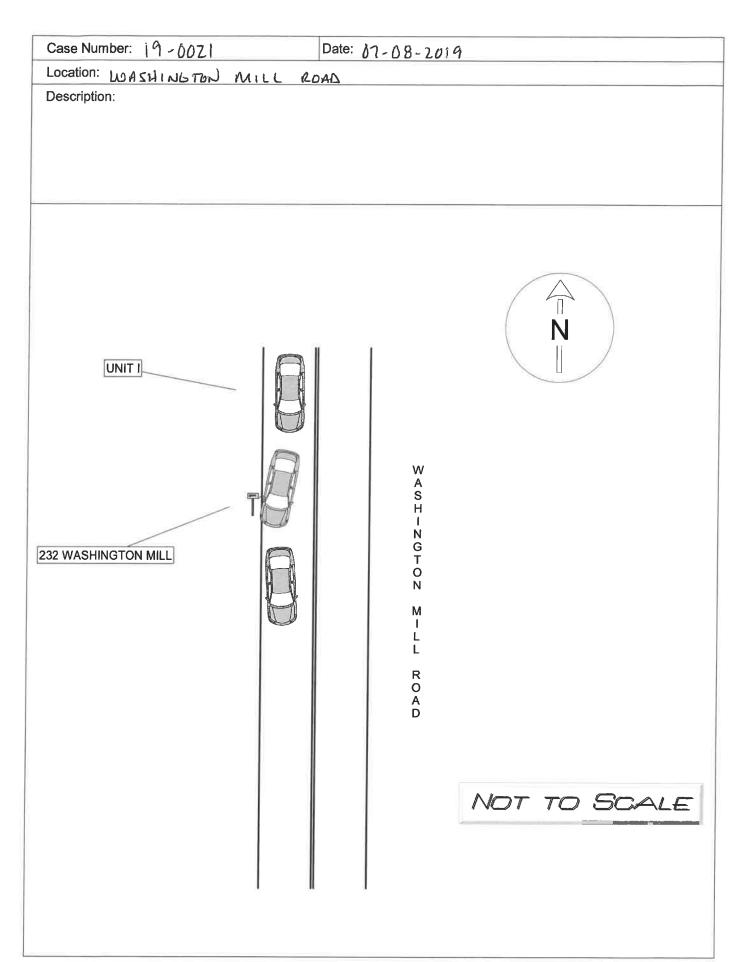
Onto Departs of Punitic Bal	T	PAFFIC	CPACH	REPORT	+DEMOTE									L	OCAL RE	PORT N	UMBER	*	_	_
TX PHOTOS TAK			X 0H-3	LOCAL INFORM Failure to	ATION	S MANDATORY	FIELD	FOR SU	IPPLEI	MENT	REPORT	1	9-		0,0,0				1	
SECONDARY	CRASH	OH-1P PRIVATE	OTHER PROPERTY	REPORTING AG Bellbrook			ıt		,0	NCI 12,9	;* 9,0,5	1 :	IT/SKIP 1 - SOLV 2 - UNSC		NUMBER O	OF UNIT	rs O	17 9	N ERRO	MAL
county* Loc	2-1	/ILLAGE E	ocation: cit Bellbrook	Y, VILLAGE, TOWNS	-lib⊁					<u> </u>		C	RASH DA 8201	ATE/T	IME* 190	0 1		SH SEV	9 - UNK	.NOWN
ROUTE TYPE RO		GIVINGILLI		LOCATION ROAD						ROA	ND TYPE	_	LATITU		IMAL DEGRE	<u>-</u>		SUSPE		JRY
ROUTE TYPE RO	LITE NIII	MRED DREETY	3 - EAST 4 - WEST	Washingto		AD MILEDOR	House	- "\		1	ŖD	39642287 3-MINOR INJUR SUSPECTED 4-INJURY POSS						CTED		
CLEGENO CLEGENO			2 - SOUTH 3 - EAST 4 - WEST	232	AD NAME (KU	AD, MILEPUS I	, 11002	ie #j		KUA	D TYPE	-84	_	61	02	4-INJURY POSSIB				
REFERENCE PO	ECTION	DIRECTION FROM REFERENCE 1 - NO	N E	ROUTE TYP		AL - ALLEY		OAD TYP		RD - RO	DAD				NTERSEC)		
	3 2-MILE POST 2-SOUTH US.			FEDERAL US RO STATE ROUTE	UTE	AV - AVENUE BL - BOULEVAR		- LANE - MILEP		SQ - SQUARE WITHIN INTERSECTION OR							1 1			
DISTANCE FROM REFERENCE	CE	DISTANCE UNIT OF MEAS 1 - M	E CR -		ERED COUNTY ROUTE CT - COURT				OV - OVAL TE - TERRACE PK - PARKWAY TL - TRAIL											
		2-FE 3-YA	ET	ROUTE	NOMIF	DR - DRIVE HE - HEIGHTS		- PIKE - PLACE	'	WA - WA	AY		OADWA	Y DIVI	DED					
1-0N R	DADWAY	-	CROSSOVER		1-N	ANNER OF CRA OT COLLISION ETWEEN	4 - RI	EAR-TO-		CT		DIRECTI	ON OF TH				MEDIAN IDED FI	TYPE USH M	EDIAN	
