

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*  
**21-000032**

PHOTOS TAKEN  
 SECONDARY CRASH  
 PRIVATE PROPERTY

LOCAL INFORMATION  
**Vehicle Crash**  
REPORTING AGENCY NAME\*  
**Bellbrook Police Department**

HITS/SKIP  
1 - SOLVED  
2 - UNSOLVED  
**02**

NUMBER OF UNITS  
**02**

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
**99**

COUNTY\* **29** LOCALITY\* **1**  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Bellbrook**

CRASH DATE / TIME\*  
08112021 1320

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

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

LOCATION ROAD NAME  
**Little Sugarcreek**

ROAD TYPE  
**RD**

LATITUDE DECIMAL DEGREES  
**39.636751**

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**Franklin**

ROAD TYPE  
**ST**

LONGITUDE DECIMAL DEGREES  
**-84.076372**

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

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

ROADTYPE  
AL - ALLEY NW - 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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

ROADWAY  
 ROADWAY DIVIDED

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  
9 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
7  
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  
4  
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  
1  
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

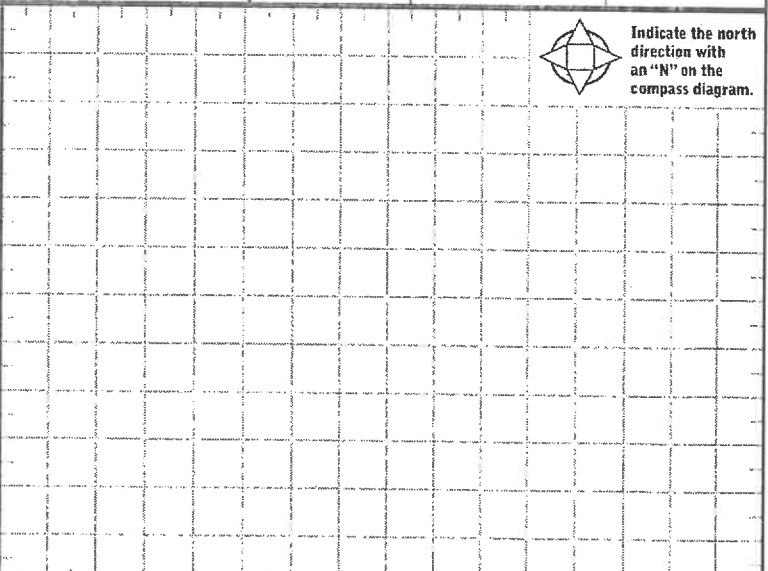
INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.

NARRATIVE

Unit I was traveling southbound on Little Sugarcreek Road. Unit II was also traveling southbound on Little Sugarcreek Road. Unit II went off the roadway and struck the concrete curb causing damage to the passenger side front and rear tires. Unit I and Unit II collided causing damage to both vehicles. Unit I had damage to the passenger side from Unit II tire. Unit II had damage to the driver side as well as damaging both passenger side tires. Photographs were taken of the incident. My body camera was activated during this incident.

See diagram for details.

*SEE ATTACHED DRAWINGS*



CRASH REPORTED DATE / TIME: 08112021 1325  
DISPATCH DATE / TIME: 08112021  
ARRIVAL DATE / TIME: 08112021 1325  
SCENE CLEARED DATE / TIME: 08112021 1405

