PHOTOSTAKEN OH-2 OH-2 OH-2 OH-3 LOCAL INFORMATION LOCAL INFORMATION LOCAL INFORMATION LOCAL INFORMATION LOCAL INFORMATION LOCAL INFORMATION	EPORT NUMBER*					
IN PROTOSTANEN						
OH-1P OTHER REPORTING AGENCY NAME* NCIC* HIT/SKIP NUMBER OF UNITS UNIT IN E						
PRIVATE PROPERTY Bellbrook Police Department U.Z. 9,0,5, 1-30LVED U.Z. U.S.OLVED U.Z. 99.	NIMAL INKNOW					
COUNTY* LOCALITY* CRASH DATE / TIME* CRASH DATE / TIME* CRASH SEVER						
2-VILLAGE Bellbrook 24 1-FATAL 2-SERIOUS	NJURY					
ROUTE TYPE ROUTE NUMBER PREFIX 1- NORTH 2- SOUTH 4 3- EAST Franklin ST 39635840 3- MINOR IN						
4-WEST SUSPECTI						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - INJURY PO 5 - PROPERTY ONLY 4 - WEST 5 - PROPERTY ONLY 4 - WEST 6 - PROPERTY ONLY 6 - PROPER						
	DAMAG					
REFERENCE POINT 1-INTERSECTION 1-NORTH 1-NORT						
3 2-MILE POST 2-SOUTH US - FEDERAL US POUTE AV - AVENUE LA - LANE SO - SOUARE WITHIN INTERSECTION OR ON APPROACH						
3- HOUSE # 3- EAST 4-WEST SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET WITHIN INTERCHANGE AREA NUMBER OF APP	ROACHE					
DISTANCE ON REFERENCE UNIT OF MEASURE CR - NUMBERED COUNTY ROUTE CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL ROADWAY	715					
1 - MILES 2 - FEET ROUTE TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT DIRECTION OF TRAVEL						
1- ON ROADWAY 9- CROSSOVER 1- NOT COLLISION 4- REAR-TO-REAR 1- NOTTH 1- DIVIDED EL HISH MEDIAN 1- PE	A bi					
2- 50 SHOULDER 10-DRIVEWAY/ALLEY ACCESS TWO MOTOR 5- BACKING (<4 FEET)						
4- ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7- SIDESWIPE, SAME DIRECTION 3- EAST (≥4 FEET)						
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - DIVIDED, DEPRESSED 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 4 - DIVIDED, RAISED MEI						
7 - ON RAMP 14-TOLL BOOTH (ANY TYPE) 8 - OFF RAMP 99-OTHER / UNKNOWN 9 - OTHER/UNKNOWN						
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE CONTOUR CONDITIONS SURF	ICE					
WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER WARNING SIGN L J L J - CONCRE 3 - WORK ON SHOULDER 2 - ADVANCE WARNING AREA 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRE						
LAW ENFORCEMENT PRESENT OR MEDIAN 3-TRANSITION AREA 2-STRAIGHT GRADE 2-WET 3-BI ACKT						
4-INTERMITTENT OR MOVING WORK 4-ACTIVITY AREA 3-CURVE LEVEL 3-SNOW BITCH ASPHA	VOUS,					
LIGHT CONDITION WEATHER 4 - CURVE GRADE 4 - ICE 3 - BRICKE	LOCK					
7 1-DAYLIGHT 1-CLEAR 6-SNOW 7-01HERVONKNOWN 3-SAND, DIKT, 4-SLAG, G	RAVEL,					
2 - DAWN/DUSK 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 2 - CLOUDY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 6 - WATER (STANDING, MOVING) 5 - DIRT						
4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 7 - SLUSH 9 - OTHER/	NKNOWN					
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER/UNKNOWN 9 - OTHER/UNKNOWN						
NARRATIVE A Tradingto	he north					
ON 06/05/2020, UNIT #1 (OH REG. HZX3227) WAS TRAVELING	with					
EASTBOUND ON WEST FRANKLIN . UNIT #2 (OH REG. HKN8465) WAS						
TRAVELING EASTBOUND ON WEST FRANKLIN IN FRONT OF UINT#1. UNIT#2 CAME TO A STOP FOR TRAFFIC. UNIT#1 WAS NOT ABLE TO	-					
STOP WITH ASSURED CLEAR DISTANCE FOR THE STOPPED TRAFFIC THUS MAKING CONTACT WITH THE REAR OF UNIT#2 IN FRONT OF 79	-					
WEST FRANKLIN. WRITTEN STATEMENTS AND PHOTOS WERE TAKEN.						
BODY CAM ACTIVE. NOTE: SEE ATTACHED FORM FOR DRAWING.	+					
	-					
	-					
	+-					
	+-					
	+-					
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME APRIVAL DATE / TIME SCENE CLEARED DATE / TIME DEPORT TAKE	Luci					
OCOFOOO 1400 OCOFOOO 1400						
VOTAL TIME						
ROADWAY CLOSED INVESTIGATION TIME MINUTES RUBIE, Anthony	T					
30 60 105 OFFICER'S BADGE NUMBER* CHECKER'S BADGE NUMBER* (CORRECTION of TO AM COUSTING REPORT	ADDITION					
1 3						