2- ON SI 3- IN ME 4- ON RO	EDIAN	11		ALLEY ACCESS ADE CROSSING	L " J 7	WO MOTOR EHICLES IN RANSPORT	6 - Al	ACKING NGLE DESWIP	E CAM	C OIBEO	TION	2-SOUTH (2-D				2 - DIV	(<4 FEET) Divided flush median (≥4 FEET)			
5 - ON GO	RE	FFIC WAY 13	TRAILS -BIKE LANE		2 - R	EAR-END EAD-ON	8 - SI	DESWIF HER/U	E, OPPO	SITE DIF			4 - WES	Т		3 - DIV 4 - DIV	IDED, D IDED, R	EPRESS AISED N		
7 - ON RA 8 - OFF R			-TOLL BOOTH -OTHER/UNI														Y TYPE ER/UNK			
WORK ZONE			1-1	WORK ZONE TY	PE			CRASH ORE TH			- 1	CON	TOUR		CONI	DITION:	5		IRFACE	;
LAW ENFORCE			, 3-W	ANE SHIFT/CROS		110	2 - ADV	RNING S	ARNIN		Α	1 - STRAIGHT LEVEL 1 - DRY						1 - CONCRETE		
ACTIVE SCH			4 - I	R MEDIAN NTERMITTENT OI THER	MOVING WO	RK 4	-ACT	NSITION IVITY AI MINATIO	REA			2 - STRAIGHT GRADE 2 - WET 2 - BLACKTC 3 - CURVE LEVEL 3 - SNOW BITUMIN ASPHALT				UONIM	s,			
	LIGHT CONDITION WEATHER 5 - TERMINATION AREA 4 - CURVE GRADE 4 - ICE 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT,						т 1	3 - BRICK/BLOCK												
1 - DAYLIG 2 - DAWN/	DUSK	ED ROADWAY		1 - CLI 2 - CLC	UDY	6 - SNOW 7 - SEVER						OIL, GRAVEL 6-WATER (STAN MOVING)			(STAND	STONE				
4 - DARK -	- ROADW	/AY NOT LIGH: IWN ROADWAY		4 - RAI		9 - FREEZI	/ING SAND, SOIL, DIRT, SNOW ZING RAIN OR FREEZING DRIZZLE ER / UNKNOWN					7 - SLUSH 9 - OTHER/UNKNOW				9 - OTHER/UNKNOWN				
9-OTHER NARRATIVE	/ UNKN	OWN					T	1 7	1				_	9	- OTHER/	UNKNOV	VN			_
Unit 1 was trav	eling s	outhbound	on Washir	ngton Mill Roa	ıd. Unit 1 ı	an off the						-				-<		direct	te the r ion with 'on the	ו
right side and sobserved this in Unit 1 was take	nciden	t and follow	/ed Unit 1 ι	hington Mill R ıntil a traffic s	oad. A witr top was co	ness inducted.	-										Ť	compa	iss diag	ram.
