

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

22-000005

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME* Bellbrook Police Department	
COUNTY* 29		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	LOCATION ROAD NAME FRANKLIN
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) VEMCO
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROAD TYPE ST
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROAD TYPE DR
CRASH DATE / TIME* 02072022 0810		NUMBER OF UNITS 02		UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
LATITUDE DEC. MAL. DEGR. LS 39 635750		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
LONGITUDE DECIMAL DEGR. TS -84 083010				

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	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED

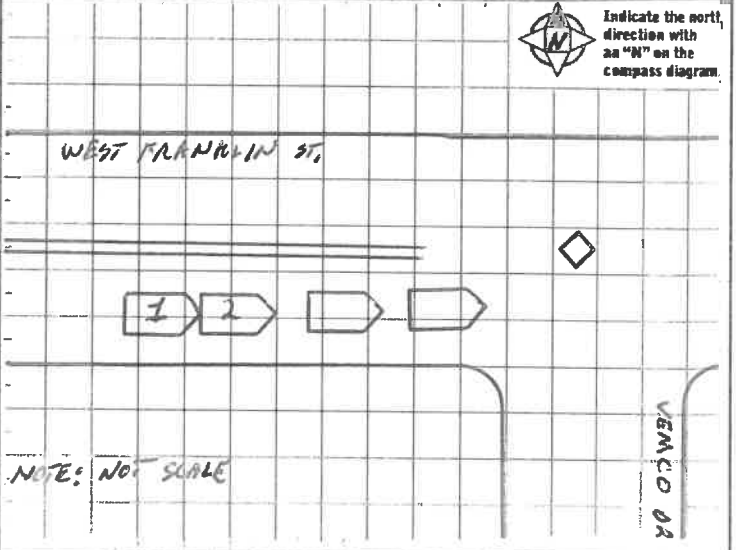
LOCATION OF FIRST HARMFUL EVENT 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 2 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
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 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
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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
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NARRATIVE

UNIT #2 ( OH REG. JEU8957 ) WAS STOPPED BEHIND A FEW VEHICLES IN FRONT FOR THE ACTIVE RED LIGHT AT THE INTERSECTION OF WEST FRANKLIN AND VEMCO. THESE VEHICLES WERE IN THE DIRECTION OF EASTBOUND. UNIT#1 (UNKNOWN REGISTRATION) DESCRIBED AS A BLACK FORD SEDAN WAS TRAVELING EASTBOUND AS IT APPROACHED THE STOPPED VEHICLES. UNIT#1 WAS NOT ABLE TO STOP SAFELY AND THUS REAR ENDED UNIT#2. TRAFFIC FLOW STARTED EASTBOUND WHILE UNIT#1 TURNED RIGHT (SOUTH) ONTO VEMCO AND DROVE AWAY FROM THE CRASH SCENE. UNIT#2 LEFT THE SCENE AND RETURNED HOME TO REPORT THE ACCIDENT.



CRASH REPORTED DATE / TIME 02072022 0837	DISPATCH DATE / TIME 02072022 0837	ARRIVAL DATE / TIME 02072022 0852	SCENE CLEARED DATE / TIME 02072022 0915	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 35	OTHER INVESTIGATION TIME 60	TOTAL MINUTES 98	OFFICER'S NAME* Ruble, Anthony	CHECKED BY OFFICER'S NAME* <i>[Signature]</i>
			OFFICER'S BADGE NUMBER* 1 3	CHECKED BY OFFICER'S BADGE NUMBER* 5
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OF ADDITION TO ORIGINAL REPORT)

**OWNER**

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: (LOCAL AREA CODE)

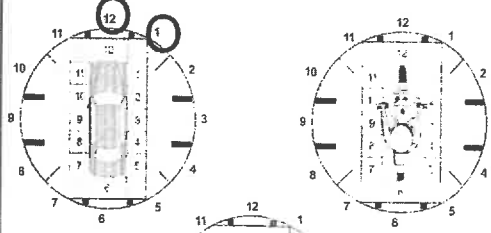
**DAMAGE**

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

LP STATE **OH** LICENSE PLATE # **JIJ7609** VEHICLE IDENTIFICATION # **1FADP3J23DL137197** VEHICLE YEAR **2013** VEHICLE MAKE **FORD**

