DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT									LOCAL REPORT NUMBER										
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION Private Property Crash								H :	19-000049										
SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME*									HIT/SKIP 1 - SOLV		^	OF UNITS	\sim 1	IIT IN EI	RROR				
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*									2 - UNSO	LVED		<u>.<u>+</u>, </u>	CRASH	<u>- 199 - 1</u>	INKNOWN				
29 1 2-VILLAGE Bellbrook 12222019											1939		1 - FÁT	TAL					
ROUTE TYPE	ROUTE NU		FIX 1 - NORTH 2 - SOUTH 3 - EAST	Franklin	D NAME				ROAD TYP		LATITUDE DECIMAL DEGREES SUSPECTED								
S ROUTE TYPE	ROUTE NU	MBER PRES	4-WEST		IAD NAME (D	DAD MITERORY U	ST			13	9,6	3 /	5 4 .	3	3 - MINOR INJURY Suspected				
2 - SOUTH 3 - EAST 44				REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE 4459					1 -	LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBLE 5-PROPERTY DAM									
REFERENCE POINT DIRECTION ROUTE TYPE					PE		ROAD	YPE		1 17	INTERSECTION RELATED								
3 2-MILE	3 2-MILE POST 1-NORTH 1S -INTERSTATE ROUTE(TP) AL -ALL						HW-HIG		D - ROAD Q - SQUARE		WITHIN I	,		OR ON APPR					
	3 - HOUSE # 3 - EAST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET SR - CIRCLE OV - OVAL TE - TERREE							WITHIN INTERCHANGE AREA NUMBER OF APPROACHES											
FROM REFER	OM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP OR DRIVE DE DRIVE DE DRIVE DE DRIVE								ROADWAY										
	2-FEET ROUTE DR - DRIVE PI - PIKE WA-WAY HE - HEIGHTS PL - PLACE									ROADWAY DÍVÍDED									
1	LOCATION ROADWAY		ARMFUL EVENT 9 - CROSSOVER	Γ		IANNER OF CRASH			т	DIREC	TION OF TR			MEDIAN TYPE					
2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 11-RAILWAY GRADE CROSSING L					1	I-NOT COLLISION 4-REAR-TO-REAR BETWEEN 5-BACKING TWO MOTOR 6-ANGLE					1 12-SOUTH 1 (<4					/IDED FLUSH MEDIAN 4 FEET)			
4 - 0N 5 - 0N	ROADSIDE GORE		12-SHARED US TRAILS		T	RANSPORT 7	SIDESW	IPE, SAME			4-WFST				DIVIDED FLUSH MEDIAN (≥4 FEET)				
6 - 00° 7 - 0N		REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 14 SAD-ON 9 - OTHER / UNKNOWN					1				- DIVIDED, DEPRESSED MEDIAN - DIVIDED, RAISED MEDIAN (ANY TYPE)								
OO ATURE AND											ER/UNKNOWN								
				WORK ZONE TYP ANE CLOSURE	- Control of the cont					CONTOUR CONDIT			TIONS 1						
WORKERS PRESENT 2-				LANE SHIFT/CROSSOVER WARNING SIGN WORK ON SHOULDER 2-ADVANCE WARN				SIGN		L 1-STRA	- STRAIGHT LEVEL 1 - DRY				1 - CONCRETE				
LAW ENFORCEMENT PRESENT				OR MEDIAN INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA						2 - STRAIGHT GRADE			2 - WET 2 - BL			ACKTO	,		
ACTIVE SC	I COTTUE COLLEGE COLLEGE				OTHER 5 - TERMINATION AR						- CURVE LEVEL 3 - SNOW - CURVE GRADE 4 - ICE				BITUMINOUS, ASPHALT 3 - BRICK/BLOCK				
2 1-DAYL	LIGHT CON Light	NDITION		WEATHER 1 - CLEAR 6 - SNOW						9 - OTHE	- OTHER/UNKNOWN 5 - SAND, MUD, OIL, GRAVE				4 - SL	AG, GRA			
