

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

20-000023

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

OH-2 OH-3
 OH-1P OTHER

LOCAL INFORMATION
 REPORTING AGENCY NAME*
 Bellbrook Police Department

NCIC*
 02905

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED

NUMBER OF UNITS
 02

UNIT IN ERROR
 01
 98 - ANIMAL
 99 - UNKNOWN

COUNTY*
 29

LOCALITY*
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 1

LOCATION: CITY, VILLAGE, TOWNSHIP*
 Bellbrook

CRASH DATE / TIME*
 07242020 2109

CRASH SEVERITY
 5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

ROUTE NUMBER
 PREFIX

LOCATION ROAD NAME
 Kensington

ROAD TYPE
 DR

LATITUDE DECIMAL DEGREES
 39 647384

LONGITUDE DECIMAL DEGREES
 -84 092232

ROUTE TYPE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

ROUTE NUMBER
 PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
 1668

ROAD TYPE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

ROADWAY
 ROADWAY DIVIDED

REFERENCE POINT
 3
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #

DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

ROUTE TYPE
 IR - INTERSTATE ROUTE(TP)
 US - FEDERAL US ROUTE
 SR - STATE ROUTE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE
 AL - ALLEY HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SQ - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

LOCATION OF FIRST HARMFUL EVENT
 01
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP

MANNER OF CRASH COLLISION/IMPACT
 6
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
 2 - REAR-END
 3 - HEAD-ON
 4 - REAR-TO-REAR
 5 - BACKING
 6 - ANGLE
 7 - SIDESWIPE, SAME DIRECTION
 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

CONTOUR
 3
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

CONDITIONS
 1
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

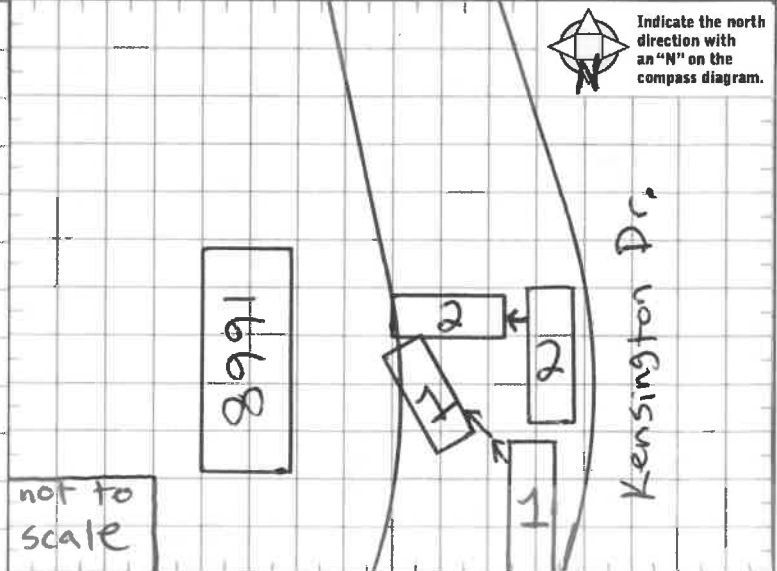
LIGHT CONDITION
 2
 1 - DAYLIGHT
 2 - DAWN/DUSK
 3 - DARK - LIGHTED ROADWAY
 4 - DARK - ROADWAY NOT LIGHTED
 5 - DARK - UNKNOWN ROADWAY LIGHTING
 9 - OTHER / UNKNOWN

WEATHER
 1
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE
 4 - RAIN
 5 - SLEET, HAIL
 6 - SNOW
 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - FREEZING RAIN OR FREEZING DRIZZLE
 99 - OTHER / UNKNOWN

NARRATIVE

Unit #2 was traveling southbound on Kensington Dr. near 1668. Unit #2 had slowed and was in the process of turning left into a driveway. Unit #1 was also traveling southbound on Kensington Dr. behind Unit #2. Unit #1 proceeded to pass Unit #2 on the left hand side. As Unit #1 was passing Unit #2, Unit #2 proceeded to turn left striking Unit #1.

Vehicles moved prior to officer's arrival.



CRASH REPORTED DATE / TIME
 07242020 2109

DISPATCH DATE / TIME
 07242020 2109

ARRIVAL DATE / TIME
 07242020 2114

SCENE CLEARED DATE / TIME
 07242020 2142

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT - SENT TO OUP)