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

INSURANCE VERIFIED  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
INSURANCE COMPANY **USAA** INSURANCE POLICY # **0489906487104** COLOR **BLK** VEHICLE MODEL **FOC**



TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
US DOT # **1** TOWED BY: COMPANY NAME  
HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # **01** PLACARD ID #

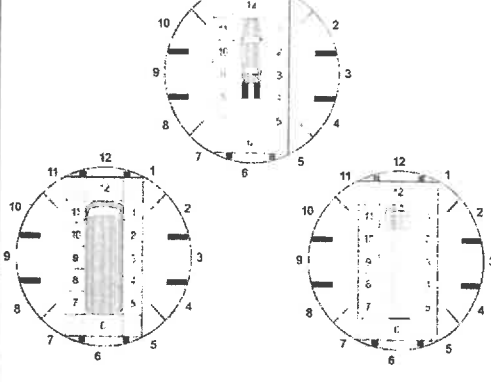
INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

UNIT TYPE: 01 PASSENGER CAR, 02 PASSENGER VAN (MINIVAN), 03 SPORT UTILITY VEHICLE, 04 PICK UP, 05 CARGO VAN, 06 VAN (9-15 SEATS), 07 MOTORCYCLE 2-WHEELED, 08 MOTORCYCLE 3-WHEELED, 09 AUTOCYCLE, 10 MOPED OR MOTORIZED BICYCLE, 11 ALL TERRAIN VEHICLE (ATV/UTV), 12 GOLF CART, 13 SNOWMOBILE, 14 SINGLE UNIT TRUCK, 15 SEMI-TRACTOR, 16 FARM EQUIP/LEVY, 17 MOTORHOME, 18 LIVERY VEHICLE, 19 BUS PASSENGERS, 20 OTHER VEHICLE, 21 HEAVY EQUIPMENT, 22 ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23 PEDESTRIAN / SKATER, 24 WHEELCHAIR (ANY TYPE), 25 OTHER NON-MOTORIST, 26 BICYCLE, 27 TRAIN, 99 UNKNOWN OR HIT/SKIP

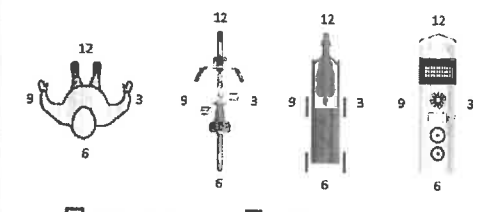
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 YES 1-YES 2-NO 9-OTHER/UNKNOWN  
AUTONOMOUS MODE LEVEL: 0 NO AUTOMATION, 1 DRIVER ASSISTANCE, 2 PARTIAL AUTOMATION, 3 CONDITIONAL AUTOMATION, 4 HIGH AUTOMATION, 5 FULL AUTOMATION, 9 UNKNOWN

SPECIAL FUNCTION: 01 NONE, 2 TAXI, 3 ELECTRONIC RIDE SHARING, 4 SCHOOL TRANSPORT, 5 BUS - TRANSIT/COMMUTER, 6 BUS - CHARTER/TOUR, 7 BUS - INTERCITY, 8 BUS - SHUTTLE, 9 BUS - OTHER, 10 AMBULANCE, 11 FIRE, 12 MILITARY, 13 POLICE, 14 PUBLIC UTILITY, 15 CONSTRUCTION EQUIPMENT, 16 FARM, 17 MOWING, 18 SNOW REMOVAL, 19 TOWING, 20 SAFETY SERVICE PATROL, 21 MAIL CARRIER, 99 OTHER/UNKNOWN

