

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

22-000004

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

LOCAL INFORMATION  
 ACDA  
 REPORTING AGENCY NAME\*  
 Bellbrook Police Department  
 NCIC\*  
 02905

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS  
 02  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 01

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

CRASH DATE / TIME\*  
 02012022 0820  
 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  
 Franklin  
 ROAD TYPE  
 ST

LATITUDE DECIMAL DEGREES  
 39.635843  
 LONGITUDE DECIMAL DEGREES  
 -84.078292

ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 3745  
 ROAD TYPE

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 ROUTE TYPE  
 1R - INTERSTATE ROUTE(TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY  
 AV - AVENUE  
 BL - BOULEVARD  
 CR - CIRCLE  
 CT - COURT  
 DR - DRIVE  
 HE - HEIGHTS  
 HW - HIGHWAY  
 LA - LANE  
 MP - MILEPOST  
 OV - OVAL  
 PK - PARKWAY  
 PJ - PIKE  
 PL - PLACE  
 RD - ROAD  
 SQ - SQUARE  
 ST - STREET  
 TE - TERRACE  
 TL - TRAIL  
 WA - WAY

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  
 2

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

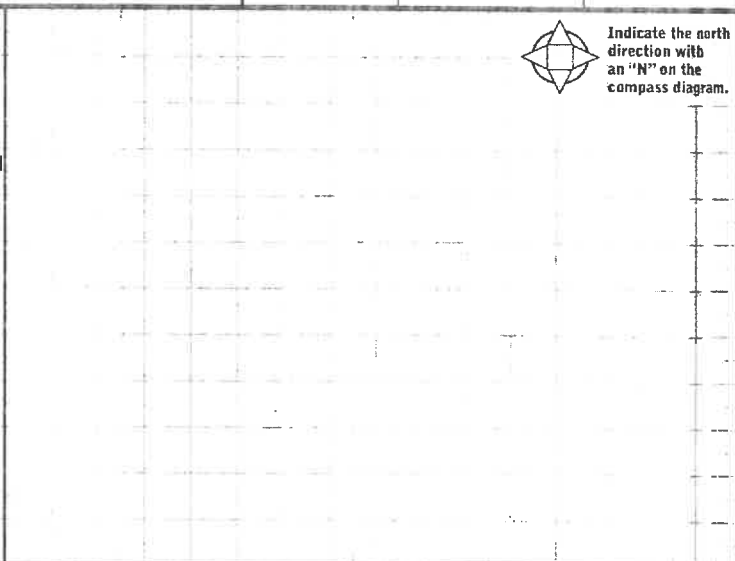
CONDITIONS  
 1  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

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

NARRATIVE  
 Unit #2 was traveling westbound on W. Franklin St. Unit #2 was behind two other vehicles traveling westbound. A deer ran across W. Franklin St. near 3745 W. Franklin St. Unit 2 and the other two vehicles stopped.  
 Unit #1 was traveling westbound on W. Franklin St. behind Unit #2. Unit #1 did not notice other vehicles stopped and was slow hitting the brake.  
 Unit #1 struck Unit #2 in the rear end.  
 See Attached Diagram.  
 BC on



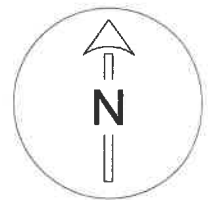
CRASH REPORTED DATE / TIME: 02012022 0820  
 DISPATCH DATE / TIME: 02012022 0820  
 ARRIVAL DATE / TIME: 02012022 0831  
 SCENE CLEARED DATE / TIME: 02012022 0900  
 REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTIONS BY ADDITION TO A PREVIOUS REPORT - SEE 7.09)  
 TOTAL TIME ROADWAY CLOSED: 40  
 OTHER INVESTIGATION TIME: 60  
 TOTAL MINUTES: 100  
 OFFICER'S NAME\*: Jones, Jackie  
 OFFICER'S BADGE NUMBER\*: 5  
 CHECKED BY OFFICER'S NAME\*: Carmin, Stephen  
 CHECKED BY OFFICER'S BADGE NUMBER\*: 3