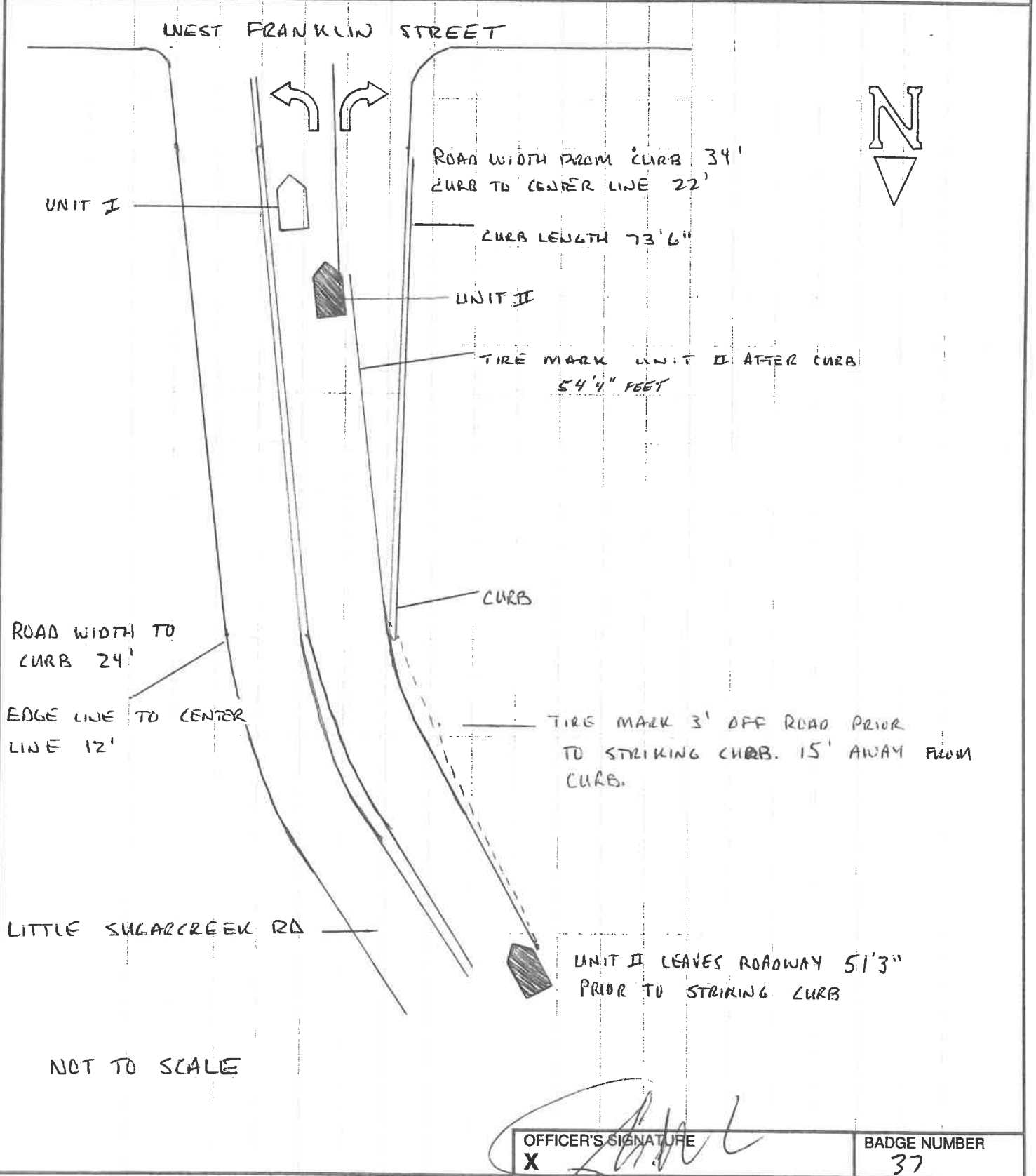
REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING SCENE SENT TO COMPS)

TOTAL TIME ROADWAY CLOSED: 45  
OTHER INVESTIGATION TIME: 60  
TOTAL MINUTES: 100

OFFICER'S NAME\*: Warren, Joshua  
OFFICER'S BADGE NUMBER\*: 3 7  
CHECKED BY OFFICER'S NAME\*: [Signature]  
CHECKED BY OFFICER'S BADGE NUMBER\*: 5



|                                |  |                                      |
|--------------------------------|--|--------------------------------------|
| LOCAL REPORT NUMBER<br>21-0032 | REPORTING AGENCY<br>BELLBROOK          | DATE OF CRASH<br>M 8   D 11   Y 2021 |
| IN COUNTY OF<br>GREENE         | CRASH LOCATION<br>LITTLE SUGARCREEK RD |                                      |

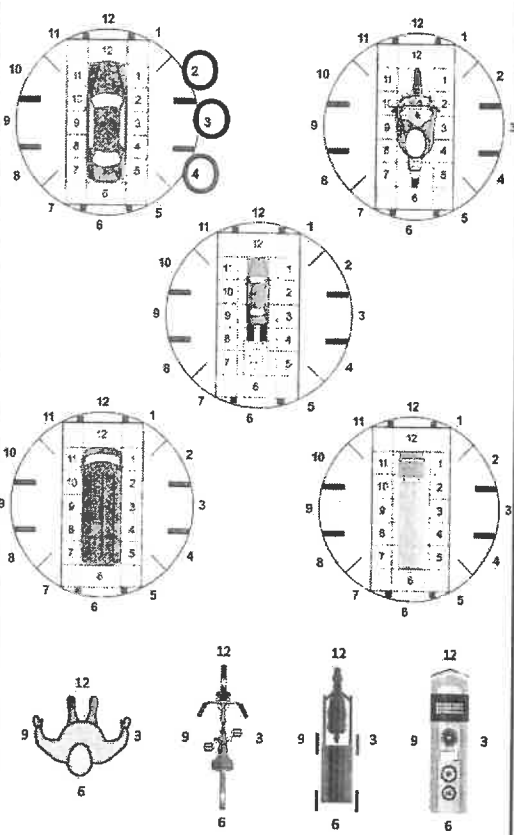


**UNIT #** 01 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

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

**LP STATE** OH **LICENSE PLATE #** FKW9060 **VEHICLE IDENTIFICATION #** 4T1BFLFKXFU008108 **VEHICLE YEAR** 2015 **VEHICLE MAKE** TOYT  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** ALLSTATE **INSURANCE POLICY #** 826371506 **COLOR** WHT **VEHICLE MODEL** CAM  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** \_\_\_\_\_ **TOWED BY:** COMPANY NAME \_\_\_\_\_  
 **INTERLOCK DEVICE EQUIPPED**  **HITS/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR** 1  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.  
 **MATERIAL RELEASED** **HAZARDOUS MATERIAL CLASS #** \_\_\_\_\_ **PLACARD ID #** \_\_\_\_\_  
 **PLACARD** \_\_\_\_\_

