| PHOTOS TAKEN   | 1821<br>1 - FATAL<br>2 - SERFOUS INJ<br>SUSPECTED<br>3 - MINOR INJUR<br>SUSPECTED                                    |
|--|--|
| SECONDARY CRASH PROPERTY PROPERTY Bellbrook Police Department  | O   1   98 - ANI   |
| COUNTY* 2 - VILLAGE 3 - TOWNSHIP  ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST  1 - INTERSECTION 3 - HONER PROST 3 - HONER PROST 4 - WEST 4 - WEST  1 - INTERSECTION 3 - EAST 4 - WEST  1 - INTERSECTION 3 - EAST 4 - WEST 3 - EAST 4 - WEST 4 - WEST 5 - STATE ROUTE  DISTANCE FROM REFERENCE DISTANCE FROM REFERENCE DISTANCE FROM REFERENCE DISTANCE FROM REFERENCE DISTANCE DISTANCE DISTANCE DISTANCE DISTANCE DISTANCE DISTANCE LOCATION REFERENCE DISTANCE LOCATION REFERENCE TR - NUMBERED TOWNSHIP ROUTE ROUTE TYPE ROUTE NUMBER ROUTE ROAD NAME (ROAD, MILEPOST, HOUSE #) REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE LATITUDE DECINAL REFERENCE POINT AL - ALLEY HW - HIGHWAY AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD AV - AVENUE LA - LANE CR - CIRCLE CT - COUNT PK - PARKWAY TL - TRAIL DR - TRAIL DR - TRAIL DR - POADWAY DIVIDE ROADWAY DIVIDE  | ## CRASH SEVERITY  1 - FATAL  2 - SERIOUS INJ SUSPECTED  3 - MINOR INJUR SUSPECTED  4 - INJURY POSS  5 - PROPERTY DO |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 1 - NORTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 4 - WEST SCHOOL 2 - SOUTH 3 - EAST 4 - WEST SCHOOL 2 - SOUTH 4 - WEST SCHOOL 2 - SOU | 1821 5 1 - FATAL 2 - SERFOUS INJ. SUSPECTED 3 - MINOR INJUR SUSPECTED 4 - INJURY POSS 5 - PROPERTY DO                |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 | SUSPECTED  3 - MINOR INJUR SUSPECTED  4 - INJURY POSS  5 - PROPERTY DO   |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4439  REFERENCE POINT 3 - INTERSECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 - NORTH | 3 - MINOR INJUR<br>SUSPECTED<br>4 - INJURY POSS<br>0 1 5 - PROPERTY DA   |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4439  REFERENCE POINT 3 - INTERSECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1 - NORTH | 4 - INJURY POSS 5 - PROPERTY D   |
| REFERENCE POINT  3 - EAST 4 - WEST  1 - INTERSECTION 1 - NORTH 2 - MILE POST 3 - EAST 4 - WEST 3 - FEBET DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET 1 - NUMBERED TOWNSHIP ROUTE ROUTE TYPE ROUTE ROUTE TYPE AL - ALLEY ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD WITHIN INTERSECT AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET WITHIN INTERCH. CR - CIRCLE CT - COURT DR - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY ROADOW WITHIN INTERCH. WITHIN INTERCH. TR - NUMBERED TOWNSHIP ROUTE  ROAD TYPE INTERSECTION WITHIN INTERSECTION WITHIN INTERCH. TR - NUMBERED TOWNSHIP ROADWAY BIVIDE  ROADWAY BIVIDE  | ) ) ] 5 - PROPERTY D   |
| REFERENCE POINT  3 - INTERSECTION 1 - NORTH 2 - MILE POST 3 - HOUSE #  DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS  ROUTE TYPE ROUTE TYPE ROUTE TYPE ROUTE TYPE AL - ALLEY ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD WITHIN INTERSECTION AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE CV - CIRCLE CV - OVAL TE - TERRACE CT - COURT THE - PLANE THE - MUMBERED TOWNSHIP ROUTE  ROAD TYPE INTERSECTION WITHIN  | 7 <del>- 7</del> 001V  |
| 1 - NORTH 2 - MILE POST 3 - HOUSE # 2 - SOUTH 4 - WEST 4 - WEST  DISTANCE FROM REFERENCE FROM REFERENCE  1 - MILES 2 - FEET 1 - NUMBERED COUNTY ROUTE 1 - NUMBERED TOWNSHIP ROUTE  TR - NU | ERSECTION RELATED  |
| 3 - HOUSE # US - FEBERAL US ROUTE  | CTION OR ON APPROACH   |
| DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES 2 - FEET ROUTE ROUTE ROUTE ROUTE ROUTE TR - NUMBERED TOWNSHIP ROUTE TR - PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDE:   | ANGE AREA NUMBER OF APPRO  |
| 1 - MILES 2 - FEET ROUTE DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE ROADWAY DIVIDES   | ROADWAY  |
| ACCATION OF ETPET HAGMENT EVENT  |  |
| LOCATION OF FIRST HARMFILL FVENT   |  |
| 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - PEAR-TO-REAR  | MEDIAN TYPE  |
| 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS   BETWEEN 5-BACKING TWO MOTOR   1 2-SOUTH   1 2-S | 1 - DIVIDED FLUSH MEDIAN<br>( <4 FEET)   |
| 4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SAME DIRECTION 4 WEST  | 2 - DIVIDED FLUSH MEDIAN<br>(>4 FEET)  |
| 5- ON GORE 1 HAILS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN   | 3 - DIVIDED, DEPRESSED MI<br>4 - DIVIDED, RAISED MEDIA   |
| 7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER / UNKNOWN  | (ANY TYPE)<br>9 - OTHER/UNKNOWN  |
| WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE CONTOUR  | CONDITIONS SURFAC  |
| 1. LANE CLOSURE 1. BEFORE THE 1ST WORK ZONE 2. LANE SHIFT/CROSSOVER WARNING SIGN   | 1, 2   |
| 3-WORK ON SHOULDER 2-ADVANCE WARNING AREA 1-STRAIGHT LEVEL 1-1   | DRY 1 - CONCRETE   |
| 4 - INTERMITTENT OR MOVING WORK 4 - ACTIVITY AREA 2 - STRAIGHT GRADE 2 - V   | RITHMINO   |
| ACTIVE SCHOOL ZONE 5-OTHER 5-TERMINATION AREA 3-CURVE LEVEL 3-S  | ASPHALT  |
| LIGHT CONDITION WEATHER 9-OTHER/UNKNOWN 5-S  | SAND, MUD, DIRT,   |
| L 2-DAWN/DUSK 1 2-CLOUDY 7-SEVERE CROSSWINDS 6-V   | MATER (STANDING  |
| A DADY DOADWAY NOT LIGHTED   | MOVING) 5 - DIRT SLUSH 9 - OTHER/UNI   |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAZL 99 - OTHER / LINKNOWN  | OTHER/UNKNOWN  |
| NARRATIVE  |  |
| Unit 1 was parked on the left side of Unit 2. Unit 2 was unoccupied at the time  | Indicate the   |
| of the collision. Unit 1 pulled forward and struck the front bumper of Unit 2 and  | an "N" on t<br>compass di  |
| the front bumper was torn off. The driver of Unit 1 then pulled up to the front of Romer's Bar and picked up another patron and drove away.  | F.   |
| The owner of Unit 2 exited Romer's Bar just as Unit 1 struck his vehicle   |  |
|  |  |
| Unt 2  |  |
| - VAITA  |  |
|  |  |
| Unit   | 1-1-1-1  |
|  | +  |
| Single-factor rations was as an applicable by the first  |  |
|  |  |
|  | and Grill  |
| Romer's Bar  |  |
| CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE   | TIME REPORT TAKEN  |
| CRASH REPORTED DATE / TIME         DISPATCH DATE / TIME         ARRIVAL DATE / TIME         SCENE CLEARED DATE           06142021 1821 06142021 1821 06142021 1825 06142021         06142021 1825 06142021   | 1900 REPORT TAKEN  |
| CRASH REPORTED DATE / TIME         DISPATCH DATE / TIME         ARRIVAL DATE / TIME         SCENE CLEARED DATE           06142021 1821 06142021 1821 06142021 1825 06142021         06142021 1825 06142021           TOTAL TIME ROADWAY CLOSED INVESTIGATION TIME ROADWAY CLOSED INVESTIGATION TIME ROADWAY CLOSED INVESTIGATION TIME         TOTAL TIME OFFICER'S NAME*         CHECKED BY OFFICER'S NAME*  | 1900 REPORT TAKEN NOTORIST   |
| CRASH REPORTED DATE / TIME         DISPATCH DATE / TIME         ARRIVAL DATE / TIME         SCENE CLEARED DATE           06142021 1821 06142021 1821 06142021 1825 06142021         06142021 1825 06142021           TOTAL TIME OFFICER'S NAME*         CHECKED BY OFFICER'S NAME*   | 1900 REPORT TAKEN  NOTORIST  SUPPLEMENT  |