1 1	2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY			2 - CLOUDY 7 - SEVERE CROSSI 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND,							1			TANDING,	1	STONE 5 - DIRT			
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING				4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZI 5 - SLEET, HAIL 99 - OTHER / UNKNOWN						7 - SLUSH 9 - OTHER/UNK					9 - OTH	HER/UNI	KNOWN		
	R/UNKNO	ŴN									9-OTHER			NAKAOMA					
NARRATIVE						-	'	a k		'				A	directi	ite the si ion with			
Unit I struck a	Unit I was traveling westbound in the parking lo Unit I struck a light pole when making a left han parking lot. Driver airbag deployment. No injurie				o southbo	und in the			1.					D		" on the ass diag			
damage to ligi	ht pole. I	ag deploy Photograp	ment. No inj hs were tak	uries during the en.	he crash. N	No visible _											-		
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CRASH REPORTED DATE / TIME DISPATCH DATE / TIME					-			SOF UT											
22220			12222			ARRIVAL DATE / TIME				222019 2018				REPORT TAKEN BY POLICE AGENCY					
TOTAL TIME DADWAY CLOSED		THER	TOTAL	OFFICER'S NAME* CHECKED BY OFF					BY OFFICE	R'S NAME*									
1	Warren, Joshua Jones, Jaci							FFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION of ADDITION TO AN DOSTRING REPORT SERT TO ONE)							TTON 0 cops)				
3 7								- I		5	_ ~		,						

	MOTORIST / NON-MOTORIST						19-000049									
01	_ SEEI	LAST, FIRST, MIÐDLE LBAUGH, BRYNNA	AE ELAII	NE					01		199			AGE 20		
=	\$\$: STREET, CI COACI	ту,sтате,zip H DR Suite:A DAY	TON OH	1 45440					CONTA	CT PHON	E - INCLUDE A	AREA CÓDÉ				
INJURIE	S INJURED				NTO: MEDICAL FACIL	ITY (NAME,		/ EQUIPMENT	- DO1	-Complian	SEATING PO	SITION A	IR BAG US	AGE EJECT	JON TRA	
5 OL STAT	⊥ BY ∟_	□ BY □ □ □			44.00.00		USED	04	└─I MC	HELMET	01	ے ات	2	1	-	
OH		on License number	DFFERSEC	OFFENSE CHARGED LOCAL			NSE DESC	RIPTION				CITATIO	N NUMBER	ł		
OL CLAS	S ENDORSEM SELECT UP1		D	DRIVER DISTRACTED A	ALCOHOL / DRUG SU ALCOHOL A OTHER DRUG	SPECTED MARIJUAN		IDITION	STATUS	TYPE 1	VALUE	STA		PE RESI	(S). ULT select	
UNIT #	NAME: LA	AST, FIRST, MIDDLE			OTHER DAGG	-				DA1	E OF BIRTI	H		AGE	GEN	
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		,							CONTAC	T PHONE	- INCLUDE AR	EA CODE	10	F	#1	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)					SAFETY I USED	EQUIPMENT	QUIPMENT DOT-COMPLIANT SEATING POSI			ITION AU	ON AIR BAG USAGE EJECTION		N TRAPI	
OL STATE	OPERATO	R LICENSE NUMBER		OFFENSE CH	OFFENSE CHARGED LOCAL CODE			OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS	ENDORSEME SELECT UP TO			STRACTED	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG			HOITIGH	STATUS TYPE VALUE			STATE	DRUG TATUS TYPE		TEST(S) RESULT SELECT UP	
UNIT#	NAME: LAS	T, FIRST, MIDDLE			OTHER DROG			_		DATE	OF BIRTH	J <u>L</u>		AGE	GENDI	
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						<u></u>	
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN T	o: MEDICAL FACILITY	(NAME, CITY	SAFETY EQ	L	_1_	I	EATING POSIT	IGN ATR I	BAG USAGI	EJECTION	TŘAPPI	