Case Number: 2	0-745		Date:	6-5-2	020			
Location:	79	W. Fr	onkl	6-5-2 N St				
Description:								
						ĺ		M
							' 	W E S T
							-	
			MEG	FRANKLIN STRE		1		S T R E T
			WES	I FRANKLIN STRE	:C1	•	1	Ē
	-						'	4
			C					
			1	1				1 🜳
								'
				79 WEST FRANKLIN				
		UNIT I		STREET	UNIT II			
							1	
NAME OF THE PROPERTY OF THE PR						(Ñ)	
NOT TO SCALE								

PAGE

	MOTORIST / NON-MOTORIST						2	20-000020									
	UNIT # NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE										
L L	SCHANEY, GREGORY L ADDRESS: STREET, CITY, STATE, ZIP						06031965, , 55 M										
=		BLANCHE DR WEST CARROLLTON OH 45449 1567						CONTACT PHONE - INCLUDE AREA CODE									
9	NJURIES	INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					TI DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED								
ON L	5	BY L							USED 04		HELMET	01		2	1	1	
OTORIS	L STATE	E OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE						Clear Distance Ahead 31154									
20	4	SELECT UP TO 2	RESTRICTION SELE	CT UPTO3	DRIVER DISTRACTED BY 7		COHOL / DRUG SUSP ALCOHOL MA OTHER DRUG	ECTED Rijuana	COMPLITION	STATUS 1	TYPE	VALUE	STATUS		G TEST(S RESUL	T SELECT UP TO 4	
	UNIT #		r, first, middle AN, JONATHAN S	TEVE	N					ng		TE OF BIRTH		T	AGE 16	GENDER	
TS W	DDRESS	STREET, CITY, S								-		E - INCLUDE AREA	CODE	_	<u>+ 9</u>	1-1	
010R	45 G	RANGE	HALL RD BEAVER	RCRE	EK OH	4543	0 1010			i i	1	- INDEGREE AREA		1 1	1 1	1	
NON-MOTOR IS	JURIES 4	INJURED TAKEN 1	EMS AGENCY (NAME) Bellbrook Medics				o: MEDICAL FACILITY I At Scene	(NAME, CITY	SAFETY EQUIPMENT		-COMPLIANT HELMET	SEATING POSITIO)N AIR BA	G USAGE	EJECTION 1	TRAPPED 1	
MOTORIST	STATE	OPERATOR	LICENSE NUMBER		OFFE	NSE CH/	ARGED	LOCAL	OFFENSE DESC	CRIPTION CITATION NUMBER							
2 01	class	ENDORSEMEN SELECT UP TO 2		T UP 103	DRIVER DISTRACTED BY 7	The same of	COHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS TYPE VALUE :			STATUS	ORUG TEST(S) TATUS TYPE RESULT SELECTUPTO 4			
L				الله			OTHER DRUG	- INDONIA	1		<u> </u>						
	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDE						GENDER			
ORIST	ADDRESS: STREET, CITY, STATE, ZIP								CONTAC	T PHONE	- INCLUDE AREA C	300E					
IN IN	JURIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENT	O: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT			SEATING POSITION	M ATD DAG	USAGE	EJECTION	TRAPPED	
T NON	STATE	TAKEN BY	LICENSE NUMBER						USED	L-JMC H	COMPLIANT IELMET					L	
OTORIS		OF ERATOR (LICENSE NUMBER		OFFER	ISE CHA	RGED	CODE	OFFENSE DESC	CRIPTION CITATION NUMBER							
≥ OL	CLASS	ENDORSEMENT SELECT UP TO 2	N 25 28 28 28		DRIVER DISTRACTED BY			CTED IJUANA	CONDITION	STATUS	TYPE		STATUS		RESULT	SELECT UP TO 4	
	INJU		SEATING POSITION		AIR BAG	l L I	THER DRUG OL CLASS	100	OL RESTRICT	10N(S)		ER DISTRACT	ION	T	FST STAT		
1 - FA		ERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 10000000	DEPLOYED		1-CLASS A		1 - ALCOHOL INTERL	OCK DEVICE	1-NOT	DISTRACTED					
3-\$(SPECTED N	INOR INJURY	2 - FRONT - MIDDLE		LOYED SIDE				2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		ELECTRONIC COMMUNICATION		ICATION	2 - TEST REFUSED N 3 - TEST GIVEN, CONTAMINATED			
	5- NO APPARENT INJURY 4- SECOND - LEFT SIDE 5- NOT APPL			LOYED BOTH FR Applicable	D BOTH FRONT / SIDE 4 - REGULAR CLASS (OHIO = D)			4 - FARN WAIVER 5 - EXCEPT CLASS A BUS		DEVICE (TEXTING, TYPING, DIALING)			SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN				
(MOTORCYCLE PASSENGER)			OYMENT UNKN	ENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT (SA COMMUNICATION DEVICE			CE	5 - TEST GIVEN, RESULTS UNKNOWN					
	NOT TRANSPORTED 6 - SECOND - RIGHT SIDE 7 - EXCEPT TR				7 - EXCEPT TRACTOR	OR-TRAILER COMMUNICATION DEVICE ALCOHOL TEST TYPE						TTYPE					
	- EMS (MOTORCYCLE SIDE CAR) 1 - NOT EJECTED H - HAZMAT RESTRICTIO				8-INTERMEDIATE L RESTRICTIONS	ELECTRONIC DEVICE 1 - NUNE						FEF					
3 - POLICE 8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED M - MOTORCYCLE 9. 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE 3 - TOTALLY EJECTED P - PASSENGER			9 - LEARNER'S PERA RESTRICTIONS						Aug.								
SAF	10 - SLEEPER SECTION 4 - NOT APPLICABLE N - TANKER 10 - LIMITED TO DE				10 - LIMITED TO DAYL		INSI	DE THE VEHICLE ER DISTRACTION OF	ITSIDE	4 - BREAT							
100	1 - HONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA TRAPPED 12 - LIMITED - OTH				12 - LIMITED - OTHER		THE	VEHICLE	10.00			TYPE					
2- SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1- NOT TRAPPED S- SCHOOL BUS 3- LAP BELT ONLY USED PICK-UP WITH CAP) 2. FYTOICATED BY			13- MECHANICAL DEV (SPECIAL BRAKES	9-OTHER/UNKNOWN		-	DRUG TEST TYPE										
	5 - CHILD RESTRAINT SYSTEM – FORWARD FACING 13 - 6 - CHILD RESTRAINT SYSTEM – REAR FACING 14 -		12 - PASSENGER IN UNENCLOSED MECHANI CARGO AREA 3 - FREED BY		IANICAL MEANS D BY			RMILERS	CONTROLS, OR OTI ADAPTIVE DEVICE	S) 1 - APPARENTLY NORMAL			2-BLOOD 3-URINE				
FO			13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NON-I	MECHANICAL M	EANS	GENDER		14 - MILITARY VEHICLES 15 - MOTOR VEHICLES	1	E-1111 STORE IMPRINIENT			4 - OTHER			
RE			(NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRROR	ANGRY, DISTURBED)			DRUG TEST RESULT(S)				
	7 - BOOSTER SEAT 8 - HELMET USED		15 - NON-MOTORIST 99 - OTHER / UNKNOWN			M - MALE U - OTHER / UNKNOWN			17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,			1 - AMPHETAMINES 2 - BARBITURATES			
	9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)							18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE			3 - BENZODIAZEPINES A - CANNARINGIDS		s		
10-REFLECTIVE CLOTHING										OF MEDICATIONS/DRUGS /ALCOHOL		3	4 - CANNABINGIDS 5 - COCAINE				
/ B3	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY								9.		9- OTHE	9- OTHER / UNKNOWN		6 - OPIATES / OPIOIDS 7 - OTHER			
99 - OTI	IER/ UNKN	OWN													TIVE RESULT	s	