EQUIPMENT

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

51 - WALL

52 - BUILDING

53 - THINNEL

UNIT SPEED

POSTED SPEED

/ CRASH CUSHION

27 - BRIDGE PIER OR ABUTMENT

J FIRST HARMFUL EVENT

26 - BRIDGE OVERHEAD

STRUCTURE

28 - BRIDGE PARAPET

30-GUARDRAIL FACE

29 - BRIDGE RAIL

32-PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

38 - OVERHEAD SIGN POST

39 - LIGHT / LUMINARIES

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

J MOST HARMFUL EVENT

44 - DITCH

46 - FENCE

48 - TREE

47 - MAILBOX

45 - FURANKMENT

49 - FIRE HYDRANT

DETECTED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

1 - STATED / ESTIMATED SPEE

51 - WALL

52 - BUILDING

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

53 - THRINEI

45 - FMBANKMENT

49 - FIRE HYDRANT

46 - FENCE

48 - TREE

47 - MAILBOX

26 - BRIDGE OVERHEAD

28-SRIDGE PARAPET

30-GUARDRAIL FACE

1 29 SRIDGE RAIL

27 - BRIDGE PIER OR ABUTMENT

FIRST HARMFUL EVENT

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

BARRIER

39 - LIGHT / LUMINARIES

SUPPORT

40 - UTILITY POLE

41-OTHER POST, POLE

OR SUPPORT

42 - CULVERT

☐ MOST HARMFUL EVENT

1 - STATED / ESTIMATED SPEE

2 - CALCULATED / EDR

3 - UNDETERMINED

| MOTORIST / NON-MOTORIST                                  |                                      |  |                                      |  |           | 21-000027                                 |                          |   |   |  |   |                                  |                                       |                            |       |
|--|--------------------------------------|--|--------------------------------------|--|-----------|---|--------------------------|---|---|--|---|----------------------------------|---------------------------------------|----------------------------|-------|
| UNIT #   | * NAME: LAST, FIRST, MIDDLE          |  |                                      |  |           |   |                          |   |   |  | GEI   |                                  |                                       |                            |       |
| $0_{T}$  | PIERCE, JEFFREY K                    |  |                                      |  |           |   |                          | 11  | 181   | 95,6   | 1 1   |                                  | 64                                    | l I                        |       |
| ADDRESS:   | S: STREET, CITY, STATE, ZIP          |  |                                      |  |           |   |                          |   | CONTA   | CT PHONE   | - INCLUDE AREA                                | ODE                              |                                       |                            |       |
| 203 P  | 3 PARK MANOR DR DAYTON OH 45410 1111 |  |                                      |  |           |   |                          | 11  |   |  | 1   | 1 1                              |                                       | _î.                        |       |
| 203 P. SINJURIES   | INJURED<br>TAKEN<br>BY               | EMS AGENCY (NAME)                              |                                      | INJURED                                  | TAKENTO   | : MEDICAL FACILITY                        | (NAME, GITY)             | USED \  |   | -COMPLIANT<br>HELMET   | SEATING POSITIO                               | N AIR B                          | AG USAGE                              | EJECTION<br>1              | TRA   |
|  | OPERATOR L                           | ICENSE NUMBER                                  |                                      | OFFEN                                    | SE CHAF   | RGED                                      | LOCAL                    | OFFENSE DESI                                  | RIPTION   |  | _ T   | CIT                              | ATION NU                              | MREP                       |       |
| OL STATE   |                                      |  |                                      |  | -         |   | CODE                     |   |   |  |   | J.11                             |                                       |                            |       |
| © OL CLASS   | SELECT UP TO 2.                      | RESTRICTION SELECT                             |                                      | TRACTED                                  | 15.71     | DHOL / DRUG SUSP<br>LCOHOL  MA            | RIJUANA                  | CONDITION                                     | STATUS  | TYPE   | VALUE   | STATUS                           |                                       | RESULT                     |       |
| UNIT #   | NAME: LAST, I                        | FIRST, MIDDLE                                  | <u> </u>                             |  | 01        | THER DRUG                                 |                          |   |   | DAY  | E OF BIRTH                                    |                                  | 1                                     | AGE                        | GE    |
