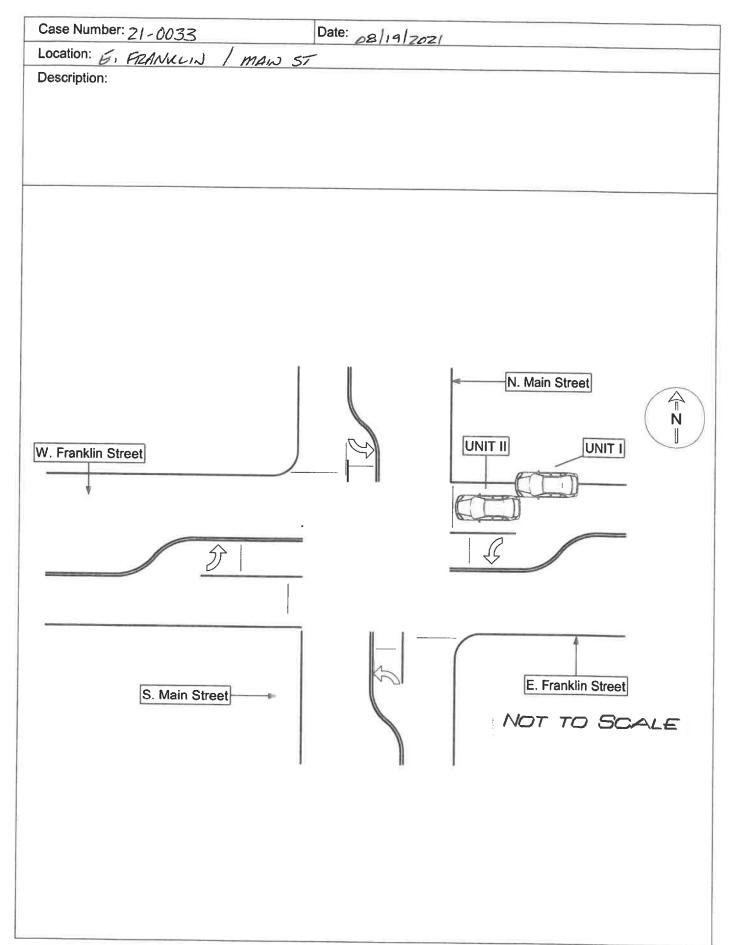
| OF PUBLIC SAFETY TRAFF | IC CRASH | | *DENOTES MA | ANDATORY FI | ELD FOR SU | PPLEME | NT REPORT | | | | PORT NUMBE | R* |
|--|--|--|--|--|--|--------------------------------------|--|--|--|--------------------------------|---|--|
| X PHOTOSTAKEN | | LOCAL INFORMA HIT Skip Ci | | | | | |]_4- | L — C | 000 |)33 | 1-1-1-1-1 |
| SECONDARY CRASH | OTHER OTHER | REPORTING AGE | ency name* Police Dep | artment | | ,0,2 | NCIE* 2,9,0,5 | 1 1 1. | SOLVED UNSOLVE | \square | of units | UNIT IN ERROR 98 - ANIMAL 199 - UNKNOWN |
| COUNTY* LOCALITY* | | Y, VILLAGE, TOWNSH | lb# | | | | | | SH DATE | /TIME* | | ASH SEVERITY |
| 2-VILLAGE 3-TOWNSH ROUTE TYPE ROUTE NUMBER P | IP DEIIDIOOK | | 51 # 42 F | | | | | | | 094 | | - FATAL 2 - SERIOUS INJURY |
| ASCHRUM STORY | 2-SOUTH 3-EAST 4-WEST | Franklin | NAME | | | | ROAD TYPE | 39 | 63 | 605 | 2 | SUSPECTED - MINOR INJURY SUSPECTED |
| ROUTE TYPE ROUTE NUMBER P | | | D NAME (ROAD, | MILEPOST, H | OUSE #) | | ROAD TYPE | LO | NGITUDE | DECIMAL DEGRE | | - INJURY POSSIBLE |
| | 3 - EAST 4 - WEST | Main | | | | 1 | ST | -84 | ρ7 | <u> </u> | 9 5 | - PROPERTY DAMAGE ONLY |
| 2 - MILE POST 2 - HOUSE # L.J DISTANCE FROM REFERENCE UNIT OF | 2-SOUTH 3-EAST 4-WEST SR- TANCE FMEASURE 1-MILES 2-FEET US CR- | ROUTE TYP INTERSTATE ROU FEDERAL US ROU STATE ROUTE NUMBERED COUN NUMBERED TOWN ROUTE | JTE(TP) AL JTE AV BL CR CT NSHIP DR | - ALLEY - AVENUE - BOULEVARD - CIRCLE - COURT - DRIVE | OV - OVAL PK - PARKW PI - PIKE | AY RD SQ SST ST TE AY TL | - ROAD - SQUARE - STREET - TERRACE - TRAIL A- WAY | □ wi | | ERSECTION ERCHANGE RO | CTION RELATE OR ON APPRO AREA NUM ADWAY | |
| | 3-YARDS T HARMFUL EVEN | r . | | - HEIGHTS NER OF CRASI | PL - PLACE | //MDAP | T | | | | | |
| 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC W 7 - ON RAMP 8 - OFF RAMP | 9 - CROSSOVER 10 - DRIVEWAY 11 - RAILWAY G 12 - SHARED US TRAILS | ALLEY ACCESS RADE CROSSING SE PATHS OR | 7 1-NOT 6 8ETV TWO VEHI | COLLISION 4 NEEN 5 MOTOR 6 ICLES IN 6 NSPORT 7 R-END 8 | | REAR E, SAME I E, OPPOSI | DIRECTION TE DIRECTION | 2 3 | NOFTRAV - NORTH - SOUTH - EAST - WEST | EL L | 1 - DIVIDED ((< 4 FEET) 2 - DIVIDED (2 + 4 FEET) 3 - DIVIDED, | FLUSH MEDIAN (*) DEPRESSED MEDIAN RAISED MEDIAN (E) |
| WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESE ACTIVE SCHOOL ZONE | 2- 3- 4- | WORK ZONE TYI LANE CLOSURE LANE SHIFT/CROS WORK ON SHOULD OR MEDIAN INTERMITTENT OF | SSOVER | 2- | N OF CRASH BEFORE THE WARNING S ADVANCE W TRANSITION ACTIVITY AS | E 1ST WEIGN ARNING AREA REA | ORK ZONE | 1 - STRAIG 2 - STRAIG 3 - CURVE | HT LEVEL HT GRADE LEVEL | 1 - DRY 2 - WET 3 - SNOW | DITIONS 2 | SURFACE 2 - GONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROA 4 - DARK - ROADWAY NOT 5 - DARK - UNKNOWN RO 9 - OTHER / UNKNOWN | DWAY r lighted | 4 - RA | OUDY G, SMOG, SMOKE | 6 - SNOW 7 - SEVERE | G RAIN OR F | , DIRT, S | | 4 - CURVE 9 - OTHER/ | | MOVIN 7 - SLUSH | RAVEL (STANDING, IG) | 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |