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



**UNIT TYPE** 01  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LI/O (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) 17 - MOTORHOME 99 - UNKNOWN OR HITS/SKIP

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
**AUTONOMOUS MODE LEVEL** 0  
 0 - 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 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION** 9 **PRE-CRASH ACTIONS** 13  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 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 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  
 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT** 3  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 22  
 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 / ACD 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 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  
 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**  
99 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
20 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 3 - \_\_\_\_\_ 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 4 - \_\_\_\_\_ 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 5 - \_\_\_\_\_ 24 - OTHER MOVABLE OBJECT

**# 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**  
1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
4 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
5 27 - BRIDGE PIER OR ABUTMENT 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

**UNIT SPEED** 030  
**POSTED SPEED** 25  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**FIRST HARMFUL EVENT** 2 **MOST HARMFUL EVENT** \_\_\_\_\_

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) Kracus, Steffen W  
**OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
 3841 Vin De Rogers Ct Bellbrook Oh 45305-2901  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** OH **LICENSE PLATE #** ERU7670 **VEHICLE IDENTIFICATION #** 1CARJFCTXKXK568352 **VEHICLE YEAR** 2019 **VEHICLE MAKE** JEEP  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** PEKIN **INSURANCE POLICY #** 005169277 **COLOR** BLK **VEHICLE MODEL** GRNCH  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #**  
 **INTERLOCK DEVICE EQUIPPED**  **HITS/SKIP UNIT** **#OCCUPANTS** 03 **VEHICLE WEIGHT GVWR/GCWR** 1 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  
**TOWED BY:** COMPANY NAME Sandy's Towing  
 **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD** **CLASS #** **PLACARD ID #**

**UNIT TYPE** 03  
 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)  
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HITSKIP

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

**SPECIAL FUNCTION** 01  
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**VEHICLE DEFECTS**  
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**NON-MOTORIST LOCATION AT IMPACT**  
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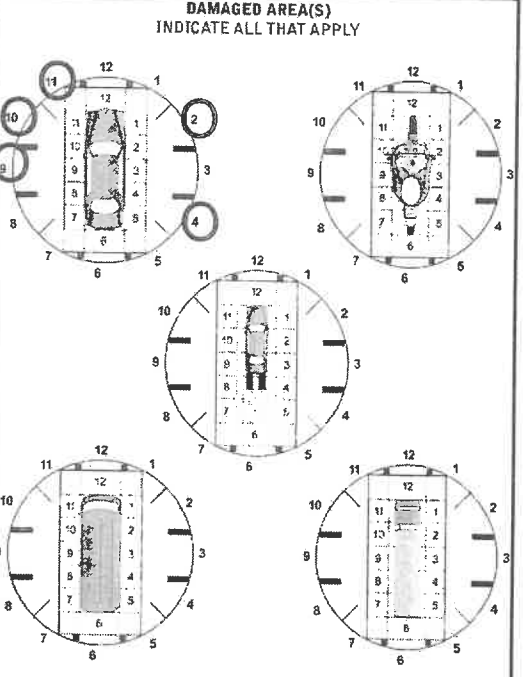
**ACTION** 9 **PRE-CRASH ACTIONS** 13  
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 6 - MAKING LEFT TURN 12 - DRIVERLESS 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 22  
 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 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 IN PROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**SEQUENCE OF EVENTS**  
 1 08 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 43 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 20 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 27 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 20 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 26 - BRIDGE OVERHEAD STRUCTURE  
 6 1 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 29 - FIRE HYDRANT 51 - WALL  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING  
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 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 2

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



**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]  **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**  
 9 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**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

**# 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

**UNIT SPEED** 030  
**POSTED SPEED** 25  
**DETECTED SPEED** 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**21-000032**

|  |  |   |  |   |  |                               |   |                      |   |  |
|--|--|---|--|---|--|-------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>01  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BREWER, DEBBIE |   | <b>DATE OF BIRTH</b><br>05131945   |   | <b>AGE</b><br>76                                 | <b>GENDER</b><br>F            |   |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>221 N CENTRAL AVE Suite:APT 115 FAIRBORN OH 45324 5099 |  |   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                               |   |                      |   |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                       | <b>EMS AGENCY (NAME)</b><br>BELLBROOK EMS | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>CHECKED AT SCENE | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                     |   | <b>OFFENSE CHARGED</b>   | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                               | <b>CITATION NUMBER</b>                            |                      |   |  |
| <b>OL CLASS</b>  | <b>ENDORSEMENT SELECT UP TO 2</b>                  | <b>RESTRICTION SELECT UP TO 3</b>         | <b>DRIVER DISTRACTED BY</b><br>9   | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 |  |

