



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*  
**21-000042**

- PHOTOS TAKEN
- OH-2
- OH-3
- SECONDARY CRASH
- OH-1P
- OTHER
- PRIVATE PROPERTY

LOCAL INFORMATION  
**Deer Strike**

REPORTING AGENCY NAME\*  
**Bellbrook Police Department**

NCIC\*  
**0,290,5**

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
**01**

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

COUNTY\* **29** LOCALITY\* **1** LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Bellbrook**

CRASH DATE / TIME\*  
**11192021 0838**

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

ROUTE TYPE LOCATION ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE  
**4 Franklin ST**

LATITUDE DECIMAL DEGREES  
**39.635741**

ROUTE TYPE REFERENCE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE  
**3720**

LONGITUDE DECIMAL DEGREES  
**-84.081035**

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

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

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

ROAD TYPE  
AL - ALLEY HW - HIGHWAY RD - ROAD  
AV - AVENUE LA - LANE SQ - SQUARE  
BL - BOULEVARD MP - MILEPOST ST - STREET  
CR - CIRCLE OV - OVAL TE - TERRACE  
CT - COURT PK - PARKWAY TL - TRAIL  
DR - DRIVE PJ - 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  
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  
**01**

MANNER OF CRASH COLLISION/IMPACT  
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  
**1**

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 (ANYTYPE)  
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  
**2**

CONDITIONS  
**1**

SURFACE  
**2**

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

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

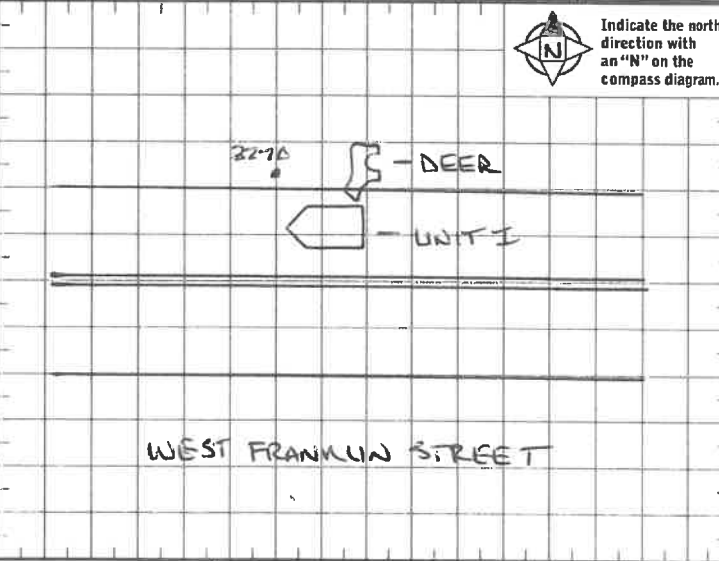
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER/UNKNOWN

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

WEATHER  
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  
**2**

NARRATIVE

Unit I was traveling westbound on West Franklin Street. A deer struck Unit I near 3720 West Franklin Street. Unit I sustained damage to the rear passenger side of the vehicle. Photographs were taken of the incident. Body camera activated.



CRASH REPORTED DATE / TIME: **11192021 0809** DISPATCH DATE / TIME: **11192021** ARRIVAL DATE / TIME: **11192021 0814** SCENE CLEARED DATE / TIME: **11192021 0828**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 8095)

TOTAL TIME ROADWAY CLOSED: **1** OTHER INVESTIGATION TIME: **30** TOTAL MINUTES: **44**

OFFICER'S NAME\*: **Warren, Joshua** CHECKED BY OFFICER'S NAME\*: *[Signature]*

OFFICER'S BADGE NUMBER\*: **3 7** CHECKED BY OFFICER'S BADGE NUMBER\*: **5**

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE:  SAME AS OR VER: **OWENS, THOMAS L**

OWNER ADDRESS: STREET, CITY, STATE, ZIP:  SAME AS DRIVER: **10054 SPRUCE WOOD LN CINCINNATI OH 45241 1055**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_ COMMERCIAL CARRIER PHONE:  LOCAL AREA CODE: \_\_\_\_\_

**DAMAGE**

DAMAGE SCALE

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

**VEHICLE**

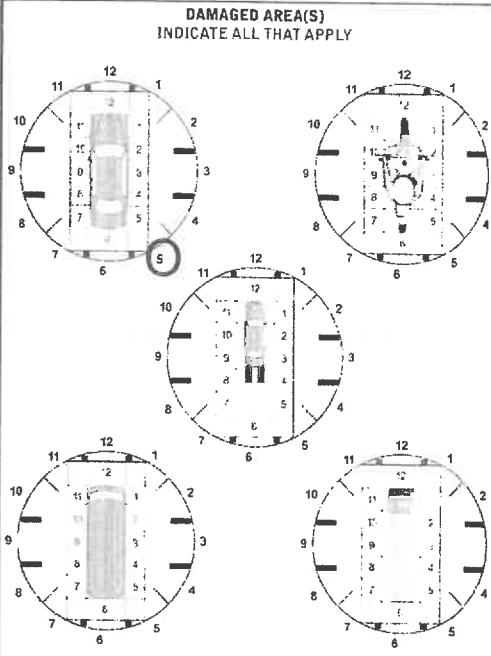
LP STATE: **OH** LICENSE PLATE #: **JMX6224** VEHICLE IDENTIFICATION #: **1CA4JXXFM7MW729751** VEHICLE YEAR: **2021** VEHICLE MAKE: **JEEP**