| NARRATIVE | | The second second | The state in the state of | | 100 May 100 Ma | | | | | | 1 | Indicate the north |
| Unit II was traveling westor II came to a stop at the red Main Street. Unit I passed Unit I left the scene and co Photographs were taken of this incident. | I light at the inte Unit II on the right Intinued westbo | ersection of Ea ght side causir und onto Wes | ist Franklin St ng damage to t Franklin Stre | reet at Unit II. eet | | | | | | | | direction with an "N" on the compass diagram. |
| See diagram for details | e-telefoler-kollektelin vyl voortrop, spokjele voolere beland selected | en reprotes de santage etc. , del rela visitació del el reportion del composition del | hine mak i sanggaga satu nasasunansi i satus (gap e, | A C MARKET N. M. MARK TO STREET | | | | | <u> </u> | | N. Hydrick Physics Co. Leave . | |
| | | | | Marie Marie de Alexandre de Marie de La Alexandre de La Alexan | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Market Mark | | | TOTAL DEPT. TO THE PROPERTY OF | | | |
| | V-0-1001-40-1-40-1-40-1-40-1-40-1-40-1-4 | MALIN TERMENTALISMENT WAY OF SATISFACEUR WAS PROPERLY ON SATISFACEUR. | MANAGER | - Production of the survey of the Contract | THE CHARGE THE CONTRACTOR | | | | | | Makathan agamanagan. | TO A CHICAGO AND |
| ell'importe, me control d'administration et la company de la company de la company de la company de la company | er hillighn e dh' campeannach a shi ne e' a nòrse dh'e ag ag ag dhighgagh a ha siadhleada | auram t trains aguluntus staditals (t-ain leverge, core vous vins) | ^т е Гиме — е част — е е е е е е е е е е е е е е е е е е | | | | 2 S S S S S S S S S S S S S S S S S S S | 2 december of the state of the | And a second of the second of | | - | |
| er telegopopopo y - uper- ne utendrigosoggi utendri resper - re <u>maia camana</u> essanar essanar essana casa casa c | t videot dangkanga ya mangga sa sa nagagagar angamaga san maga sar maga sar maga sar | The state of the s | TO WARRY CORP. WARRY BY MINISTER, VALUE | | . , , , , , , , , , , , , , , , , , , , | | | *************************************** | | | | ************************************** |
| CRASH REPORTED DATE / TIN | | ISPATCH DATE / T | | | IVAL DATE / | | | | | DATE/TIM | | EPORT TAKEN BY |
| 08192021 094 | | 92021, | | 081,92 | 2021 | 994 | | 8192 | 2021 | 10 | | POLICE AGENCY |
| TOTAL TIME OTHER ROADWAY CLOSED INVESTIGATION | | | name* n, Joshua | | | CHEC | KEO BY OFFIC | ER'S NAM | Re | 1/2 | | SUPPLEMENT |
| 5 6 | 50 8 | | OFFICER'S BAD | GE NUMBER | 7 | | Снескев в | OFFIFER) | BADGE | NUMBER* | 5 | (CORRECTION OR ADDITION TO AN EXISTABLE REPORT SERVE TO GLAS) |



| OHIO DE OF PUBL SUZIT - SE | DE SAPETY | OTORIST / N | DN-N | ОТО | RIS | T | | | 21- | O O O | ORT NUMBER | SC NO | X0 1041 W |