| نـــــــــــــــــــــــــــــــــــــ                   |                                      |  |                                      |  |           |   |                          |   |   |  |   | 1 1                              |                                       | MOL.                       | U.E.  |
| ADDRESS:   | STREET, CITY, ST                     | ATE, ZIP                                       |                                      |  |           |   |                          |   | CONTACT PHONE - INCLUDE AREA CODE                                 |  |   |                                  |                                       |                            |       |
| INJURIES   | INJURED<br>TAKEN<br>BY               | EMS AGENCY (NAME)                              |                                      | INJURED.                                 | TAKEN TO: | MEDICAL FACILITY                          | (NAME, CITY)             | SAFETY EQUIPMENT<br>USED                      |   | -COMPLIANT<br>HELMET   | SEATING POSITIO                               | N AIR BA                         | IG USAGE                              | EJECTION                   | TRA   |
|  | OPERATOR L                           | ICENSE NUMBER                                  |                                      | OFFEN:                                   | SE CHAR   | GED                                       | LOCAL                    | OFFENSE DESC                                  |   |  |   |                                  | MBER                                  | <u>L</u>                   |       |
| OL STATE   |                                      |  |                                      |  |           |   | CODE                     |   |   |  |   |                                  |                                       |                            |       |
| ≥ OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2        | RESTRICTION SELECT                             |                                      | VER<br>TRACTED                           |           | COHOL MA                                  | ECTED<br>RIJUANA         | CONDITION                                     | STATUS  | TYPE   |   | STATUS                           |                                       | RESULT                     |       |
|  | ـــانـــا                            |  |                                      | OTHER DRUG                               |           |   |                          | 1   | الـــــا  |  |   |                                  |                                       | ــالـــا                   |       |
| UNIT#  | NAME: LAST, F                        | FIRST, MIDDLE                                  |                                      |  |           |   |                          |   | DATE OF BIRTH AGE GE  |  |   |                                  | GEN                                   |                            |       |
| ADDRESS:   | STREET, CITY, ST.                    | ATE, ZIP                                       |                                      |  |           |   |                          |   | CONTACT PHONE - INCLUDE AREA CODE                                 |  |   |                                  | <u></u>                               |                            |       |
| SINOTIC ADDRESS:   |                                      |  |                                      |  |           |   |                          |   |   |  |   |                                  |                                       |                            |       |
| INJURIES   | INJURED TAKEN                        | EMS AGENCY (NAME)                              |                                      | INJURED                                  | TAKENTO:  | MEDICAL FACILITY                          | (NAME, CITY)             |   | CT DOT-   | COMPLIANT  | SEATING POSITIO                               | N AIR BA                         | G USAGE                               | EJECTION                   | TRA   |
|  | BY                                   |  |                                      | USED                                     |           |   | MC HELMET                |   |   |  |   | 1                                |                                       |                            |       |
| OL STATE   | OPERATOR LICENSE NUMBER OFFEN:       |  |                                      | FFENSE CHARGED LOCAL OFFENSE DESC        |           |   | CRIPTION CITATION NUMBER |   |   |  |   |                                  |                                       |                            |       |
| OL CLASS   | ENDORSEMENT<br>SELECT UP TO 2        | RESTRICTION SELECT                             |                                      | VER<br>FRACTED                           |           | HOL / DRUG SUSP                           |                          | CONDITION                                     | STATUS  | TYPE   | VALUE   |                                  | DRUG<br>TYPE                          |                            |       |