INSURANCE VERIFIED INSURANCE COMPANY: **NATIONWIDE** INSURANCE POLICY #: **9234J377332** COLOR: **BLK** VEHICLE MODEL: **RENEG**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS: **01** VEHICLE WEIGHT GVWR/GCWR: **1**

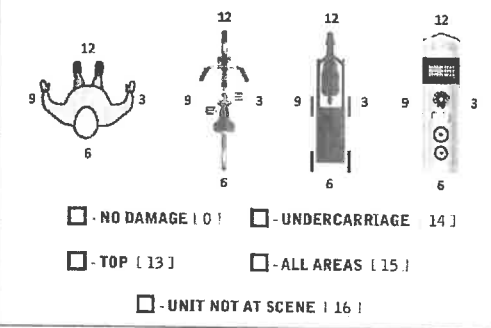
MATERIAL RELEASED  PLACARD HAZARDOUS MATERIAL CLASS # PLACARD ID #



UNIT TYPE

**03** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIFT/DELIVERY 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 - SEV. TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS: **0**



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

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 - RIDE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - 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/COMPUTER 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 10 - FLAT BED 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

NON-MOTORIST LOCATION AT IMPACT

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

ACTION: **4**

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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

**5** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: **01**

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKEED 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 DISCREMINABLE  
3 - RAN RED LIGHT 9 - IMPROPER LAKE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 22 - 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 18 - IMPROPER CROSSING  
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

# OF THROUGH LANES ON ROAD: **2**

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

SEQUENCE OF EVENTS

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

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

**COLLISION WITH FIXED OBJECT - STRUCK**

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

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

UNIT SPEED: **035**

POSTED SPEED: **35**

DETECTED SPEED: **1** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
21-000042

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> Bliss, Danielle R		<b>DATE OF BIRTH</b> 08171984		<b>AGE</b> 37	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2122 S LINDA DR BELLBROOK OH 45305				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b> 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> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<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> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> 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>	<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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: , TYPE: , VALUE: .		<b>DRUG TEST(S)</b> STATUS: , TYPE: , 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>	<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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: , TYPE: , VALUE: .		<b>DRUG TEST(S)</b> 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 - ODL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE, UNUSABLE	
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARY 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	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN	
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>			<b>ALCOHOL TEST TYPE</b>	
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	6 - NO VALID ODL	H - HAZMAT	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	1 - NONE	
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>OL ENDORSEMENT</b>		7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD	
3 - POLICE	8 - THIRD - MIDDLE	1 - NOT EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	3 - URINE	
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER UNKNOWN	4 - BREATH	
<b>SAFETY EQUIPMENT</b>			3 - TOTALLY EJECTED	10 - LIMITED TO DAY/LIGHT ONLY	<b>DRUG TEST TYPE</b>		
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - NONE	2 - BLOOD	
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	<b>TRAPPED</b>		12 - LIMITED - OTHER	2 - BLOOD	3 - URINE	
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - URINE	4 - OTHER	
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	<b>DRUG TEST RESULT(S)</b>		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - NONE	1 - AMPHETAMINES	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST	<b>GENDER</b>		16 - OUTSIDE MIRROR	2 - BLOOD	2 - BARBITURATES	
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	F - FEMALE	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID	3 - URINE	3 - BENZODIAZEPINES	
8 - HELMET USED			X - TANKER / HAZMAT	18 - OTHER	4 - OTHER	4 - CANNABINOIDS	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					1 - APPARENTLY NORMAL	5 - COCAINE	
10 - REFLECTIVE CLOTHING					2 - PHYSICAL IMPAIRMENT	6 - COCOAINE	
11 - LIGHTING PEDESTRIAN / BICYCLE ONLY					3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	7 - OTHER	
99 - OTHER / UNKNOWN					4 - ILLNESS	8 - NEGATIVE RESULTS	
						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
						9 - OTHER / UNKNOWN	



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
21-000042

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

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	DATE OF BIRTH	AGE	GENDER
	OWENS, THOMAS L	11021958	63	M
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE
10054 SPRUCE WOOD LN CINCINNATI OH 45241 1055				
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				

OHIO TRAFFIC CRASH WITNESS STATEMENT

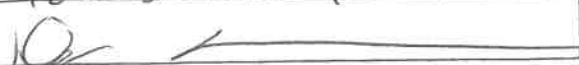

OH-3 REV 1/82

LOCAL REPORT NUMBER 21-0042	REPORTING AGENCY BELLBROOK POLICE	DATE OF CRASH 11/19/21
-----------------------------	-----------------------------------	------------------------

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

I, Danielle Bliss (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
WARREN (OFFICERS NAME) AT West Franklin St (LOCATION)

Driving home from taking my kids to school. A deer came out of the woods and ran into my car. Causing extreme damage on the back rear passenger side.

ADDRESS OF WITNESS 2122 S Linda Dr	PHONE
SIGNATURE OF WITNESS 	OFFICERS SIGNATURE  37