Case Number: 22-004

Date: 2-1-22

Location: 3745 W Franklin St

Description:



Unit #2

Unit #1



W. Franklin St.

3745

*NOT TO SCALE*

22-000004

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE -  SAME AS DRIVER: **POWELL, CHARLES** OWNER PHONE: INCLUDE AREA CODE -  SAME AS DRIVER

OWNER ADDRESS: STREET, CITY, STATE, ZIP -  SAME AS DRIVER: **2375 LOWER BELLBROOK RD SPRING VALLEY OH 45370 8770**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # FMJ9957 VEHICLE IDENTIFICATION # JF2GTALC3JH292216 VEHICLE YEAR 2018 VEHICLE MAKE SUBA

INSURANCE VERIFIED INSURANCE COMPANY USAA INSURANCE POLICY # 017608235U71032 COLOR ORG VEHICLE MODEL OUTB

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE: 03 # OF TRAILING UNITS: 0

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LTRV (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 - SEVE-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / LTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 17 - MOTORHOME 99 - UNKNOWN OR HITSKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL: 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN!  
 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 01

1 - NONE 5 - 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/COMPUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE: 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING A OTHER 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 14 - GARBAGE/REFUSE 19 - OTHER / UNKNOWN

VEHICLE DEFECTS: 01

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: 01

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 5 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBANK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - CROSSWALK

ACTION: 3 PRE-CRASH ACTIONS: 01

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  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 22 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 08

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 / ACCA 14 - OPERATING DEFECTIVE EQUIPMENT 18 - NOT DISCERNABLE 22 - NOT DISCERNABLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY 21 - IMPROPER CROSSING  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS: 20

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

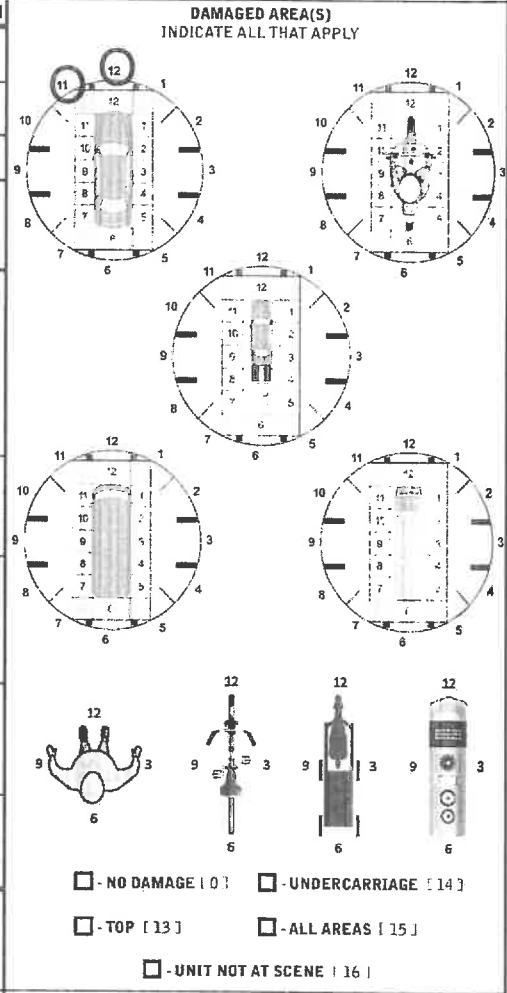
COLLISION WITH FIXED OBJECT - STRUCK: 1

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 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 / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