|  |                                      |  |                                      |  | _         | HER DRUG                                  | 11000,011                |   |   | e i  |   | V                                |                                       | t ai                       |       |
| INJU   | RIES                                 | SEATING POSITION                               |                                      | IR BAG                                   |           | OL CLAS                                   | \$                       | DL RESTRIC                                    | TION(S)   | STREET STREET, | ER DISTRACT                                   | TION                             | I DIT                                 | EST STAT                   | rus   |
| 1 FATAL<br>2 - SUSPECTED:                                | SERIOUS INJURY                       | 1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER)   | 1 - NOT DEP<br>2 - DEPLOYI           |  |           | 1 -CLASS A<br>2 - CLASS B                 |                          | 1 - ALCOHOL INTER<br>2 - CDL INTRASTAT        |   |  | DISTRACTED                                    |                                  | 1-NONE                                |                            |       |
| 3 - SUSPECTED I  |                                      | 2-FRONT-MIDDLE                                 | 3 - DEPLOYI                          |  |           | 3-CLASS C                                 |                          | 3 - CORRECTIVE LE                             |   | ELE  | UALLY OPERATING<br>CTRONIC COMMUN             | CATION                           | 2 - TEST (                            | refused<br>Given.com       | TAMEN |
| 4 - POSSIBLE IN  |                                      | 3-FRONT-RIGHT SIDE<br>4-SECOND-LEFT SIDE       |                                      | O BOTH FRO                               | NT/SIDE   | 4 - REGULAR CLASS<br>(OHIQ = D)           |                          | 4- FARM WAIVER                                |   |  | ice (texting, typ<br>.tkg)                    | ING                              | SAMP                                  | LE/UNUSA                   | BLE   |
| 5 - NO APPAREN   | TINJURY                              | (MOTORCYCLE PASSENGER)                         | 5-NOTAPP<br>9-DEPLOY                 | LICABLE<br>Vient unkno                   | IW.       | 5 - N/G MOPED ONLY                        |                          | 5 - EXCEPT CLASS                              |   |  | KING ON HANDS-FR<br>MUNICATION DEVI           |                                  |                                       | SIVEN, RESI<br>GIVEN, RESI |       |
| INJURED :  | TAKEN BY                             | 5 - SECOND - MADDLE<br>6 - SECOND - RIGHT SIDE |                                      |  |           | 6-NO VALID OL                             |                          | & CLASS 8 BUS                                 |   | 4-TAL  | ang on hand-hel                               | .0                               | UNKNO                                 | OWN                        |       |
| /TREATED AT  |                                      | 7-THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)   |                                      |  | N HIE     | OL ENDORSE                                | MENT                     | 7 - EXCEPT TRACTO<br>B - INTERMEDIATE         |   | 5-0TH  | MUNICATION DEVI<br>ER ACTIVITY WITH           |                                  |                                       | HOLTES                     | FTY   |
| 2 - EMS<br>3 - POLICE                                    |                                      | 8-THIRD-MIDDLE                                 | 1-NOT EJE                            | CTED<br>Ly ejected                       |           | H - HAZMAT<br>M - MGTORCYCLE              |                          | RESTRICTIONS 9-LEARNER'S PER                  | HAST  |  | CTRONIC DEVICE<br>SENGER                      |                                  | 1 - NONE<br>2 - BLOOD                 |                            |       |
| 9-OTHER/UNK  | NOWN                                 | 9-THIRD-RIGHT SIDE                             | 3-TOTALLY                            |  |           | P - PASSENGER                             |                          | RESTRICTIONS                                  |   | 7 - 07H  | ER DISTRACTION                                |                                  | 3 - URINE                             |                            |       |