CARGO BODY TYPE: 01 NO CARGO BODY TYPE / NOT APPLICABLE, 2 BUS, 3 VEHICLE TOWING ANOTHER MOTOR VEHICLE, 4 LOGGING, 5 INTERMODAL CONTAINER CHASSIS, 6 CARGO VAN/ENCLOSED BOX, 7 GRAIN/CHIPS/GRAVEL, 8 POLE, 9 CARGO TANK, 10 FLAT BED, 11 DUMP, 12 CONCRETE MIXER, 13 AUTOTRANSPORTER, 14 GARBAGE/REFUSE, 99 OTHER/UNKNOWN



VEHICLE DEFECTS: 01 TURN SIGNALS, 2 HEAD LAMPS, 3 TAIL LAMPS, 4 BRAKES, 5 STEERING, 6 TIRE BLOWOUT, 7 WORN OR SLICK TIRES, 8 TRAILER EQUIPMENT DEFECTIVE, 9 MOTOR TROUBLE, 10 DISABLED FROM PRIOR ACCIDENT, 11-15 OTHER/UNKNOWN



NO DAMAGE [01]  UNDERCARRIAGE [14]  
 TOP [13]  ALL AREAS [15]  
 UNIT NOT AT SCENE [16]

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

ACTION: 3 NON-COLLISION, 4 STRUCK, 5 BOTH STRUCK & STRUCK, 9 OTHER/UNKNOWN, 01 STRAIGHT AHEAD, 2 BACKING, 3 CHANGING LANES, 4 OVERTAKING/PASSING, 5 MAKING RIGHT TURN, 6 MAKING LEFT TURN, 7 MAKING U-TURN, 8 ENTERING TRAFFIC LANE, 9 LEAVING TRAFFIC LANE, 10 PARKED, 11 SLOWING OR STOPPED IN TRAFFIC, 12 DRIVERLESS, 13 NEGOTIATING A CURVE, 14 ENTERING OR CROSSING SPECIFIED LOCATION, 15 WALKING, RUNNING, JOGGING, PLAYING, 16 WORKING, 17 PUSHING VEHICLE, 18 APPROACHING OR LEAVING VEHICLE, 19 STANDING, 20 OTHER NON-MOTORIST, 21 STANDING OUTSIDE DISABLED VEHICLE, 99 OTHER/UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES: 08 NONE, 2 FAILURE TO YIELD, 3 RAN RED LIGHT, 4 RAN STOP SIGN, 5 UNSAFE SPEED, 6 IMPROPER TURN, 7 LEFT OF CENTER, 8 FOLLOWING TOO CLOSE / ACCA, 9 IMPROPER LANE CHANGE, 10 IMPROPER PASSING, 11 DROVE OFF ROAD, 12 IMPROPER BACKING, 13 IMPROPER START FROM A PARKED POSITION, 14 STOPPED OR PARKED ILLEGALLY, 15 SWERVING TO AVOID, 16 WRONG WAY, 17 VISION OBSTRUCTION, 18 OPERATING DEFECTIVE EQUIPMENT, 19 LOAD SHIFTING/FALLING/SPILLING, 20 IMPROPER CROSSING, 21 LYING IN ROADWAY, 22 NOT DISCERNIBLE, 23 OPENING DOOR INTO ROADWAY, 99 OTHER IMPROPER ACTION

TRAFFIC: TRAFFICWAY FLOW: 2 ONE-WAY, 2 TWO-WAY; TRAFFIC CONTROL: 02 ROUNDABOUT, 4 STOP SIGN, 2 SIGNAL, 5 YIELD SIGN, 3 FLASHER, 6 NO CONTROL

