TRAFFI	C CRASH	REPORT *DE	NOTES MANDATOR	Y FIFI D FO	P CHIDDI	EMENT DO	007		LO	CAL REPO	RT NUMBI	ER*	
PHOTOSTAKEN OH-2	9 ОН-3	LOCAL INFORMATION Trailer vs Parked Car					20-000017						
SECONDARY CRASH PRIV	P OTHER  ATE PROPERTY	NCIC*				1 - SOL	VED	UMBER OF		98	ERROR B-ANIMAL		
COUNTY* LOCALITY* 2-VILLAGE 3-TOWNSHIP Bellbrook LOCATION:CITY, VILLAGE, TOWNSHIP* CRASH DATE /T 05092020							DATE/TIM	ME* 1558	CI	RASH SEVE 1 - FATAL	- UNKNOWN		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH LOCATION ROAD NAME 2 - SOUTH LOCATION ROAD NAME								LATITUDE DECIMAL DEGREES  2 - SERIOUS INJUR SUSPECTED					
3 - EAST JUSTIN  ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  ROAD TYPE						_	396	51	155		3 - MINOR I SUSPEC	TED	
2-SOUTH 3-EAST 4-WEST							84.0	983			1 - INJURY 5 - PROPER ONLY	POSSIBLE TY DAMAGE	
	- NORTH IR -	ROUTE TYPE ROAD TYPE - INTERSTATE ROUTE(TP) AL - ALLEY HW- HIGHWAY RD - ROAD								ERSECTIO		D	
3- HOUSE # 3	- EASI	FEDERAL US ROUTE STATE ROUTE	AV - AVENUE BL - BOULEVA	1 1 1	LEPOST	SQ - SQUAR ST - STREE	Т	WITHIN INTERSECTION OR ON APPROACH  WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
	EASURE TR -	NUMBERED COUNTY RO NUMBERED TOWNSHIP	NUMBERED COUNTY ROUTE  CR - CIRCLE OV - OVAL TE - TERRACE  CT - COURT PK - PARKWAY TL - TRAIL					ROADWAY					
<u> </u>	2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDED												
LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 14 - TOLL BOOTH 7 - ON RAMP 14 - TOLL BOOTH 8 - OFF RAMP 99 - OTHER / UNKNOWN  MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 4 - REAR-TO-REAR BETWEEN 5 - BACKING 1 - ANGLE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 - DIVIDED FLUSH MEDIAN 1 - DIVIDED FLUSH MEDIAN 1 - OVALUATION OF TRAVEL 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 - VEHICLES IN 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 - VEHICLES IN 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 - VEHICLES IN 1 - NORTH 1 - DIVIDED FLUSH MEDIAN 1 - VEHICLES IN 2 - REAR-END 3 - EAST 4 - WEST 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN							DIAN D MEDIAN						
WORK ZONE RELATED	1.1	WORK ZONE TYPE		ION OF CR			1	CONTOUR	$\top$	CONDITI	ONS		FACE
WORKERS PRESENT  1 - LANE CLOSURE 1 - BEFORE THE WARNING SIGN 2 - ADVANCE WARNING SIGN 2 - ADVANCE WARNING SIGN 3 - WORK ON SHOULDER 2 - ADVANCE WARNING SIGN 2 - ADVANCE WARNING SIGN 3 - WORK ON SHOULDER 3 - WORK ON SHOULDER 4 - ADVANCE WARNING SIGN 4 - ADVANCE WARNING SIGN 5 - ADVANCE WARNING S								- STRAIGHT LE	VEL 1-0	L I	_	1 - CONCR	_
ACTIVE SCHOOL ZONE	4-11	R MEDIAN VTERMITTENT OR MOVIN THER	G WORK	3 - TRANSI 4 - ACTIVIT 5 - TERMIN	YAREA		- 1	- STRAIGHT GR. - CURVE LEVEL	- 1	VET SNOW	2 - BLACKTOP, BITUMINOUS, ASPHALT		
LIGHT CONDITION  1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN  WEATHER  1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOT 4 - RAIN 9 - FREEZING RAIN OR FREEZING D 5 - SLEET, HAIL 99 - OTHER / UNKNOWN							9.	- CURVE GRADE - OTHER/UNKNO	5 - S 0 6 - W N 7 - S	CE SAND, MUD, JIL, GRAVEL VATER (STA JOVING) LUSH THER/UNKI	NDING,	3 - BRICK/ 4 - SLAG, ( STONE 5 - DIRT 9 - OTHER/	GRAVEL,
NARRATIVE				Not	Soule		Ì		Τ'nΤ	7 1 1	(A)	Indicat	e the north
Unit 1 was driving south-boun- side-swiped Unit 2 which was	on Justin Ci parked in fror	t. and hauling a trail nt of 1499 Justin Ct.	er. The trailer					Traile	2	1	A	an "N"	
					1499		1.1- à	$+$ $\Box$	-			`	
					$\parallel$		+	TH		2	+	+	$\dashv$
								Mus	1		+	++	+1
the second second								l land					
					-		_						1 -
				+	+		-			+	-	-	
				-							+	+++	
CRASH REPORTED DATE / TIME		DATALI DATA		- ] ]									
05092020 1558	- 1	PATCH DATE/TIME 2020   160(		rival dati 2020		05		0,9202		TIME . 644		ORT TAKE	
TOTAL TIME OTHER INVESTIGATION TIP	TOTAL	OFFICER'S NAME*  Johnston, Ry				CHECKED BY OFFICER'S NAME*					MOTORIST		
15 30							ADDITION						
				-			1	SE	1111	3 - N - I	will in		