|-----------------------------------|-------------------------------|--|----------------------------|----------------------|--------------|---------------------------------------|--------------------------|--|--|--|------------------------|----------------------------|---------------|
| UNIT # | NAME: LAST, | FIRST, MIDDLE | | | | | | | 1 1/10 Fig. | DATE OF BIRTH | | AGE | GENDER |
| 01 | RODEN | , ADAM | | | | | | | 1001 | 1985 | | 35, | M |
| ADDRESS | STREET, CITY, ST | ate zip BELLBROOK RD X | ENIA C | NLI 453 | 005 7 | 224 | | | CONTACT PHO | NE - INCLUDE AREA CO | ĐE | | |
| INJURIES | | EMS AGENCY (NAME) | CINIA | r | | OZ I D: MEDICAL FACILITY | (NAME CITY) | SAFETY EQUIPMENT | | SEATING POSITION | AID DAG DCAGE | EIECTION | TRAPPED |
| 1639 INJURIES | TAKEN BY | | | | | | , | USED 99 | DOT-COMPLIA | ANT O T | 1 | 1 | 1 |
| | OPERATOR L | ICENSE NUMBER | | | SE CHA | RGED | LOCAL | OFFENSE DESC | | | CITATION N | UMBER | |
| OL STATE | | | | 451 | | | | Passing O | | | 31346 | | |
| OL CLASS | SELECT UPTO 2 | RESTRICTION SELEC | | TRACTED | | CHOL / DRUG SUSP | | CONDITION | STATUS TYPE | VALUE S | TATUS TYPE | RESULT | SELECTURES 4 |
| <u></u> | | | | 9_ | | THER DRUG | | 9 | | • | | _ال_ا ا | <u>- </u> |
| # TINU | NAME: LAST, E | | | | | | | | 0720 | ATE OF BIRTH | | AGE | GENDER |
| ADDRESS | STREET, CITY, ST. | ART, LISA ANN | | _ | | | | | 0 / 4 0 | 1963 | | 58, | F |
| 2029 l | | BELLBROOK RD S | PRING | VALL | EY C |)H 4 5370 97 | 10 | | CONTACT PHO | NE - INCLUDE AREA CO | 30 | | 1 1 |
| 2029 I | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED | TAKEN TO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | DOT-COMPLIA | | AIR BAG USAGE | EJECTION | TRAPPED |
| OLSTATE | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | LOCAL | OFFENSE DESC | RIPTION | | CITATION N | UMBER | |
| OL CLASS | ENDORSEMENT | RESTRICTION SELECT | UPTOS DRI | /ED | 81.64 | oner i pous cuen | | OCHRITION | ALCOHO | N TEST | Dave | TEST(S) | |
| ^ | SELECT UPTO? | SECTION FACE SELECT | | TRACTED | P | OHOL / DRUG SUSPI LCOHOL MAI | RIJUANA | CONDITION | STATUS TYPE | | TATUS TYPE | | SEA FOI WITTE |
| | | | | | 0 | THER DRUG | | | | • | | 1 | |
| UNIT # | NAME: LAST, F | TRST, MIDDLE | | | | | | | מ | ATE OF BIRTH | | AGE | GENDER |
| ADDRESS: | STREET, CITY, STA | ATE, ZIP | | | | | | | CONTACT PHÓ | NE - INCLUDE AREA CO | DE | | |
| 2015 | | | | | | | | | | | 1 1 | | |
| INJURIES | INJURED I TAKEN BY | EMS AGENCY (NAME) | | INJURED | TAKENTO | : MEDICAL FACILITY | (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIA | | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR L | ICENSE NUMBER | | OFFEN | SE CHAI | RGED | LOCAL | OFFENSE DESC | | | CITATION N | JMBER | |
| 1015 | | | | | | | CODE | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT | | /ER FRACTED | | OHOL / DRUG SUSPI | E CTED RIJUANA | CONDITION | STATUS TYPE | | DRUG TATUS TYPE | RESULT | Serect Abio a |