SEE ATTACHE			OVI.				F													-
BC on							-													-
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							-													-
CRASH REPORT			T .	SPATCH DATE / T)		AR	RIVAL	DATE / 1	TME	1	+	SCENE	CLEARE	D DAT	E/TIME	4	REP	ORT TAI	(EN BY	1
0708201				2019,1		0708	20	19,				7082	101	9,	210	8		OLICE A		
TOTAL TIME COADWAY CLOSED					, Joshua					ones	, Jac						☐ sı	JPPLEN DRRECTION	ENT	TION
25 		60	188	JII	DFFICER'S BA	DGE NUMBER	*	7	L	Сне	CKED BY	DFFICER'	S BADG	E NUM		5	TO A	N EXISTING RE	PORT SEAT TO	00PS)



OHIO D OF PUZ BANETY - O	DEPARTMENT BLIC SAPETY	OTORIST / N	lon-N	Иото	RI	ST			1	9-	O O O	02	NUMBER 1	I L	E 3
UNIT #		T, FIRST, MIDDLE							O.E.		ATE OF BIRTH			AGE	GENDER
U_L	HOEN,	REBECCA CHRIS	STINE						05051990 29 F						
		VE DAYTON OH 4	5405						CONTACT PHONE - INCLUDE AREA CODE 248 410-8567						
NJURIES	INJURED	EMS AGENCY (NAME)	0+00	INJUREDT	TAKEN 1	TO: MEDICAL FACILITY	(NAME, CIT	Y) SAFETY EQUIPMEN							
^{NON} 5	J TAKEN	TAKEN					USED, 0,4			DOT-COMPLIANT 01			1	1, 1	1°
OL STATE		LICENSE NUMBER		OFFENS			LOCAL			ol.	1	CI	TATION N	UMBER	
OH	UR373			4511				T dilate Te				3	0754B	-	
≥ OL CLASS	SELECT UP TO 2			STRACTED		COHOL / DRUG SUSP Alcohol 🔲 Ma	ECTED Rijuana	CONDITION	STATUS		VALUE	STATE		RESULT	SELECT UP TO 4
4						OTHER DRUG		6	4	[4]	160		_		
UNIT #	NAME: LAST	FIRST, MIDDLE								DA	TE OF BIRTH			AGE	GENDER
ADDDESS															
S ADDRESS	i: STREET, CITY, S	STATE, ZIP							CONTAC	T PHON	E - INCLUDE AREA	CODE			
0	INJURED	EMS AGENCY (NAME)		INJUREDTA	AKENT	o: MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT	-		SEATING POSIT	ION AIR	RAG USAGE	EJECTION	TRAPPED
NON	TAKEN							USED		COMPLIANT IELMET		-11	1		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHA	RGED	LOCAL	OFFENSE DESI	RIPTION			CIT	TATION NU	JMBER	
OL CLASS	ENDORSEMEN	T DECEDIATION AND A	Inni	THE T						CONOL	TEST		DDUC	TEETE	
UL CLASS	SELECT UPTO 2	T RESTRICTION SELEC		IVER STRACTED	-	COHOL / DRUG SUSPE Alcohol	E CTED RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATU		RESULT	SELECT UP TO 4
	L					THER DRUG					ــــــــــــــــــــــــــــــــــــــ	L	_	_انــا	إنالا
UNIT #	NAME: LAST,	FIRST, MIDDLE								DAT	TE OF BIRTH			AGE	GENDER
ADDRESS	: STREET, CITY, ST	TATE 710								1 1	1 1	1			
TORIS	. 31 KEE 1, C11 1, 3	TATE, ZIP							CONTAC	T PHONE	- INCLUDE AREA	CODE			
NJURIES		EMS AGENCY (NAME)		INJUREDTA	KENTO	: MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT		_	SEATING POSITI	ON AIR B	IAG USAGE	EJECTION	TRAPPED
NON/	TAKEN BY							USED		COMPLIANT ELMET		_			
OL STATE	OPERATOR L	LICENSE NUMBER		OFFENSE	E CHA	RGED	LOCAL CODE	OFFENSE DESC	RIPTION			CIT	ATION NU	MBER	
OL CLASS	ENDORSEMENT	RESTRICTION SELEC	TUPTO3 DRI	VED	AL C	OHOL / DRUG SUSPE	CTED	CONDITION	avi	COHOL	TEST		DRIIG	TEST(S)	
02.02733	SELECT UP TO 2	THE THE TOTAL SELECT		TRACTED	_		IJUANA	COMDITION		TYPE	VALUE	STATUS			SELECT UP TO 4
				[0.	THER DRUG							السال		
1-FATAL	RIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED	135	OL CLASS 1-CLASS A	THE R	0 L RESTRIC			ER DISTRAC Distracted	TION	1 - NONE	ST STAT GIVEN	US
	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTATE		2 - MAI	NUALLY OPERATION		2 - TEST F	REFUSED	
3 - SUSPECTED ! 4 - POSSIBLE IN.		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE	ED SIDE ED BOTH FRONT	r/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LEI	VSES	DEV	/ICE (TEXTING,TY LING)			SIVEN, CONTA Le / Unusabi	