47 - MATLBOX

49 - FIRE HYDRANT

48 - TREE

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

41 - OTHER POST, POLE

OR SUPPORT

42-CULVERT

■ MOST HARMFUL EVENT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

RARRIER

3 - UNDETERMINED

J FIRST HARMFUL EVENT

MOST HARMFUL EVENT

(	MOTORIST / NON-MOTORIST						20-000017								
UNIT & NAME: LAST, FIRST, MIDDLE  O1 DILLON, MARK P  DATE OF 1  082819							OF BIRTH		AGE 53	GENDER					
RIST	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
MOTO	1231 ORTEGO DR FAIRBORN OH 45324 5734														
NON/	5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURE	DTAKE	NTO: <b>MEDICAL FACILIT</b>	Y (NAME, CIT	SAFETY EQUIPMEN		T-COMPLIANT CHELMET	O 1	AIR BAG USAGE	EJECTION	TRAPPED 7
RIST	OL STATE	OPERATOR	LICENSE NUMBER		li li		HARGED	LOCAL	OFFENSE DES			-	CITATION N	UMBER	سخب
MOTO	OL CLASS	ENDORSEME	NT RESTRICTION SEL			1011.202			T dilute 10	Cont			31196		
	4	SELECT UP TO		ECT UPTD3	DRIVER DISTRACTED BY	STRACTED TOTAL TOT			CONDITION	STATUS	ALCOHOL TE		TATUS TYPE	RESULT	SELECT UP TO 4
		MANE			_ 0	O OTHER DRUG			1	<u> </u>	1				
ı	UNIT # NAME: LAST, FIRST, MIDDLE  DATE OF BIRTH  AGE GENDER									GENDER					
181	ADDRESS	: STREET, CITY, S	STATE, ZIP							CONTA	CT PHONE - :	MCL HOE AREA COL			
OTORI											i i	WELDDE AREA CU	DE .	2 200	
NON-R	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKEN	TO: MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT USED	DUI-COMPLIANT				TRAPPED	
121/	OL STATE	OPERATOR	LICENSE NUMBER		OFFEN	SE CH	ARGED	LOCAL	OFFENSE DESC	RIPTION CITATION NUMBER					
010R								CODE					CITATION N	MOEK	
2	OL CLASS	SELECT UP TO 2		- 1	DRIVER DISTRACTED BY		COHOL / DRUG SUSP	ECTED RIJUANA	CONDITION	STATUS	TYPE V		DRUG TATUS TYPE	TEST(S)	SELECT UP TO 4
			<u> </u>				OTHER DRUG	KIJUANA							
	UNIT # NAME: LAST, FIRST, MIDDLE				,				DATE OF BIRTH AGE GENDER					GENDER	
ST	ADDRESS: STREET, CITY, STATE, ZIP														
TORI		,	·····							CONTA	CT PHONE - IN	CLUDE AREA COD	E		
NON-MOTORIS	NJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENT	o: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	CODOT	-COMPLIANT SEA	TING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	DE STATE OPERATOR LICENSE NUMBER			OFFEN					MC HELMET			L			
OTORIST		S EIST NOMBER			0.72.0	OFFENSE CHARGED LOCAL OFFENSE D			OFFENSE DESC	RIPTION			CITATION NU	MBER	
	L CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC	0	RIVER ISTRACTED		OHOL / DRUG SUSPI		CONDITION	STATUS	TYPE V		DRUG ATUS   TYPE	RESULT 31	LECT UP TO A
L							THER DRUG	KIJUANA							
1.	INJUI FATAL	RIES	SEATING POSITION  1-FRONT-LEFT SIDE	1 - NOT D	AIR BAG	R BAG OL CLASS OL RESTR			OL RESTRICT	-	DRIVER	DISTRACTIO		ST STATU	
		ERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE		PLOYED 1-CLASS A YED FRONT 2-CLASS B			1 - ALCOHOL INTERLO 2 - CDL INTRASTATE			RACTED LY OPERATING AR				
	SUSPECTED M Possible inj		3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE			3-CLASS C		3 - CORRECTIVE LENSES		S ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING,		THON 3-TEST G	3 - IEST GIVEN, CURTAMINATED	
	NO APPARENT		4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE 4 - RESULAR CLASS 5 - NOT APPLICABLE (OHIO = D)				4 - FARM WAIVER 5 - EXCEPT CLASS A	RIIS	DIALING)		A TEST CIVEN DESILITE MANAGEMENT			
	NJURED T	AKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY				6-EXCEPT CLASS A	6-EXCEPT CLASS A COMMUNICATION DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN			
1.	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE			6-NO VALID OL & CLASS I				4 - FALKING UN HAND-HELD  COMMUNICATION DEVICE							
	TREATED AT S Ems	SCENE	ENE 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 1 - NOT EJEC		EJECTION	ECTION OL ENDORSEMENT 8-1			8 - INTERMEDIATE LI		5 - OTHER AC	TIVITY WITH AN	1 - NONE	OLTEST	TYPE
3.	POLICE 8-THIRD-MIDDLE 2-PARTIAL		ALLY EJECTED				RESTRICTIONS 9-LEARNER'S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER		2 - BLOOD				
9-1	10. SI FEDER SECTION			ALLY EJECTED P - PASSENGER				RESTRICTIONS		7 - OTHER DISTRACTION		3 - URINE			
	SAFETY EQUIPMENT OF TRUCK CAB 4. NUT AP		PLICABLE	ICABLE N -TANKER  Q - MOTOR SCOOTER			10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE			4-BREATH E 5-OTHER			
	2 CHANGE DELT AND MARKE			TRAPPED	R-THREE-WHEEL MOTORCYCLE			12 - LIMITED - OTHER		THE VEHICLE		DRIII	DRUGTESTTYPE		
	3-LAP BELT ONLY USED (NON-TRAILING UNIT, BUS, 1-NOTTR PICK-UP WITH CAP) 2-EXTRIC			FD RV			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND		9 - OTHER / UNKNOWN		1-NONE				
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION		2-BL00D			
	FORWARD FACING 13-TRAILING UNIT N			- FREED BY Non-Mechanical Means				14 - MILITARY VEHICLE	ES ONLY	ONLY 2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER	3 - URINE 4 - OTHER		
	6 - CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR REAR FACING (NON-TRAILING UNIT)			GENDER F-FEMALE			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		<ul> <li>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</li> </ul>		,	DRUG TEST RESULT(S)			
	7 - BOOSTER SEAT 15 - NON-MOTORIST				M - MALE			16 - OUTSIDE MIRROR		4- ILLNESS			1-AMPHETAMINES		
	B - HELMET USED 9 9 - PROTECTIVE PADS USED		99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN			17 - PROSTHETIC AID 18 - OTHER		<ol> <li>FELL ASLEEP, FAINTED, FATIGUED, ETC.</li> </ol>			2 - BARBITURATES	
{	LBOW, KNEES	S, ETC.)									6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS		3 - BENZOD 4 - CANNAE		
	O - REFLECTIVE CLOTHING 11 - Lighting – Pedestrian										/ALCOHOL		5 - COCAINI		
1	/ BICYCLE ONLY							9-OTHER/UNKNOWN			6 - OPIATES / OPIOIDS 7 - OTHER				
99 - OTHER / UNKNOWN												8-NEGATIV	/E RESULTS		
ISY8	306 OH1M	1/19 [760-150	0)												



## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	DEPORTING A CONTRACT			
20-000017	REPORTING AGENCY	DATE OF CRASH		
	Bellbrook PD	M5   D9   Y20		

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

1, Tom Gould PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Johnston	AT 1499 Justingt.
OFFICER'S NAME	
1 looked out the Fron	t window and saw
The tree trimms & wings	Maria Dianii I mare din
I very warred turned of 1)	No p = = = 9 7-19 7 70
MIT MY KIA WITH Their	Vehicle Theyoffered
to pay for damago I ca	alled Bellbrook P.d
to report accident	
DDRESS OF WITNESS	PHONE
IH99JUST IN C+	DFFICER'S SIGNATURE
SY 7003 8/13 [760-0820]	X 1/12 +13



## TRAFFIC CRASH WITNESS STATEMENT

DEDODTING A GENERAL	
Bellbrook PD	DATE OF CRASH
	Bellbrook PD

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

I, MARK DILLAP PRINTED  Sohnston OFFICER'S NAME	HEREBY MAKE THIS VOLUNTARY STATEMENT TO 1499  AT 1509 TUSTON CT LOCATION
Tried to pass the QUESTION, mail truc other Side of my Thru AND Swifed PND of CARC, 100 %	Vehicle, passed
ADDRESS OF WITNESS 31 OF TOSU DY FAW b	OFN, Oh, D  OFFICER'S SHONATURE  X  243

HSY 7003 8/13 [760-0820]