| | | <u></u> | | | - | THER DRUG | | | | • | | J | |
| INJU 1-FATAL | IRIES | SEATING POSITION 1-FRONT-LEFT SIDE | 1-NOT DEP | IR BAG | | OL CLASS | S | OL RESTRIC | | RIVER DISTRACT. | ION T | EST STAT | TUS |
| 2-SUSPECTED | Serious injury | (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE | 2 DEPLOY | | | 2 - CLASS B | | 2 COLINTRASTATI | CONLY 2- | MANUALLY OPERATING | AN 2-TEST | REFUSED | |
| 3 - SUSPECTED 4 - POSSIBLE IN | | 3-FRONT-RIGHT SIDE | 3 - DEPLOYE 4 - DEPLOYE | | NT/SIDE | 3 - CLASS C 4 - REGULAR CLASS | | 3 - CORRECTIVE LE | noto | ELECTRONIC COMMUNIC DEVICE (TEXTING, TYPI | No. 2-1821 | GIVEN, CONT PLE / UNUSA | |
| 5 - NO APPAREN | | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER) | 5 · NOT APP | | N417 J105 | (OH10 = D) | | 5 - EXCEPT CLASS A | No. of the last of | DIALING) TALKING ON HANDS FRE | A TEST | | LETS KNOWA |
| INJURED ' | TAKEN BY | 5-SECOND-MIDDLE | 9-DEPLOY | MENT UNKNO |)Wh | 5 - M/C MOPED DALY 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | i | COMMUNICATION DEVICE | E 5-TEST | GIVEN, RESI Võivik | JETS |
| 1 - NOT TRANSPI | | 6 - SECOND - RIGHT SIDE 7 - THIRD + LEFT SIDE | | SPIT (II) | enes. | OL ENDORSE | MENT | 7 - EXCEPT TRACTO | R-TRAILER | COMMUNICATION DEVIC | ALCO | HOL TES | TTYPE |
| 2 - EMS | | (NOTORCYCLE SIDE CAR) | 1-NOT EJE | | ALM DAD | H-HAZMAT | VIEW | 8-INTERMEDIATE RESTRICTIONS | | OTHER ACTIVITY WITH A ELECTRONIC DEVICE | 1 - NONE | | |
| 3-POLICE 9-OTHER/UNK | 'MANA | 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE | 2 - PARTIAL | | | M - MOTORCYCLE | | 9 - LEARNER'S PER RESTRICTIONS | | PASSENGER | 2 - 81,00 3 - UR!N | | |
| | | 10-SLEEPER SECTION | 3-TOTALLY 4-NOTAPP | | | P - PASSENGER N - TANKER | | 10 - LIMITED TO DAY | LIGHT ONLY | OTHER DISTRACTION Inside the vehicle | 4 - BREA | | - 1 |
| 1-NONE USED | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | RESIDENT. | RAPPED | and the same | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP 12 - LIMITED - OTHE | | OTHER DISTRACTION OU THE VEHICLE | TSIDE 5-0THE | R | |
| 2-SHOULDER B | ELT ONLY USED | ENCLOSED CARGO AREA KNON-TRAILING UNIT, BUS, | 1-NOTTRAI | | | R-THREE-WHEEL MO S-SCHOOL BUS | TORCYCLE | 13 - MECHANICAL DE | VICES 9- | OTHER / UNKNOW'L | | UG TEST | TYPE |
| 3-LAP BELT ON | ILY USED LLAP BELT USED | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICA MECHAN | TED BY ICAL MEANS | 3 | T-DOUBLE &TRIPLE | TRAILERS | (SPECIAL BRAKE CONTROLS, OR O' | THER | CONDITION | 1 - NONE 2 - BLOO | | |
| 5 - CHILD RESTE | RAINT SYSTEM - | GARGOAREA | 3 - FREED B | | | X-TANKER/HAZMAT | | ADAPTIVE DEVI: | I Paratra | APPARENTLY NORMAL PHYSICAL IMPAIRMENT | 3 - URIN | | |
| FORWARD FA 6 - CHILD RESTR | | 13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR | nun-ret | ocentual, 18 | CM3 | GENDER | and true | 15 MOTOR VEHICLE | SWITHOUT 3. | EMOTIONAL (E.G., DEPRES | | | |