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

COLLISION WITH FIXED OBJECT - STRUCK: 1 IMPACT ATTENUATOR / CRASH CUSHION, 2 BRIDGE OVERHEAD STRUCTURE, 27 BRIDGE PIER OR ABUTMENT, 28 BRIDGE PARAPET, 29 BRIDGE RAIL, 30 GUARDRAIL FACE, 31 GUARDRAIL END, 32 PORTABLE BARRIER, 33 MEDIUM CABLE BARRIER, 34 MEDIUM GUARDRAIL BARRIER, 35 MEDIUM CONCRETE BARRIER, 36 MEDIUM OTHER BARRIER, 37 TRAFFIC SIGN POST, 38 OVERHEAD SIGN POST, 39 LIGHT / LUMINARIES SUPPORT, 40 UTILITY POLE, 41 OTHER POST, POLE OR SUPPORT, 42 CULVERT, 43 CURB, 44 DITCH, 45 EMBANKMENT, 46 FENCE, 47 MAILBOX, 48 TREE, 49 FIRE HYDRANT, 50 WORK ZONE MAINTENANCE EQUIPMENT, 51 WALL, 52 BUILDING, 53 TUNNEL, 54 OTHER FIXED OBJECT, 99 OTHER/UNKNOWN

UNIT SPEED: 035; POSTED SPEED: 35; DETECTED SPEED: 1 STATED / ESTIMATED SPEED, 2 CALCULATED / EDR, 3 UNDETERMINED

FIRST HARMFUL EVENT: 1; MOST HARMFUL EVENT: 1

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE  SAME AS DRIVER: **OWNER PHONE:** (INC. AREA CODE)  SAME AS DRIVER:

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP  SAME AS DRIVER:

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** (INC. AREA CODE)

**LP STATE** OH **LICENSE PLATE #** JEU8957 **VEHICLE IDENTIFICATION #** 1J4PN2GK1AW101737 **VEHICLE YEAR** 2010 **VEHICLE MAKE** JEEP

**INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 938985867 **COLOR** BLU **VEHICLE MODEL** LIB

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** 1 **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 #**

**UNIT TYPE** 03

**# OF TRAILING UNITS** 0

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 2

**AUTONOMOUS MODE LEVEL** 0

**SPECIAL FUNCTION** 01

**CARGO BODY TYPE** 01

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS**

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**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 - SEV. 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 HITSKIP

**DAMAGE**

**DAMAGE SCALE**

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

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

**NO DAMAGE** (0)  **UNDERCARRIAGE** (14)

**TOP** (13)  **ALL AREAS** (15)

**UNIT NOT AT SCENE** (16)

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS**

**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

**TRAFFIC**

**TRAFFICWAY FLOW** 2

**TRAFFIC CONTROL** 02

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING**

**UNIT / NON-MOTORIST DIRECTION**

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

**VEHICLE DEFECTS**

**NON-MOTORIST LOCATION AT IMPACT**

**ACTION** 4

**CONTRIBUTING CIRCUMSTANCES** 01

**SEQUENCE OF EVENTS**

**EVENTS**

**COLLISION WITH FIXED OBJECT - STRUCK**

**UNIT SPEED** 000

**POSTED SPEED** 35

**DETECTED SPEED** 1

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

**TRAFFICWAY FLOW** 2

**TRAFFIC CONTROL** 02

**# OF THROUGH LANES ON ROAD** 2

**RAIL GRADE CROSSING**

**UNIT / NON-MOTORIST DIRECTION**

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

**UNIT SPEED** 000

**POSTED SPEED** 35

**DETECTED SPEED** 1



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**22-000005**

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> BARLOW, JOSEPH A JR		<b>DATE OF BIRTH</b> 12102004		<b>AGE</b> 17	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3963 BEECHWOOD DR BELLBROOK OH 45305 1602				<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>INJURIES TAKEN BY</b> 5	<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>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b> 4511.21A	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Assured Clear Distance Ahead		<b>CITATION NUMBER</b> 31933
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</b>	<b>DRIVER DISTRACTED BY</b> 8	<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>		<b>DRUG TEST(S)</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b>