|  |   |                                   |  |   |  |                               |   |                      |   |  |
|--|---|-----------------------------------|--|---|--|-------------------------------|---|----------------------|---|--|
| <b>UNIT #</b><br>02  | <b>NAME: LAST, FIRST, MIDDLE</b><br>KRACUS, JULIA M |                                   | <b>DATE OF BIRTH</b><br>09211970                       |   | <b>AGE</b><br>50                                 | <b>GENDER</b><br>F            |   |                      |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>3841 VIN DE ROGERS CT BELLBROOK OH 45305 |   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                               |   |                      |   |  |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b>                             | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1                         | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1   |  |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                      |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                               | <b>CITATION NUMBER</b>                            |                      |   |  |
| <b>OL CLASS</b>  | <b>ENDORSEMENT SELECT UP TO 2</b>                   | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>9                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b><br>STATUS: 1 TYPE: 1 VALUE: . |                      | <b>DRUG TEST(S)</b><br>STATUS: 1 TYPE: 1 RESULT: SELECT UP TO 4 |  |

|  |                                   |                                   |  |   |  |                         |   |                 |   |  |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|---|-----------------|---|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <b>GENDER</b>           |   |                 |   |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                         |   |                 |   |  |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>                        | <b>EJECTION</b> | <b>TRAPPED</b>  |  |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    |                                   | <b>OFFENSE CHARGED</b>                                 | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                      |                 |   |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS: TYPE: VALUE: |                 | <b>DRUG TEST(S)</b><br>STATUS: TYPE: RESULT: SELECT UP TO 4 |  |

| 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 MINDOR 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 - MIC MOPED ONLY           | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 7 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1 - NONE                                       |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | 3 - URINE                                      |
| <b>SAFETY EQUIPMENT</b>                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   | <b>CONDITION</b>   | 4 - BREATH                                     |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |
| 4 - SHOULDER & LAP BELT USED                  | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 4 - ILLNESS  | 2 - BLOOD                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC  | 3 - URINE                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    |                              | 18 - OTHER   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 7 - BOOSTER SEAT                              |  |                                    | <b>GENDER</b>                |  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 8 - HELMET USED                               |  |                                    | F - FEMALE                   |  |  | 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                           |

# OCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
21-000032

|          |  |   |                           |   |   |
|----------|--|---|---------------------------|---|---|
| OCCUPANT | UNIT #<br>02   | NAME: LAST, FIRST, MIDDLE<br>KRACUS, RACHEL ANN | DATE OF BIRTH<br>08182000 | AGE<br>20                                       | GENDER<br>F   |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>3841 VIN DE ROGERS CT BELLBROOK OH 45305 1192 |   |                           | CONTACT PHONE - INCLUDE AREA CODE               |   |
|          | INJURIES<br>5  | INJURED TAKEN BY                                | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>04   |
|          |  |   |                           |   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION: 03<br>AIR BAG USAGE: 1<br>EJECTION: 1<br>TRAPPED: 1 |

|          |   |  |                           |   |   |
|----------|---|--|---------------------------|---|---|
| OCCUPANT | UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>WAGERS, JAXON | DATE OF BIRTH<br>01282018 | AGE<br>3  | GENDER<br>M   |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>904 GREAT VIEW CR Suite:B CENTERVILLE OH 45459 |  |                           | CONTACT PHONE - INCLUDE AREA CODE               |   |
|          | INJURIES<br>5   | INJURED TAKEN BY                           | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>05   |
|          |   |  |                           |   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION: 06<br>AIR BAG USAGE: 1<br>EJECTION: 1<br>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<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>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<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>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           |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN       |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                              |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE   |                              |
|                              | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE   |                              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB  |                              |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                              |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |                              |
|                              |   | 13 - TRAILING UNIT   |                              |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                              |
|                              |   | 15 - NON-MOTORIST  |                              |
|                              |   | 99 - OTHER / UNKNOWN   |                              |

|         |   |                           |           |                                   |
|---------|---|---------------------------|-----------|-----------------------------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE<br>SCHAEFER, NICHOLE LOUISE                                 | DATE OF BIRTH<br>05171994 | AGE<br>27 | GENDER<br>F                       |
|         | ADDRESS: STREET, CITY, STATE, ZIP<br>2093 LITTLE MIAMI DR SPRING VALLEY OH 45370 9739 |                           |           | 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<br>21-000032   | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene   | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |
| <p>CFS: 816<br/>Police Call Type: CRPD<br/>Fire Call Type: CRUI<br/>EMS Call Type:</p> <p>Priority: 1<br/>Caller Phone:<br/>Extension:</p> <p>Nature of Call:<br/>Primary Unit: BB37<br/>Location: LITTLE SUGARCREEK RD / W FRANKLIN ST-<br/>Venue: BELLBROOK<br/>Common Name:<br/>Cross Streets:<br/>Beat: BB3602<br/>District:<br/>Quadrant: 211<br/>Station: BBF 21<br/>Police ORI:<br/>Fire FDID: 29121<br/>EMS FDID:</p> <p>Call Date/Time: 08/11/2021 13:19:32<br/>Dispatch Date/Time: 08/11/2021 13:20:23<br/>Arrive Date/Time: 08/11/2021 13:25:29</p> <p>Report Required: No<br/>Cleared Time: 08/11/2021 14:05:55<br/>Fire Controlled Time:</p> <p>Dispositions: OH1 Crash Report (0)<br/>Narratives: 13 rows</p> <p>BLK GRAND CHEROKEE<br/>cbeegle<br/>08/11/2021 13:20:07<br/>OTHER VEH TOYOTA CAMRY WHITE<br/>cbeegle<br/>08/11/2021 13:20:41</p> |   |                                       |
| OFFICER'S SIGNATURE<br>X Warren, Joshua  |   | BADGE NUMBER<br>37                    |