| REAR FACING | 5 | (NON-TRAILING UNIT) 15 - NON-MOTORIST | | | | F-FEWALE M-MALE | | AIR BRAKES 16 - OUTSIDE MIRRO | | angry disturbed: Illness | | TEST RE | SULT(S) |
| 7 - BOOSTER SE | | 99 - OTHER / UNKNOWN | | | | U - OTHER / UNKNOWN | | 17 - PROSTHETIC AID | 5-1 | FELL ASLEEP, FAINTED. | | ITURATES | |
| 9-PROTECTIVE | PADS USED | | | | | | | 18-OTHER | 6-1 | FATIGUED, ETC. Under the influence | | ODIAZEPINE | :\$ |
| (ELBOW, KNE 10 - REFLECTIVE | | | | | | | | | (| OF MEDICATIONS / DRUG ALCOHOL | S 4 - CAL) 5 - COCA | ABINOIDS INE | |
| 11 - LIGHTING - P / BICYCLE ON | | | | | | | | | | OTHER / UNKNOWN | 6-OPIA | TES! OPTOLOS | 5 |
| 99 - OTHER/ UNK | | | | | | | | | | | 7 - OTHE 8 - NEGA | ir Nive resuli | TS |
| | | | | | | | | | | | | | |

| | UCCUPANT / WITNESS ADDENDUM | | | | | 21-000033 | | | | | | |
|------|-----------------------------|----------------------------|-----------------------------------|---------------|--|------------------------|-----------------------------------|----------------------------|--|---------------|------------|---|
| U |) 2 | | NS, SOPHIA G | | | | | | O 1 4 | | AGE 6 | GENDER F |
| AD | DRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | | DE DE | | |
| 13 | 361 F | PREM P | L XENIA OH 453 | 885 | | | | i i | | 1 1 | r . r | E |
| INJ | URIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | пу (ламе, сіту) | SAFETY EQUIPMENT USED 04 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION 1 | TRAPPED 1 |
| U | WIT# | NAME: LAS | T, FIRST, MIDDLE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| L | | | | | | | | | | | <u>i</u> | |
| AD | DRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE I | | |
| INJ | URIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | TTY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| UI | NIT# | NAME: LAS | T, FİRST, MIDDLE | | The state of the s | | | DAT | E OF BIRTH | | AGE | GENDER |
| L | | | | | | | | | 1 1 1 | | | 1 1 |
| AD | DRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE | | ļ ———————————————————————————————————— |
| INJ | URIES | INJURED TAKEN BY | EMS Agency (NAME) | | INJURED TAKEN TO: MEDICAL FACILI | TTY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| וט | IT# | NAME: LAS | T, FIRST, MÍDDLE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| | | | | | | | | N 1 3 Y | A 8 1 | | : 1 1 | |
| AD | DRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA CO | DE. | | |
| | | | | | | | | | | | | |
| INJ | | INJURED TAKEN BY | EMS Agency (NAME) | | INJURED TAKÉN TO: Medical Facili | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| | | INJU | RIES | SAFETY | EQUIPMENT USED | | SEATING POS | ITION | | AIR BAG U | AGE | Ollar Sale |
| 1 | - FATA | L | | 1 - NONE US | | | T - LEFT SIDE | | 1 - NOT DE | PLOYED | | |