DAMAGE: 3

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



INITIAL POINT OF CONTACT: 12

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

TRAFFIC: 06

TRAFFICWAY FLOW: 2 TRAFFIC CONTROL: 06

1 - ONE-WAY 4 - STOP SIGN  
 2 - TWO-WAY 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 2 RAIL GRADE CROSSING: 06

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

UNIT / NON-MOTORIST DIRECTION: 3 TO 4

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

UNIT SPEED: 035 DETECTED SPEED: 1

POSTED SPEED: 35

1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

22-000004

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE -  SAY AS DRIVER Speaker, David C **OWNER PHONE:** CYCLE AREA CODE -  SAY AS DRIVER

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP -  SAY AS DRIVER  
164 Lower Hillside DR Bellbrook OH 45305-2901

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCL. UDF AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

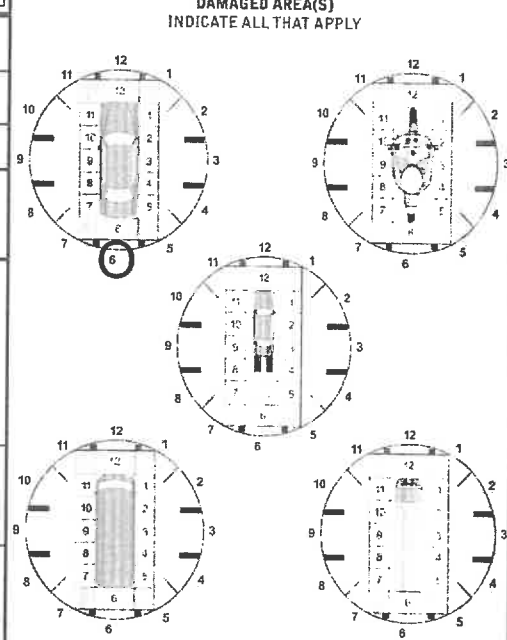
**LP STATE** OH **LICENSE PLATE #** JLE3569 **VEHICLE IDENTIFICATION #** 5FNRL38796B440066 **VEHICLE YEAR** 2006 **VEHICLE MAKE** HOND

**INSURANCE VERIFIED** **INSURANCE COMPANY** Erie **INSURANCE POLICY #** Q025508416 **COLOR** BLU **VEHICLE MODEL** ODY

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME

**INTERLOCK DEVICE EQUIPPED**  **HITS/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR**  
1 - <10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

**MATERIAL RELEASED** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**  
 **PLACARD**



**UNIT TYPE** 0

**# OF TRAILING UNITS**

**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

**1 - PASSENGER CAR** 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 15 - LIGHT 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 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME

**SPECIAL FUNCTION** 01

**CARGO BODY TYPE** 01

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

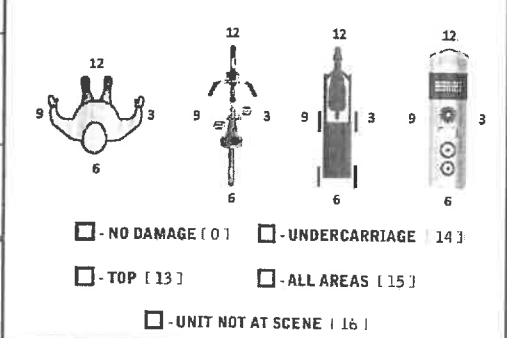
**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS** 20

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**



**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS** 20

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**INITIAL POINT OF CONTACT**

6 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS** 20

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**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

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS** 20

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**UNIT / NON-MOTORIST DIRECTION**