|  |   |                                       |
|--|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032   | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene   | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |
| <p>NO AIRBAGS<br/>cbeegle<br/>08/11/2021 13:20:50<br/>NO INJURIES<br/>cbeegle<br/>08/11/2021 13:21:34<br/>FEMALE IN CAMRY THAT WAS TRYING TO HAVE AN ALTERCATION WITH CALLERS MOTHER<br/>cbeegle<br/>08/11/2021 13:22:20<br/>WITNESS TO THE ACCIDENT JULIE SCHAEFER<br/>cbeegle<br/>08/11/2021 13:25:55<br/>REQ MEDIC FOR NECK PAIN<br/>jchughes<br/>08/11/2021 13:28:24<br/>REQ SANDYS FOR JEEP-BLOWN TIRE<br/>jchughes<br/>08/11/2021 13:30:23<br/>PT WILL BE IN WHITE VEHICLE, PULL IN FRONT<br/>jchughes<br/>08/11/2021 13:31:18<br/>2 CAR MOD DAMAGE, ON LITTLE SUGARCREEK<br/>jchughes<br/>08/11/2021 13:32:36<br/>SANDYS 20-25 MIN ETA<br/>jchughes<br/>08/11/2021 13:33:41<br/>E22 CLEAR OF CALL, NO HAZARDS<br/>jchughes<br/>08/11/2021 13:35:33<br/>SANDYS ON SCENE<br/>jchughes<br/>08/11/2021 13:56:35</p> |   |                                       |
| Vehicles: 4 rows   |   |                                       |
| OFFICER'S SIGNATURE<br><b>X</b> Warren, Joshua   |   | BADGE NUMBER<br>37                    |





|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

Involved Vehicle

FKW9060

Involved Vehicle

ERU7670

Plate Inquiry  
PC Passenger Car

FKW9060

Plate Inquiry  
PC Passenger Car

ERU7670

Persons: 2 rows

|  |                    |
|--|--------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Warren, Joshua | BADGE NUMBER<br>37 |
|--|--------------------|