| SAFETY E   | QUIPMENT                             | 10 - SLEEPER SECTION OF TRUCK CAS              | 4-NOTAPPLICABLE N-TANKER             |  |           |   | 10 - LIMITED TO DAY      |   | INSIDE THE VEHICLE 4 - BR<br>8 - OTHER DISTRACTION OUTSIDE 5 - OT |  |   |                                  |                                       |                            |       |
| 1 - NONE USED  | 11 OSCESNOED IN STURB                |  |                                      | Q-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE |           |   | 12 - LIMITED - OTHE      | -LIMITED-OTHER THE VEHICLE                    |   |  |   |                                  |                                       |                            |       |
| 2 - SHOULDER BI<br>3 - LAP BELT ON                       |                                      | (NON-TRAILING UNIT, BUS,<br>PICK-UP WITH CAP)  |                                      | NOTTRAPPED S-SCHOOL BUS                  |           |   |                          | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND |   |  |   | DRUG TEST TYPE                   |                                       |                            |       |
| 4- SHOULDER &  |                                      | 12- PASSENGER IN UNENCLOSED                    | 2 - EXTRICATED BY MECHANICAL NEARS   |  |           | T-BOUBLE & TRIPLE TRAILERS CONTR          |                          | CONTROLS, OR O                                | ROLS, OR OTHER CONDITION  |  | 2 - 8L00D                                     |                                  |                                       |                            |       |
| 5 - CHILD RESTR<br>FORWARD FAI                           |                                      | CARGO AREA  13 - TRAILING UNIT                 | 3 - FREED BY<br>NON-MECHANICAL MEANS |  |           | 14 - MIL                                  |                          |   | ADAPTIVE DEVICES)  14 - MILITARY VÉHICLES ONLY                    |  | I - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT |                                  | 3 - URINE                             |                            |       |
| 6-CHILD RESTRAINT SYSTEM _ 14-RIDING ON VEHICLE EXTERIOR |                                      |  | GENDER                               |  |           | 15 - NOTOR VEHICLES WITHOUT<br>AIR BRAKES |                          | 3 - EMOTIONAL (E.G., DEPRESSED,               |   |  | 4 - OTHER                                     |                                  |                                       |                            |       |
| REAR FACING<br>7 - BOOSTER SEA                           |                                      | (NON-TRAILING UNIT) 15 - NON-NOTORIST          |                                      | F - FEMALE<br>W - Malê                   |           |   | 16-OUTSIDE MIRROR        |   | ANGRY, DISTURBED)<br>4- ILLNESS                                   |  |   | DRUG TEST RESULT  1-AMPHETAMINES |                                       |                            |       |
| 8 - HELMET USE   |                                      | 99 - OTHER / UNKNOWN                           |                                      |  |           | U - OTHER / UNKNOWS                       | 1                        | 17 - PROSTHETIC AID                           |   | 5- FELL ASLEEP, FAINTED.   |   |                                  | 1 - AM PHETAMIKES<br>2 - BARBITURATES |                            |       |
| 9 - PROTECTIVE<br>(ELBOW. KNE                            |                                      |  |                                      |  |           |   |                          | IS-OTHER                                      | FATIGUED, ETC.  6- UNDER THE INFLUENCE                            |  |   |                                  | )DIAZEPIKE                            | S                          |       |
| 10 - REFLECTIVE  |                                      |  |                                      |  |           |   |                          |   |   | OF M   | EDICATIONS / DRUI<br>OHOL                     |                                  | 4 - CANNA<br>5 - COCAH                |                            |       |
| 11 - LIGHTING - P<br>/ BICYCLE ON                        |                                      |  |                                      |  |           |   |                          |   |   |  | R/UAKNOWA                                     |                                  | 6-OPIATI                              | ES/OPTOIDS                 | š     |
| 99 - OTHER/ UNK  |                                      |  |                                      |  |           |   |                          |   |   |  |   |                                  | 7 - OTHER                             |                            | TE    |
| PENGSUS CITY   |                                      |  |                                      |  |           |   |                          |   |   |  |   |                                  | o-negal                               | TVE RESUL                  | 15    |