5 - NO APPARENT	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS A	BUS	3-TAL	KING ON HANDS-F			IVEN, RESUI	
INJURED		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	9- DEPLOYN	MENT UNKNOW!	N	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		4 - TAL	IMUNICATION DEV KING ON HAND-HE	LD	UNKNO		13
1 - NOT TRANSPO /TREATED AT		7 - THIRD - LEFT SIDE	EJ	ECTION	J.	OL ENDORSEM	ENT	7 - EXCEPT TRACTOR 8 - INTERMEDIATE I			IMUNICATION DEV ER ACTIVITY WITH			IOLTEST	TYPE
2 - EMS 3 - POLICE		(MOTORCYCLE SIDE CAR) 8-THIRD – MIDDLE	1 - NOT EJEC 2 - PARTIALI			H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9- LEARNER'S PERF			CTRONIC DEVICE SENGER		1 - NONE 2 - BLOOD		
9-OTHER/UNK	NOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY			P - PASSENGER		RESTRICTIONS		7 - OTH	ER DISTRACTION		3 - URINE		
SAFETY EQ	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPI	LICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAYL			DE THE VEHICLE Er distraction (DUTSIDE	4 - BREAT		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		APPED		R - THREE-WHEEL MOTO	RCYCLE	12 - LIMITED - OTHER			VEHICLE ER/UNKNOWN		DRU	GTESTT	YPE
2 - SHOULDER BE 3 - LAP BELT ONL		(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAP			S - SCHOOL BUS T - DOUBLE & TRIPLE TR	All EDC	13 - MECHANICAL DE (SPECIAL BRAKE)	S, HAND		CONDITION		1 - NONE		
4 - SHOULDER &		12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHANI 3 - FREED BY	CAL MEANS		X - TANKER / HAZMAT	MILLIO	CONTROLS, OR OT ADAPTIVE DEVICE	ES)		ARENTLY NORMAL		2 - BLOOD 3 - URINE		
5 - CHILD RESTRA	CING	13 - TRAILING UNIT		HANICAL MEAN	VS	GENDER		14 - MILITARY VEHICLES			SICAL IMPAIRMEN TIONAL (E.G., DEPRI		4-OTHER		
6 - CHILD RESTRA		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRROR		ANGR	Y, DISTURBED)	13510,		EST RES	ULT(S)
7 - BOOSTER SEA 8 - HELMET USED		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AID			ASLEEP, FAINTED	L	1 - AMPHE 2 - BARBIT		
9 - PROTECTIVE F	PADS USED							18-OTHER			SUED, ETC. Erthe influenci	E		DIAZEPINES	
(ELBOW, KNEE 10 - REFLECTIVE C										OF MI	EDICATIONS / DRU OHOL	GS	4 - CANNAI 5 - COCAIN		
11 - LIGHTING - PE / BICYCLE ONL										9- OTHE	R / UNKNOWN		6 - OPIATE 7 - OTHER	S / OPIOIDS	
99 - OTHER/ UNKN	OWN													VE RESULTS	

	UCCUPANT / WITNESS ADDENDUM							19-000021						
UNI	Τ#	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER		
ADDI	RESS:	ESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
9	T		T						1 1		1 1			
INJUI	- 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNI	T #	NAME: LAS	ST, FIRST, MIDDLE		,			DA	AGE	GENDER				
<u> </u>														
ADDI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
INJUF	- 1	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNI	r#	NAME: LAST, FIRST, MIDDLE						DAT	E OF BIRTH	1	AGE	GENDER		
											1			
ADDR	E\$\$: 5	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	IDE				
	1	NJURED TAKEN BY				ITY (NAME, CITY)	SAFETY EQUIPMENT USEO	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
UNIT	#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDR	RESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
7	ree la	Nunea	F146 4							ř				
INJUR		NJURED AKEN Y	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	ITY (NAME, CITY)	USED L!	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
g L III	100	INJU	RIES	SAFETY	EQUIPMENT USED	III-X	SEATING POS	ITION	THE PARTY	AIR BAG US	AGE			