|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

Driver  
KRACUS, JULIA M

Reporting Party  
KRACUS, RACHEL

Yes

Incidents: 2 rows

2021-00000443  
29121  
Crash - Unknown Injuries

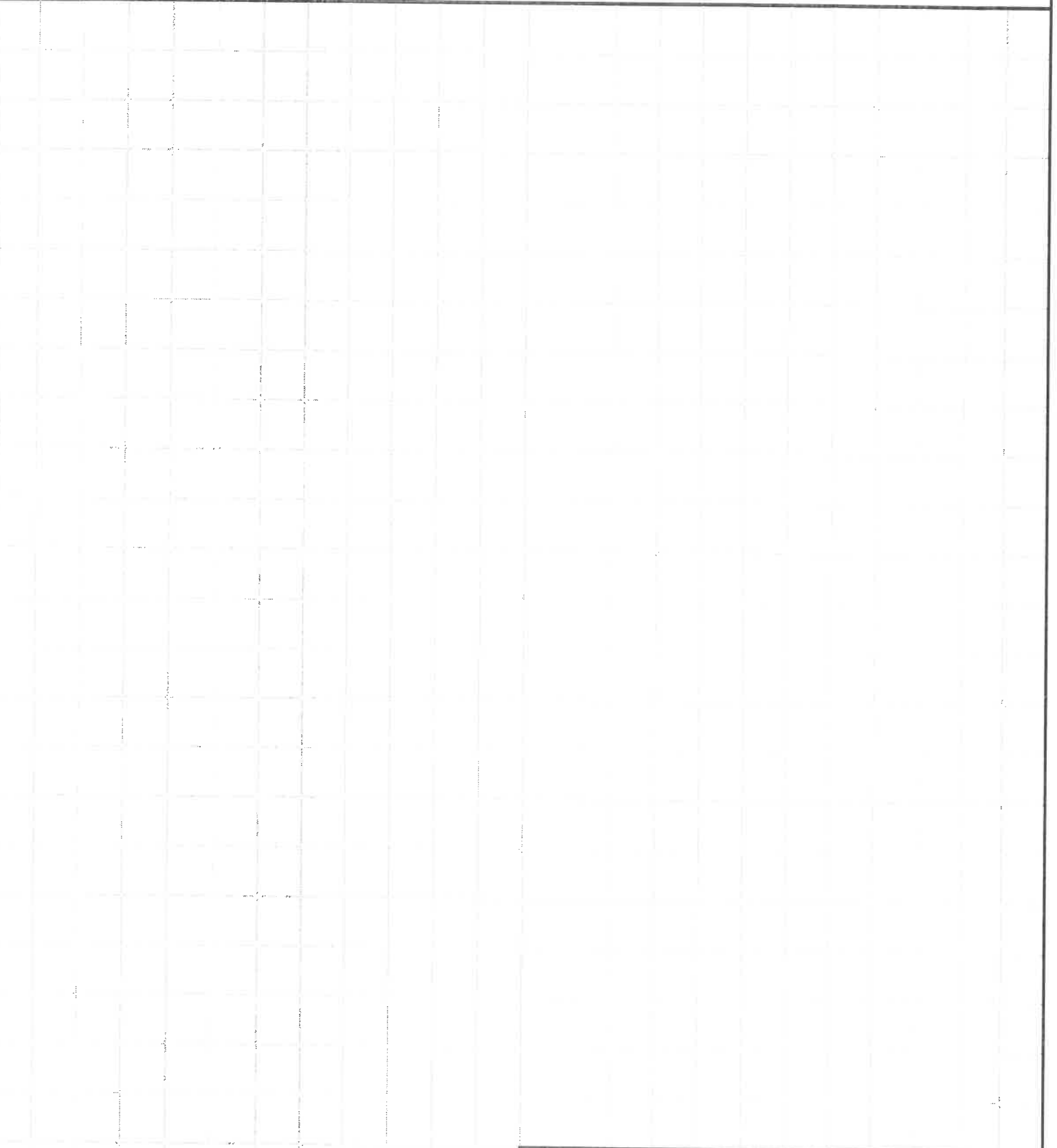
2021-00001912  
Crash - Property Damage

Units: 6 rows

|  |                    |
|--|--------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Warren, Joshua | BADGE NUMBER<br>37 |
|--|--------------------|



|                                 |   |                                       |
|---------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-00032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene          | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |



|  |                    |
|--|--------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Warren, Joshua | BADGE NUMBER<br>37 |
|--|--------------------|



|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

29121  
CHF20  
Available for Calls  
08/11/2021 13:28:33

08/11/2021 13:31:45

29121  
M22  
Available in Quarters  
08/11/2021 13:28:33  
08/11/2021 13:29:33  
08/11/2021 13:32:19  
08/11/2021 13:47:07

29121  
E22  
Available in Quarters  
08/11/2021 13:28:33  
08/11/2021 13:29:33  
08/11/2021 13:32:19  
08/11/2021 13:35:25  
2021-00000443

BB3  
Available for Calls  
08/11/2021 13:20:26  
08/11/2021 13:28:02  
08/11/2021 13:28:02  
08/11/2021 13:34:08

OFFICER'S SIGNATURE  
**X** Warren, Joshua

BADGE NUMBER  
37



|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

BB37  
Available for Calls  
08/11/2021 13:20:23  
08/11/2021 13:25:29  
08/11/2021 13:25:29  
08/11/2021 14:05:55  
2021-00001912

BB5  
Available for Calls  
08/11/2021 13:34:04  
08/11/2021 13:34:06  
08/11/2021 13:34:06  
08/11/2021 14:05:55

OFFICER'S SIGNATURE  
**X** Warren, Joshua

BADGE NUMBER  
37



|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

On Friday, August 13, 2021 at approximately 1010 hours I met with a passenger of the black Jeep Grand Cherokee that was in the crash on Wednesday, August 11, 2021. The witness, Rachel Kracus described the incident and provided a written statement.

After obtaining a witness statement from the crash, Ms. Kracus and I returned to the scene on the crash where she gave me a detailed description and timeline of the events. My body camera was activated during this incident. My body camera was activated during this incident.

I printed images of the roadway and made notes based off Ms. Kracus' accounts of the incident.

Respectfully,

Officer J. Warren #37

OFFICER'S SIGNATURE  
**X** Warren, Joshua

BADGE NUMBER  
37



|                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>21-000032 | REPORTING AGENCY<br>Bellbrook Police Department | DATE OF CRASH<br>M 08   D 11   Y 2021 |
| IN COUNTY OF<br>Greene           | CRASH LOCATION<br>Little Sugarcreek RD          |                                       |

On Friday, August 13, 2021 at 1055 hours I spoke to Prosecutor Morrison about the crash that took place on Wednesday, August 11, 2021. Prosecutor Morrison advised based on conflicting statements and insufficient evidence, not to charge either driver in this incident.

Respectfully,

Officer J. Warren #37

|  |                    |
|--|--------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Warren, Joshua | BADGE NUMBER<br>37 |
|--|--------------------|

|                                |                               |                                    |
|--------------------------------|-------------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>21-0032 | REPORTING AGENCY<br>BELLBROOK | DATE OF CRASH<br>M 8   D 11   Y 21 |
|--------------------------------|-------------------------------|------------------------------------|

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

I, Julia M. Kracus HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

WARREN AT Little Sugarcreek Rd.  
OFFICER'S NAME LOCATION

I was driving down Little Sugarcreek Rd when a white Camry was driving to close to my car. She proceeded to pass my car & forced me into the curb, then she side-swiped the left side of my car when I tried to get back in my lane.