LOGAL REPORT NUMBER

20-745

REPORTIN

BELLBROOK PD

DATE OF CRASH

M 6 105 1202

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

HEREBY MAKE THIS VOLUNTARY STATEMENT TO (PRINTED) AT TRANKLING (LOCATION)
HEADING TOWARD TOMS MUCH IN BOLL BROOK
OHIO, STOP AND GUTRAFFIC, TRAFFIC STARTED TO MOUE
I LOOKED POUN AND BACK UP AND TRAFFIC WAS STOPPED.
I COULD NOT STOP IN TIME.
· · · · · · · · · · · · · · · · · · ·
ADDRESS OF OF SIGNATURE OFFICERS 219NATURE PHONE PHONE OFFICERS 219NATURE
OFFICERS SIGNATURE NITNESS



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER		
20-745	REPORTING AGENCY BELL BROOK PD	DATE OF CRASH

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

I, Jonathan Mangan HEREBY MAKE THIS VOL	INTARY STATEMENT TO
PRINTED	ON THE OTHER LINE TO
SUDDE AT LIBRA	ry.
a car stoped infront of	Me and
I stoped But the cor teled	al me couldn't
in time and hit me full spe	A TOUR COUNTY
and my rall spe	eal. We Stoped
and call the cops.	
DDRESS OF WITNESS	PHONE
195 Grange Hall Tol, OFFICER'S SIGNATURE	
X fatural flyer X M. Talle	

HSY 7003 8/13 [760-0820]