**UNIT SPEED** 000

**POSTED SPEED** 35

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

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING**

**UNIT / NON-MOTORIST DIRECTION**

**UNIT SPEED** 000

**POSTED SPEED** 35

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



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
22-000004

|  |  |  |  |   |
|--|--|--|--|---|
| <b>UNIT #</b><br>01  | <b>NAME: LAST, FIRST, MIDDLE</b><br>Powell, Charles Robert | <b>DATE OF BIRTH</b><br>02171976         | <b>AGE</b><br>45                                       | <b>GENDER</b><br>M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>2375 Lower Bellbrook Rd Spring Valley OH 45370 |  | <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  |
| <b>OL STATE</b>  | <b>OPERATOR LICENSE NUMBER</b>                             | <b>OFFENSE CHARGED</b><br>4511.21A       | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b><br>Assured Clear Distance Ahead  |
| <b>OL CLASS</b>  | <b>ENDORSEMENT SELECT UP TO 3</b>                          | <b>RESTRICTION SELECT UP TO 3</b>        | <b>DRIVER DISTRACTED BY</b><br>7                       | <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>  |  | <b>DRUG TEST(S)</b>                                    |   |
| <b>STATUS</b><br>1   | <b>TYPE</b><br>1   | <b>VALUE</b>                             | <b>STATUS</b><br>1                                     | <b>TYPE</b><br>1  |
| <b>RESULT</b>  | <b>RESULT SELECT UP TO 4</b>                               |  |  |   |

|   |  |  |  |   |
|---|--|--|--|---|
| <b>UNIT #</b><br>02   | <b>NAME: LAST, FIRST, MIDDLE</b><br>SPEAKER, DAVID C | <b>DATE OF BIRTH</b><br>12271989         | <b>AGE</b><br>32                                       | <b>GENDER</b><br>M  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>164 LOWER HILLSIDE DR BELLBROOK OH 45305 2112 |  | <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  |
| <b>OL STATE</b>   | <b>OPERATOR LICENSE NUMBER</b>                       | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</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>1                       | <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>                                  |  | <b>DRUG TEST(S)</b>                                    |   |
| <b>STATUS</b><br>1  | <b>TYPE</b><br>1                                     | <b>VALUE</b>                             | <b>STATUS</b><br>1                                     | <b>TYPE</b><br>1  |
| <b>RESULT</b>   | <b>RESULT SELECT UP TO 4</b>                         |  |  |   |

|  |                                   |  |  |                                 |
|--|-----------------------------------|--|--|---------------------------------|
| <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>    |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>                   | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</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> |
| <b>CONDITION</b>                         | <b>ALCOHOL TEST</b>               |  | <b>DRUG TEST(S)</b>                                    |                                 |
| <b>STATUS</b>                            | <b>TYPE</b>                       | <b>VALUE</b>                             | <b>STATUS</b>  | <b>TYPE</b>                     |
| <b>RESULT</b>                            | <b>RESULT SELECT UP TO 4</b>      |  |  |                                 |

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

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                               |                                  |                              |
|-------------------------------|----------------------------------|------------------------------|
| LOCAL REPORT NUMBER<br>22-004 | REPORTING AGENCY<br>Bellbrook PD | DATE OF CRASH<br>M 01 1 2022 |
|-------------------------------|----------------------------------|------------------------------|

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

I, Pharvis Powell (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
T. Ruble (OFFICERS NAME) AT Community Church Bellbrook (LOCATION)

At 3645 W Franklin I noticed traffic was stopping abruptly due to deer crossing. I applied brakes but was unable to stop in time I'm guessing due to salt on road. I slid into the van in front of me causing minor damage and no injuries

|   |  |
|---|--|
| ADDRESS OF WITNESS<br>2375 Lower Bellbrook Rd | PHONE                                    |
| SIGNATURE OF WITNESS<br><i>Pharvis Powell</i> | OFFICERS SIGNATURE<br><i>[Signature]</i> |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER

22-004

REPORTING AGENCY

WELLSBORO PD

DATE OF CRASH

M 2 | D 1 | Y 22

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

I, David J. Swisher (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

T. Rible (OFFICERS NAME) AT 3645 W. FRANKLIN (LOCATION)

There was a deer crossing about 3-4 cars in front of me I stopped, and then was hit by a driver in an orange Subaru. I was rear ended.

DCS

ADDRESS OF WITNESS

BPD

PHONE

SIGNATURE OF WITNESS

CHIEF SP [Signature] - BPD 3

OFFICERS SIGNATURE

[Signature]