| 2 | - SUSP | PECTED SE | RIOUS INJURY | | OCCUPANT D. DELT ONLY LISED | | ORCYCLE DRIV T - MIDDLE | ER) | 2 - DEPLO | YED FRONT | | |
| | | | NOR INJURY | 3 - LAP BELI | R BELT ONLY USED | | T - RIGHT SIDE | | 3 - DEPLO | YED SIDE | | |
| li . | | IBLE INJU | | | R & LAP BELT USED | | ND – LEFT SIDE ORCYCLE PASS | | 4 - DEPLO' FRONT/ | | | |
| 5 | | PPARENT I | | | STRAINT SYSTEM - | | ND - MIDDLE | ENGCK/ | 5 - NOT AP | | | |
| | 38.25 | | TAKEN BY | FORWARI | | | ND – RIGHT SIE | ÞΕ | | MENT UNK | NOWN | |
| 1 | | TRANSPOR | | 6 - CHILD RE | STRAINT SYSTEM - ING | | D – LEFT SIDE ORCYCLE SIDE | CAR) | DESCRIPTION OF THE PARTY OF THE | EJECTIO | או | SI DESCRIPTION OF THE PARTY OF |
| 2 | - EMS | | | 7 - BOOSTER | SEAT | | O - MIDDLE | | 1 - NOT EJ | | | |
| 3 | - POLI | CE | | 8 - HELMET | USED | |) – RIGHT SIDE PER SECTION (| | 2 - PARTIA | LLY EJECTE | D | |
| 9 | - OTHE | R/UNKNO | WN | | (VE PADS USED (NEES, ETC.) | 11 - PASSI | ENGER IN OTH | ER ENGLOSED | 3 - TOTALL | Y EJECTED | | |
| 120 | | GEN | DER | | IVE CLOTHING | | O AREA (NON-TR ICK-UP WITH CAR | | 4 - NOT AP | PLICABLE | | |
| | FEMA. | | | 11 - LIGHTING | - PEDESTRIAN | | ENGER IN UNE O AREA | NCLOSED | 0 12 | TRAPPE | D | |
| | | : R/UNKNO\ | NN | / BICYCLI | | 13 - TRAIL | | | 1 - NOTTR | | | |
| | | | | 99-OTHER/ | INKNUWN | | IG ON VEHICLE | EXTERIOR | 2 - EXTRIC MEANS | ATED BY MI | -CHANIC | CAL |
| | | | | | | 15 - NON-I | | | 3 - FREED MEANS | BY NON-ME | CHANICA | AL |
| 10 | | T, FIRST, MIDDI | LÉ | | | | | | E OF BIRTH | | AGE | GENDER |
| 1 | | ulie A | | | | | | 02251 | 968 | السني | 53 | F |
| 90 | | STREET, CITY, River Blu | STATE, ZIP Iff Dr Spring Valle | ey OH 4537 | 0 | | | CONTACT PHONE | - INCLUDE AREA COL | DE | | |
| NA | ME: LAS | T, FIRST, MIDDI | LE . | | | | | DAT | E OF BIRTH | - | AGE | GENDER |
| 3 | | | | | | | | | | | <u></u> | <u></u> _ |
| ADI | DRESS: | STREET, CLTY, | STATE, ZIP | | | | | CONTACT PHONE | • IKCLUDĖ AREA ÇO | DE | | 1 |
| NA | ME: LAS | T, FIRST, MIDDI | LE | | | | | DAT | E OF BIRTH | | AGE | GENDER |
| ADI | DRESS: | STREET, CITY, | STATE, ZIP | | | | | CONTACT PHONE | - INCLUDE AREA COI | DE | /N | - I |
| EVas | 25.000 | P 1/19 1760-1 | 5003 | | | | | | | | | |



OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|--|---|---|
| 21-000033 | Bellbrook Police Department | м 08 _D 19 _Y 2021 |
| IN COUNTY OF Greene | CRASH LOCATION E Franklin ST | |
| C-Max bearing Ohio registration JM was in an accident this morning and from Mr. Roden. Mr. Roden was assvehicle. I issued Mr. Roden citation | 404 hours I responded to 1639 Lower Bellbrook Road. Up Q6791 in the driveway. I made contact with the owner, Ad did not stop to exchange information with the other drives sisted in writing the witness statement by a family member 31346 for improper passing ORC 4511.28 and leaving the for Monday, August 23, 2021 at 0900 hours. My body of the content | dam Roden. Mr. Roden advised he er. I obtained a witness statement er. Photographs were taken of the e scene of an accident ORC |