Julie Kracus. 9/21/70  
 Rachel Kracus 8/18/00  
 Jaxon Wagers 01/28/18

ADDRESS OF WITNESS  
 3841 Vin de Rogers Ct - Bellbrook, OH

SIGNATURE OF WITNESS  
 X Julie Kracus

OFFICER'S SIGNATURE  
 X [Signature]




|                                |                               |                                    |
|--------------------------------|-------------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>21-0032 | REPORTING AGENCY<br>BELLBROOK | DATE OF CRASH<br>M 8   D 11   Y 21 |
|--------------------------------|-------------------------------|------------------------------------|

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

I, DEBORAH BREWER PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
WARREN OFFICER'S NAME AT Little Sugarcreek LOCATION

I was driving on Little Sugarcreek ready to turn left on 925  
 The car behind me was anxious to get into the right turn lane - She came before ~~the~~ <sup>clear</sup> distance to get past me & hit me on the right side.  
 She moved her car before the officers came ~~had~~

225 N Central Ave # 115 Yarbourn, Oh 45324  
ADDRESS OF WITNESS

SIGNATURE OF WITNESS: X Deborah Brewer  
 OFFICER'S SIGNATURE: X 

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                     |                  |                          |
|---------------------|------------------|--------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH<br>M /D /Y |
|---------------------|------------------|--------------------------|

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

I, Rachel Kraus (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

WARREN (OFFICERS NAME)

AT BPD

(LOCATION)

My mom and I left our ~~house~~ house to take my nephew to get ice cream. The woman who hit us was in my mom's tail causing my mom to speed up to 30 mph. The other woman tried to pass our car as another car was driving on the other side of the road towards Mcgee park. The other driver involved then came in contact with my mom's car, pushing us off the road and causing us to hit the curb. The other driver hit us on the driver side of our car, leaving a scratch. Both passenger side tires were blown after hitting the curb. After the crash the other driver began yelling at my mom saying we were on the wrong side of the road.

|   |   |
|---|---|
| ADDRESS OF WITNESS<br><u>3841 Vin de Rogers Ct, Bellbrook, OH 45305</u> | PHONE   |
| SIGNATURE OF WITNESS<br><u>Rachel Kraus</u>                             | OFFICERS SIGNATURE<br> 39 |

## Joshua Warren

---

**From:** Nichole Schaefer <nicholeschaefer@gmail.com>  
**Sent:** Thursday, August 12, 2021 5:31 PM  
**To:** Joshua Warren  
**Subject:** witness to accident 8/11/21

Hello Officer Warren,

My mother, Julie Schaefer, gave me your contact information to give my statement of the accident that occurred yesterday afternoon August 11, 2021. I was driving and stopped at a red light at the intersection of Little Sugarcreek Road and W. Franklin Street. I heard a loud crash and looked in the rear view mirror to see a black Jeep crash into the back of a white car. The light turned green and I pulled over into Dots Market parking lot, walked over to the scene and asked if everyone was okay. I talked to that lady in the white car and told her we were in the car in front of her and she said she was okay. I wish I was able to provide more information but I am glad to hear no one was badly injured. Thank you for all that you do for our community.

Best,  
Nichole Schaefer

Contact information:  
Nichole Schaefer  
2093 Little Miami Drive  
Spring Valley, OH 45370  
DOB: 5/17/94

Google Maps 6640 Little Sugarcreek Rd



Image capture: Jun 2019 © 2021 Google

Dayton, Ohio

Google

Street View

AREA UNIT D OBSERVED UNIT I,

Google Maps 6640 Little Sugarcreek Rd



Image capture: Jun 2019 © 2021 Google

Dayton, Ohio

Google

Street View

AREA UNIT II WITNESSES ADVISED UNIT I  
PASSES UNIT II ON LEFT.