HSY 7003 1/82

|               | Laboration                       | DATE OF CRASH |
|---------------|----------------------------------|---------------|
| REPORT 2 - 66 | REPORTING AGENCY Ballbook Palite | M 6 1014 171  |
| NUMBER OF UUS | 100/110,000                      |               |

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

| I, MICHAGE A. SMITT   | HEREBY MAKE THIS VOLUNTARY STATEMENT TO  |
|---|--|
|   | AT 4439 W. Franklin St., Bellbrook, OH (LOCATION)  |
| EXITES ROMENS BAL+ GULL 6:16 p<br>Next to we came is Front of | BAR + GALL AND PICKED UP his friend.   |
| WAS DISCORGED ON DRIVERS SIDE                                 | BAR + GALL AND PICKED UP his friends.  ST. HEADING WEST. Front Bringer  ONTO PARKING LOT. Immodiately Unit |
| BEUBROOK POUCE.   |  |
|   |  |
|   |  |
|   |  |
|   | ·  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | PHONE 7  |
| ADDRESS OF WITNESS 8302 RHINE W44 CENTR SIGNATURE OF          | 1  |
| WITNESS   | 10   |



## OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER<br>21-000027   | REPORTING AGENCY Bellbrook Police Department  | DATE OF CRASH   |
|--|---|---|
| IN COUNTY OF   | CRASH LOCATION  | M 00 D 14 Y 20.   |
| Greene   | State Route 725   |   |
| I spoke with Mr. Pierce on the phone when he left. He did say that one of h  | at the bar named Paul Duboc who advised that he kelerce and his phone number which I used to attain the and he advised that he did not know he struck and is friends called him, before I spoke with him, and to tract the police when he discovered he struck a vehicle. | ne personal information for Mr. Pierce other vehicle at the parking lot old him that he did in fact hit a vehicle |
| Paul Duboc's Ohio license number is from Mr. Duboc   | and his phone number is (   | I was not able to attain a statement  |
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|  | OFFICER'S SIGNATURE  X Johnston, Ryan   | BADGE NUMBER  |



## OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER<br>21-000027   | REPORTING AGENCY Bellbrook Police D  | DATE OF CRASH<br>M 06 D 14 Y 202   |                           |  |  |  |  |  |  |  |
|--|--|--|---------------------------|--|--|--|--|--|--|--|
| IN COUNTY OF   | CRASH LOCATION   | M OP   | D 14   Y 202              |  |  |  |  |  |  |  |
| Greene   | State Route 725  |  |                           |  |  |  |  |  |  |  |
| On 6/15/2021 at 1600 hours, Mr. P<br>#31397 and explained to him that he<br>sheet for Xenia Municipal Court. | rce came to the Police<br>needed to appear in cou  | Department to meet with me. I issued him<br>rt. I also answered his questions and prov | n citation<br>vided him v | vith a contac  |  |  |  |  |  |  |
| BWC ON   |  |  |                           |  |  |  |  |  |  |  |
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| Gray strang  |  | OFFICER'S SIGNATURE  X Johnston, Ryan  | BADG                      | E NUMBER   |  |  |  |  |  |  |