| Respectfully, | | |
| Officer J.Warren #37 | | ·* |
| | | |
| | | |
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| ************************************** | | |
| | | 100.00 |
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| Very construction | | |
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| | | 1 |
| | | |
| 3 | OFFICER'S SIGNATURE **Warren Joshua | BADGE NUMBER |



OHIO TRAFFIC CRASH REPORT DIAGRAM/NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---|---|--|
| 21-000033 | Bellbrook Police Department | м 08 _D 19 _Y 2021 |
| IN COUNTY OF | CRASH LOCATION | |
| Greene | E Franklin ST | |
| behind and she was behind the silver | rook Church and was approached by a black BMW XS (reg. R2 ash. She said a silver van was stopped at the red light and there car. She said the silver car hit the silver van and passed it there silver car was JMQ6791 and it was a white male driving. | Was a smaller cilver cor |
| I relayed the information to Off. Warre | en and met him on the scene. | |
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| | OFFICER'S SIGNATURE | BADGE NUMBER |
| | X Warren, Joshua | 37 |

OHIO TRAFFIC CRASH WITNESS STATEMENT

| OHIO IKALLIC CITACIT IIII | | |
|---------------------------|-------------------|-----------------------------|
| LOCAL | REPORTING | DATE OF CRASH M & D/9 /Y 2/ |
| REPORT NUMBER 21-0033 | AGENCY BELLIBUOOK | # 8 19 79 121 |

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

| HEREBY MAKE THIS VOLUNTARY STATEMENT TO WAREN #37 (OFFICERS NAME) HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT FUNK! NAME (LOCATION) |
|--|
| Stop At A light the Car Bohind me was on my tail the Whole time On Franklin, At the light he Tried to go around me and Ending up hitting me the Car Bohind Wim Sawit a got his |
| Plate. |
| |
| |
| ADDRESS OF DOJG DW-C Bell D NOOK RJ WITNESS SIGNATURE OFFICERS SIGNATURE WITNESS HSY 7003 1/82 |

OHIO TRAFFIC CRASH WITNESS STATEMENT

| LOCAL | | REPORTING | DATE OF CRASH |
|--------|--------|------------------|---------------|
| REPORT | 1-0033 | AGENCY BELLBROOK | Me 10/9 142) |

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

| 1, Lower Bell brook gos. (PRINTED) WARREN =>> | HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT 1639 WORL BENBURY (LOCATION) | |
|---|--|----------|
| (OFFICERS NAME) | (LOCATION) | |
| • | | |
| boing down low | ner bellbrook) hit a co and refused to stop to ance information. | ~ |
| Franklin and main o | ind letused to stop t | 9 |
| Show vehicle insu | arce information. | - |
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| | Lavane | |
| ADDRESS OF | PHONE | |
| WITNESS | OPFICERS SIGNATURE | -+ |
| SIGNATURE OF | 37 | |
| WITNESS | 7 | |
| HSY 7003 1/82 | | |