWN	DR 1-NONE	UG TEST T	YPE	
3 - LAP BELT OF	LAP BELT USED	PICK-UP WITH CAP)  12 - PASSENGER IN UNENCLOSED	2 - EXTRICA MECHAN	TED BY ICAL MEANS		T-DOUBLE&TRIPLETI	RAILERS	CONTROLS, OR OT ADAPTIVE DEVICE	HER	CONDITION	2 - BL00	D		
5- CHILD REST	RAINT SYSTEM -	CARGO AREA  13-TRAILING UNIT	3 - FREED B	Y Chanical Mean	rs.	X-TANKER/HAZMAT		14 - MILITARY VEHICL		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT	3 - URIN 4 - OTHE			
6 - CHILD REST	RAINT SYSTEM –	14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE	THE REAL PROPERTY.	15 - MOTOR VEHICLES AIR BRAKES	WITHOUT	3 - EMOTIONAL (E.G. DEPRES ANGRY, DISTURBED)	SED,	TEST RES	EIII T/C\	
REAR FACIN 7 - BOOSTER SE		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRROR		4-ILLNESS	-	ETAMINES	ULI(3)	
8 - HELMET US	ED	99 - OTHER/ UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID 18 - OTHER		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		ITURATES Odiazepines		
9 - PROTECTIVE (ELBOW, KNI										6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	4 CANA	ABINOIDS		
10 - REFLECTIVE										/ALCOHOL	5 - COCA			
11 - LIGHTING - I / BICYCLE OF	ILY									9 - OTHER / UNKNOWN	6 - OPIAI 7 - OTHE	ES/OPIOIDS R		
99 - OTHER / UNK	NOWN										8 - NEGA	TIVE RESULTS	รั	

of Pu	BLIC SAFETY BURICK - PROTESTER	CCUPANT	/ WITNE	SS ADDENDUI	M		19-	0000	ORT NUMBER	74 ¥	1 1		
UNIT # NAME: LAST, FIRST, MIDDLE  DEXTER, ADAM S  ADDRESS: STREET, CITY, STATE, ZIP								02261980					
a.		(, STATE, ZIP DE DR BELLBF	ROOK OH 45	305 1313			CONTACT PHON	E - INCLUDE AREA C	ODE	i 94	9 1		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	CILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED		
UNIT#	NAME: LA	ST, FIRST, MIDDLE				hara.	DA	TE OF BIRTH		AGE	GENDER		
ADDRESS	S: STREET, CITY	, STATE, ZIP				4	CONTACT PHONI	E - INCLUDE AREA CO	DDE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
UNIT#								DATE OF BIRTH AGE GENDER					
ADDRESS	5: STREET, CITY,	STATE, ZIP					CONTACT PHONE	C - INCLUDE AREA CO	DE	-J.   _j	1		
INJURIES	JURIES INJURED EMS Agency (NAME) TAKEN BY			INJURED TAKEN TO: MEDICAL FACI	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	BOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDER						
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
INJURIES	INJURED TAKEN BY	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
ULU I	INJU	RIES	SAFETY	EQUIPMENT USED		SEATING POS	TION		AIR BAG US	AGE			
2 - SUS 3 - SUS 4 - POS 5 - NO A	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED /TREATED AT SCENE			ED - OCCUPANT  R BELT ONLY USED ONLY USED  R & LAP BELT USED  STRAINT SYSTEM - FACING STRAINT SYSTEM - ING	(MOTO 2 - FRON 3 - FRON 4 - SECON (MOTO 5 - SECON 6 - SECON 7 - THIRD	T – LEFT SIDE DRCYCLE DRIVI T – MIDDLE T – RIGHT SIDE ND – LEFT SIDE DRCYCLE PASSI ND – MIDDLE ND – RIGHT SID D – LEFT SIDE DRCYCLE SIDE	2 - DEPLOYED FRONT  3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT/SIDE  5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN						
2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE			(ELBOW, R	JSED VE PADS USED (NEES, ETC.)	9 - THIRD 10 - SLEEF 11 - PASSE CARGO BUS, PI	O - MIDDLE O - RIGHT SIDE PER SECTION OF ENGER IN OTHE O AREA (NON-TRI ICK-UP WITH CAP!	R ENCLOSED MILING UNIT,	2 - PARTIAI 3 - TOTALLY	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED				
W - MALE / BICYCLE U - OTHER / UNKNOWN 99- OTHER / U				ONLY CARGO AREA  13 - TRAILING UNIT			EXTERIOR	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
	T, FIRST, MIDDL STREET, CITY, S					L	DATE  CONTACT PHONE -	OF BIRTH		AGE	GENDER		
NAME: LAS	T, FIRST, MIDDL	<u> </u>			0• €	L	NATE	OF BIRTH		AGE	GENDER		
	I							CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
						L		1 1 1		1	11		



LOGAL REPORT NUMBER 19-736 REPORTING AGENCY SELLBLOOK PD

DATE OF CRASH

M 04 D02 Y 2019

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

· · · · · · · · · · · · · · · · · · ·
I, MACKENZIE MINGES HEREBY MAKE THIS VOLUNTARY STATEMENT TO
RUBLE AT SOUTH MAIN
(OFFICERS NAME) AT (LOCATION)
I was at a red light. The trock in front of me
Stanted backing up. There was a car behind me
so I couldn't to revense, I bonked my harry
quess he did not see me the theuler hit the
front of my can, we both got out and decided to
pull into a parting lot where later the police
man showed up the Front hood and bumper
are pushed inwards
ADDRESS DF WITNESS
OFFICERS SIGNATURE
VITNESS I LOCKE OF IN IN INC. 100