1 - F	ATAL			1 - NONE USI	ED-	1 - FRON	T – LEFT SIDE		1 - NOT DE					
2 - \$	USPE	CTED SE	RIOUS INJURY		OCCUPANT		DRCYCLE DRIV	2 - DEPLOYED FRONT				-		
3 - S	USPE	CTED MI	YAULNI NOV		R BELT ONLY USED		T – MIDDLE T – RIGHT SIDE	3 - DEPLOYED SIDE						
4 - P	OSSI	BLE INJUI	RY	3 - LAP BELT		4 - SECON	4 - DEPLOY							
5 - N	0 API	PARENT I	NJURY		R & LAP BELT USED STRAINT SYSTEM –		DRCYCLE PASS ND – MIDDLE	SENGER) FRONT/SIDE 5 - NOT APPLICABLE						
	I	NJURED	TAKEN BY	FORWARD			ND - RIGHT SID	E	IOMA					
		RANSPORT			STRAINT SYSTEM -		- LEFT SIDE	9 - DEPLOYMEN						
		TED AT SO	ENE	REAR FAC			RCYCLE SIDE	CAK)	EJECT10	LUN				
	2 - EMS 7 - BOOSTER 3 - POLICE 8 - HELMET (9 - THIRD		ECTED LLY EJECTE							
					VE PADS USED		PER SECTION O		Y EJECTED	U				
					(NEES, ETC.)		NGER IN OTHE AREA (NON-TR		PLICABLE					
F-FE	F - FEMALE 10 - REFLECTI						CK-UP WITH CAP		201,03	TRAPPE	n			
M - M.	M - MALE 11 - LIGHTING / BICYCLE					AREA	ICLUSED	PPED						
U - 0T	HER/	UNKNOW	/N	99 - OTHER / U		13 - TRAIL		EVTERIOR		MECHANICAL				
				14 - RIDING ON VEH. (NON-TRAILING U			EXTERIUR	MEANS						
						15 - NON-M 99 - OTHER	IOTORIST R/UNKNOWN		3 - FREED I	BY NON-MEC	HANICA	L		
ę.		David						02151	971		AGE 18	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE -	INCLUDE AREA CODE		السسا			
_	3291 Streamview Ct Bellbrook OH 45305-2901								998-238	3	1	السل		
	NAME: LAST, FIRST, MIDDLE Root, Donald D							010,81	of Birth			GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 3312 Streamview Ct Bellbrook OH 45305-2901							CONTACT PHONE -	NCLUDE AREA CODE					
NAME:	LAST, F	IRST, MIDDLE							OF BIRTH		AGE	GENDER		
ADDRE	55 : STF	REET, CITY, ST	ATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
							I		1 1					

		PEROPTING		DATE OF CRASH
LOCAL REPORT NUMBER	19-0021	REPORTING AGENCY BELLBAGOV	POLICE	M7 108 14/9
NUMBER	7 7 - 00 -	00000	7-00	

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

I, Don Root	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
1. WARREN 37	of my driveway at 3312 streamview of
(OFFICERS NAME) I was fulling out	of my driveway at 3312 streamview of
+ She passed me	on cight at high speed + swearing.
The turned right on	to southbound washing ton Mill +
hit a mail box i	n the 200 block (a couple homes from
Stream view, I He	and Loud boing + saw her sweeve.
The can into Go	ass by 3ft at several Locations
	bs including lumping cuch at
	sweeved and almost hit a
car head-on in	left turn lang. She had
turned w/B onto	725 in downtown.
	·
	4590 - PHONE
ress BJa Stream	VIEW CT, Bettroom 8/8. 6934
ESS COS ROP	OFFICERS SIGNATURE 3
7003 1/82	

BELLBROOK POLICE DEPARTMENT Witness Statement

The younglady in white car traveling west on 725
INBellbrook was Noticed by me in my Reev view in Nor
as she passed FREEN MEDDOED FANICIA Denokoment. I noticed
an abrupt manoner that caught my attention in my rear use
millor by her in her cur immeditely behind me. In watching
her for about 14 mile she crossed the centerline and
ran off the Right hand side of the rold several times. After
working this happen I stopped my wehicle to stay her and ben
car and walked back to her to tell her to focus on
Driving and stop looking at her phone. At that point the
Bellbroot police arrived.
Still foot police arrived.

·
THIS STATEMENT CONSISTS OF PAGES, AND THIS IS PAGE OF THE
PAGES OF THIS DOCUMENT. THIS STATEMENT IS DATED THE DAY OF
WITNESSES: SIGNED: SIGNED:
WITNESSES: David Havens BPD-094