OL STATE	TAKEN BY STATE OPERATOR LICENSE NUMBER					OFFENSE DESCRIP		MC HELMET				CITATION NUMBER				
			OFFENSE CHARGED LOCAL CODE			OFFERS	DE DESCRI	PILLON			CIT	HAILUR RUMBER				
OL CLASS	ENDORSEMEN SELECT UP TO 2			TRACTED A		ECTED RIJUANA	CONDI	TION	TATUS T	OHOL TE	VALUE	STATUS		G TEST(S RESULT	SELECT UPTO	
INJU		SEATING POSITION	A	IR BAG	THER DRUG OL CLAS	S	OL RE	STRICTION	0 N(S)	Name and Address of the Owner, where	PDISTRAC	TION		AND REAL PROPERTY.	TUC	
INJURIES FATAL SUSPECTED SERIOUS INJURY SUSPECTED MINOR INJURY POSSIBLE INJURY NO APPARENT INJURY NO TRANSPORTED TIREATED AT SCENE EMS POLICE OTHER / UNKNOWN AFETY EQUIPMENT HONE USED HOULDER BELT ONLY USED AP BELT ONLY USED HOULDER & LAP BELT USED HILD RESTRAINT SYSTEM— EAR FACING OOSTER SEAT ELMET USED ROTECTIVE PADS USED TLBOW, KNEES, ETC.) EFLECTIVE CLOTHING GHTING—PEDESTRIAN BICYCLE ONLY THER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 21 - PASSENGER IN OTHER ENCLOSED CARGO AREA (MON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (MON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	ED FRONT ED SIDE D BOTH FRONT / SIDE LICABLE LICABLE LIENT UNKNOWN EC T I O N TED Y E JECTED LICABLE APPED DED ED BY AL MEANS ANICAL MEANS	1 - CLASS A			1-ALCOHOL INTERLOCH 2-CDL INTRASTATE ON 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A BUS 7-EXCEPT TRACTOR-TR. 8-INTERMEDIATE LICEI RESTRICTIONS 10-LIMITED TO DAYLIGHT 11-LIMITED TO DAYLIGHT 12-LIMITED TO THER 13-MECHANICAL DEVICE: (SPECIAL BRAKES, HA CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES OF 15-MOTOR VEHICLES WITH AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER		CK DEVICE 1 - NOT DISTRACTED 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 9 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN 1 - APPARENTLY NORMAL ONLY 2 - PHYSICAL IMPAIRMENT		NICATION PING, REE FICE LD TICE H AN NUTSIDE	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				

AYTON OH 45440			0602	ATE OF BIRTH		AGE	GEI							
		UNIT # NAME: LAST, FIRST, MIDDLE O 1 SEELBAUGH, JUDAH A ADDRESS: STREET, CITY, STATE, ZIP												
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SAFETY EQUIPMENT USED	Bar Land	EATING POST			IR BAG US	AGE	528							
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	4 - SECONI (MOTOR 5 - SECONI 6 - SECONI 7 - THIRD - (MOTOR 8 - THIRD - 9 - THIRD - 10 - SLEEPE 11 - PASSEN CARGO A BUS, PICI 12 - PASSEN CARGO A 13 - TRAILIN 14 - RIDING ((NON-TRA 15 - NON-MO	D - LEFT SIDE RCYCLE PASSE D - MIDDLE D - RIGHT SIDE RCYCLE SIDE CO MIDDLE RIGHT SIDE RESECTION OF RESECTION RE	TRUCK CAB ENCLOSED LING UNIT, LOSED TRUCK CAB ENCLOSED LING UNIT, LOSED 1 - NOT TRUCK CAB 2 - PARTIA 4 - NOT AP LOSED 1 - NOT TRUCK CAB 2 - EXTRIC MEANS		SIDE PLICABLE YMENT UNKNOWN EJECTION ECTED LLY EJECTED Y EJECTED PLICABLE TRAPPED APPED ATED BY MECHANICAL									
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