TOTAL TIME ROADWAY CLOSED
 30

OTHER INVESTIGATION TIME
 30

TOTAL MINUTES
 63

OFFICER'S NAME*
 Vetter, John

CHECKED BY OFFICER'S NAME*
 Jones, Jackie

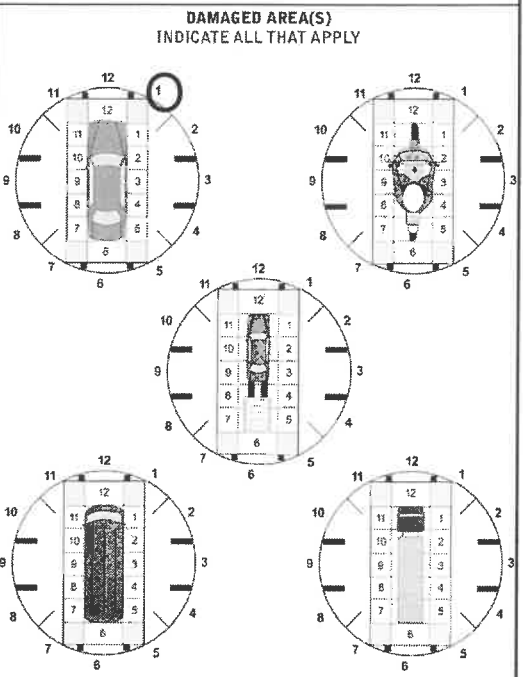
OFFICER'S BADGE NUMBER*
 3

CHECKED BY OFFICER'S BADGE NUMBER*
 5

OWNER
UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
TAYLOR, COURTNEY M
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
3006 NICHOLAS RD DAYTON OH 45417-5704
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE
DAMAGE SCALE
2 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

LP STATE OH **LICENSE PLATE #** HYS450 **VEHICLE IDENTIFICATION #** 1FAHP24126G128937 **VEHICLE YEAR** 2006 **VEHICLE MAKE** FORD
 INSURANCE VERIFIED **INSURANCE COMPANY** American Family **INSURANCE POLICY #** 41052-34360-52 **COLOR** RED **VEHICLE MODEL** 500
 COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #**
 INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR** 1 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
 HAZARDOUS MATERIAL
 MATERIAL RELEASED **CLASS #** **PLACARD ID #**
 PLACARD



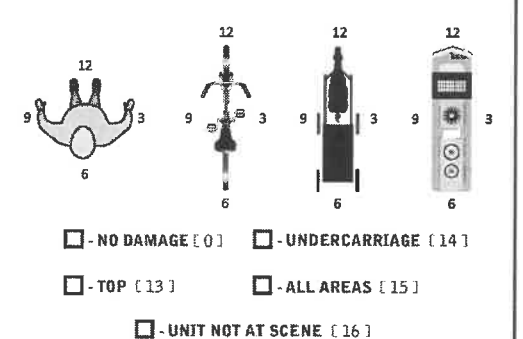
UNIT TYPE
 01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0 9 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION
 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE
 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT



NON-MOTORIST LOCATION AT IMPACT
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MEDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
 5 - TRAVEL LANE - OTHER LOCAL USE 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION
 4 1 - NON-CONTACT 104 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LAWE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT
 1 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES
 10 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID SPILLING 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER / IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - DRIVERLESS
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL 06 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS
 20 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

OF THROUGH LANES ON ROAD 2
RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION
 FROM 1 TO 2
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK
 4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT BARRIER 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

UNIT SPEED 010
POSTED SPEED 25
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

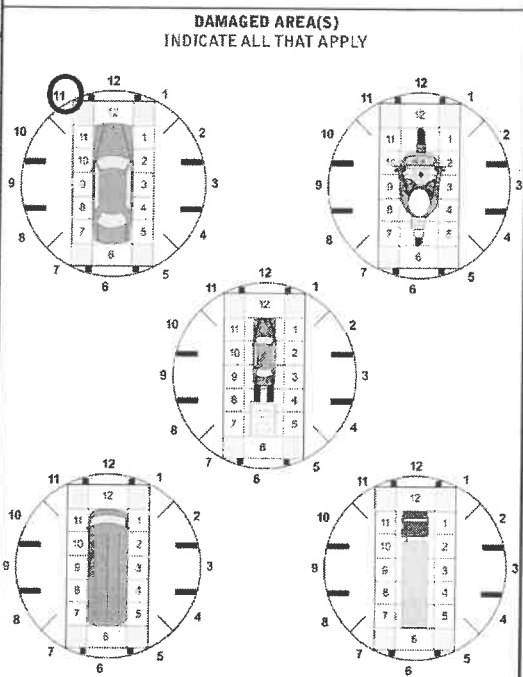
UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) _____
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) _____
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____

DAMAGE

DAMAGE SCALE
2 1 - NONE 3 - FUNCTIONAL DAMAGE
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VEHICLE

LP STATE PA LICENSE PLATE # LGN3684 VEHICLE IDENTIFICATION # 1FADE3K22FL379061 VEHICLE YEAR 2015 VEHICLE MAKE FORD
 INSURANCE VERIFIED INSURANCE COMPANY Allstate INSURANCE POLICY # 801800946 COLOR GRY VEHICLE MODEL FOC
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR 1 HAZARDOUS MATERIAL CLASS # PLACARD ID #
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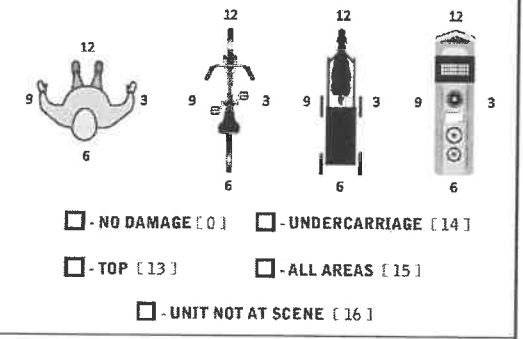


WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 2 - PARTIAL AUTOMATION

SPECIAL FUNCTION 01 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
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 5 - TRAVEL LANE - OTHER LOCATION

ACTION 06 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
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TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 06 1 - ROUNDABOUT 4 - STOP SIGN
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EVENTS 1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
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 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 99 - OTHER / UNKNOWN
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 1 TO 3

UNIT SPEED 005 DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

POSTED SPEED 25

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

20-000023

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	01	TAYLOR, COURTNEY MONET ANNA RUTH				12082000		19	F				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	3006 NICHOLAS RD DAYTON OH 45417 4323												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5	1					04	<input type="checkbox"/>	01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
			4511.27		<input type="checkbox"/>	Improper Pass To Left		31232					
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	02	Proud, Jane M				07211960		60	F				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	1100 Liberty Ave Pittsburgh PA 15222												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5	1					04	<input type="checkbox"/>	01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
					<input type="checkbox"/>								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
3				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
							<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER					
					<input type="checkbox"/>								
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - INVALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		3 - URINE
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT		4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED		12 - LIMITED - OTHER		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	17 - PROSTHETIC AID	4 - ILLNESS	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC	
7 - BOOSTER SEAT			GENDER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS, /ALCOHOL	DRUG TEST RESULT(S)
8 - HELMET USED			F - FEMALE		9 - OTHER / UNKNOWN	1 - AMPHETAMINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			M - MALE			2 - BARBITURATES
10 - REFLECTIVE CLOTHING			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS
99 - OTHER / UNKNOWN						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
20-000023

OCCUPANT	UNIT # 02	NAME: LAST, FIRST, MIDDLE Corcoran, Lawrence T	DATE OF BIRTH 09281960	AGE 59	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP 476 Alantic Ave Pittsburgh PA 15221			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

LOCAL REPORT NUMBER	20-23	REPORTING AGENCY	Bellbrook PD	DATE OF CRASH	07/24/20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Courtney Taylor (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Vetter (OFFICERS NAME) AT 1715 Kensington Dr (LOCATION)

I was coming down the street & there was a car in front of me. While driving the car slowly pulled to the right side of the street as if they were coming to a stop. So me being behind them I think to drive around them. So that's what I did. They didn't have a blinker on or anything. As I drove pass they turned & hit my car on my passenger side. I pulled over to check my car & waited until police came. I was not injured at all.

ADDRESS OF WITNESS	3006 Nicholas Rd	PHONE	
SIGNATURE OF WITNESS	C. Taylor	OFFICERS SIGNATURE	Sgt. J. Vetter

LOCAL REPORT NUMBER 20-23	REPORTING AGENCY Bellbrook P.D.	DATE OF CRASH M 7 12/1 11:20 7/24/20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JANE PROUD (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Sgt. Vetter (OFFICERS NAME) AT 1715 KENSINGTON DR, (LOCATION)

I WAS TRAVELING FROM 1 DOWN KENSINGTON, TURNING LEFT INTO 1668 KENSINGTON, CAR CAME FROM BEHIND AND PASSED ME ON THE LEFT AND SIDESWIPE MY CAR, LEFT FRONT. THE CAR KEPT GOING. I FOLLOWED & BEEPED. CAR STOPPED. I CALLED 911 DRIVER GOT OUT, LOOKED AT DAMAGE, GOT BACK IN AND STARTED DRIVING. I FOLLOWED, STILL ON PHONE WITH 911. CAR PULLED INTO DRIVE AT 1715 KENSINGTON I PASSED IT, TURNED AROUND AND BLOCKED THE CAR IN THE DRIVEWAY TILL POLICE ARRIVED.

ADDRESS OF WITNESS JANE PROUD (DRIVER FORD FOCUS)	PHONE
SIGNATURE OF WITNESS <i>Jane Proud</i>	OFFICERS SIGNATURE <i>Sgt. J. Vetter</i>

LOCAL REPORT NUMBER 20-23	REPORTING AGENCY Bellbrook PD	DATE OF CRASH 10/17/20
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LAREN COLE COLEMAN (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Sgt. Vetter (OFFICERS NAME) AT 1715 KENSINGTON (LOCATION)

MY FRIEND JANE WAS TURNING LEFT INTO 1668 KENSINGTON WHEN A RED FORD PASSED ON THE LEFT AND SIDESWIPE JANE'S CAR. THE RED FORD CONTINUED ON DOWN THE STREET WHEN JANE FOLLOWED, RECEIVING THE HORN UNTIL THE OTHER CAR STOPPED, WE REMAINED IN JANE'S CAR UNTIL SHE CALLED 911. THE OTHER DRIVER EXAMINED HER VEHICLE, GOT BACK IN THE CAR AND DROVE ON. WE FOLLOWED UNTIL THE DRIVER PULLED INTO A DRIVEWAY.

ADDRESS OF WITNESS 176 ATLANTIC AVE. PSH PA 15222	PHONE
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE Sgt. J. Vetter