Google Maps 6640 Little Sugarcreek Rd

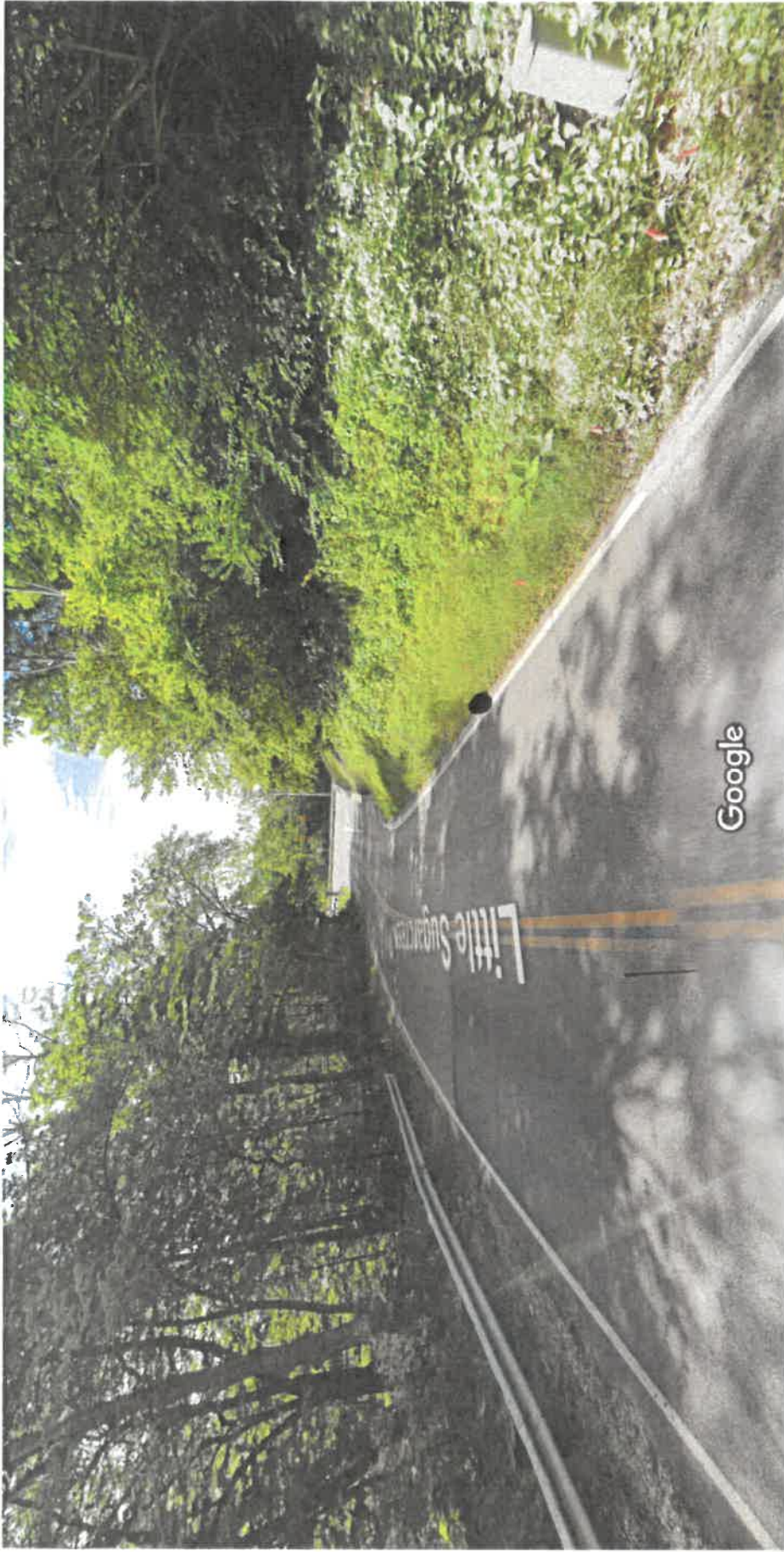


Image capture: Jun 2019 © 2021 Google

Dayton, Ohio

Google

Street View

ARCA UNIT II WENT OFF ROADWAY

Google Maps 6643 Little Sugarcreek Rd



Image capture: Jun 2019 © 2021 Google

Dayton, Ohio

Google

Street View

CURB UNIT I STRUCK CAUSING DAMAGE  
TO PASSENGER SIDE TIRES.



PO BOX 7000  
 SOUTHEASTERN, PA 19398  
 678.924.4900 FAX 800.934.6449

Bank of America.



38.449

1458171311

THIS IS A REQUEST FOR A REPORT

BELBROOK POLICE DEPT.  
 ATTN: RECORDS DEPT.  
 15 EAST FRANKLIN ST.  
 BELBROOK, OH 45305

VOID

AUTHORIZED SIGNATURE

VOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOIDVOID

TRAN: 1458171311

**REPORT REQUEST**



PO BOX 7000  
 SOUTHEASTERN, PA 19398  
**TOLL FREE PHONE**  
 1.800.934.9698  
**TOLL FREE FAX**  
 1.800.934.6449  
**EMAIL REPORTS TO**  
 cru.incoming@lexisnexisrisk.com

**Agency Info**

Date of Occurrence 8/11/21 15:00

Report/Case # \_\_\_\_\_

Type of Report Auto Accident

Agency Name BELBROOK PD

Precinct or District \_\_\_\_\_

City of Loss BELBROOK

County of Loss GREENE State OH

Location of Loss 3841 VIN DE ROGERS CT

Additional Info \_\_\_\_\_



**Vehicle Info**

VIN 1C4RJFCTXKC568352

Car Tag \_\_\_\_\_ Tag State OH

Make JEEP Year 2019

**Involved Parties**

Insured Party JULIA M KRACUS

Date of Birth 03/xx/1990 SS#

Driver's License RG723XXX License State OH

Driver #2 \_\_\_\_\_

Driver #3 \_\_\_\_\_

**Outcome of Search (Mark below and Return This Form)**

- Report Attached:  
Report Cost | # of Pages (Including this sheet)
- No Report Found
- No Report Written - Log entry only/Driver Exchange
- Not Releasable / Not Ready \_\_\_\_\_
- Unable to locate Report in our Jurisdiction\*  
Suggest you try: \_\_\_\_\_
- Comments \_\_\_\_\_

*\*This request may include confidential information. As an entity authorized to receive this information you agree that after responding to LexisNexis you will appropriately protect this information against any unauthorized reading, distribution, copying or other use. If you do not have a report for this request, please return this form to LexisNexis and then immediately destroy any copies.*

LexisNexis Internal Use Only Below This Line

Client 7185 Claim # AB17345

Claims Adjuster STACI FI



Page 1 of 1

**AR**

8/12/21

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