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> SMITH, KENNEDY E		<b>DATE OF BIRTH</b> 11202003		<b>AGE</b> 18	<b>GENDER</b> F
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 1879 N LAKEMAN DR BELLBROOK OH 45305 1210				<b>CONTACT PHONE - INCLUDE AREA CODE</b>		
<b>INJURIES TAKEN BY</b> 5	<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>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</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>		<b>DRUG TEST(S)</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</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 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>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>
<b>OL CLASS</b>	<b>ENDORSEMENT</b>	<b>RESTRICTION</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>		<b>DRUG TEST(S)</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>
				<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</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, UNSAMPLE
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 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	6 - EXCEPT CLASS A & CLASS B BUS	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>	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>DRUG TEST TYPE</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NOA-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - NONE	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - BLOOD	<b>DRUG TEST RESULT(S)</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - URINE	1 - AMPHETAMINES
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BARBITURATES
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED ETC.	3 - BENZODIAZEPINES
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	<b>GENDER</b>	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICAT. DRUGS / ALCOHOL	4 - CANNABINOIDS
6 - CHILD RESTRAINT SYSTEM - REAR FACING		F - FEMALE		17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	5 - COCAINE
7 - BOOSTER SEAT		M - MALE		18 - OTHER		6 - OPIATES / OPIOIDS
8 - HELMET USED		U - OTHER / UNKNOWN				7 - OTHER
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						8 - NEGATIVE RESULTS
10 - REFLECTIVE CLOTHING						
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						
99 - OTHER / UNKNOWN						

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER 22-000005
INCIDENT DATE / TIME 02/07/2022 08:10

**Narrative Type:** Accident  
**Narrative Officer:** Jones, Jackie 5  
**Reporting Officer:**Ruble, Anthony 13

**Topic:** Unit1 Identified  
**Narrative Date/Time:** 02/14/2022 12:08

ON 02/07/2022, UNIT#1 ( JIJ7609 ) WITH THE DRIVER IDENTIFIED AS JOSEPH BARLOW JR. FROM BELLBROOK CONTACTED ME. DUE TO THE FROST THAT WAS ON HIS FRONT WINDSHIELD AND THE SUN'S RAY COMING FROM THE EAST, HE COULD NOT SEE OUT HIS WINDSHIELD THUS HITTING THE REAR OF UNIT#2. HE PULLED OFF ONTO VEMCO TO SPEAK TO THE DRIVER OF UNIT#2. HOWEVER, UNIT#2 DROVE AWAY EASTBOUND ON WEST FRANKLIN. ONCE DRIVER #1 FOUND OUT THE IDENTITY OF UNIT#2, HE CALLED THE BELLBROOK POLICE. BODY CAM ACTIVE.

LOCAL  
REPORT  
NUMBER 32-206REPORTING  
AGENCY BELLBROOK PDDATE OF CRASH  
M 02 | D 7 | Y 22

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

I, Joseph Barlow (pseud) J HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)PTL. RUBLE

(OFFICERS NAME)

AT WEST FRANKLIN & VEMCO

(LOCATION)

I was driving to school monday down 725,  
and it was a cold morning and there was  
a little bit of frost on my windshield. There  
was enough that was cleared out so I thought  
I would be okay to drive. There was a blind  
spot on my windshield with the frost and I accidentally  
rear end a car by V. Shtfeiler dr. I pulled into  
the church parking lot at Vemco so I could  
trade insurances. And the car that I hit never  
stopped driving after the accident. So they did a hit  
and run. So I called my mom at 8:00 cause  
I was freakin out and didn't know  
what to do, or how to handle the situation. My  
mom was there to calm me down. The next day a girl  
went up to my friend named Rayne and said if he  
knew who I was, because the girl said I caused  
an accident. Rayne said yea and rayne got a hold of  
me. So that's when I got a hold of the girls that  
were talking to Rayne. And one of those girls was the driver  
that drove off in the accident. So the person I hit  
her name is Kennedy Smith. This is my first accident  
and it was terrifying the whole situation. I contacted  
the bellbrook police to inform them.

ADDRESS  
OF  
WITNESS

PHONE

SIGNATURE  
OF  
WITNESS

ROSE M Barlow

OFFICERS SIGNATURE

M. Ruble

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV. 1/82

LOCAL REPORT NUMBER 22-206

REPORTING AGENCY BELLBROOK PD

DATE OF CRASH M 2 7 1972

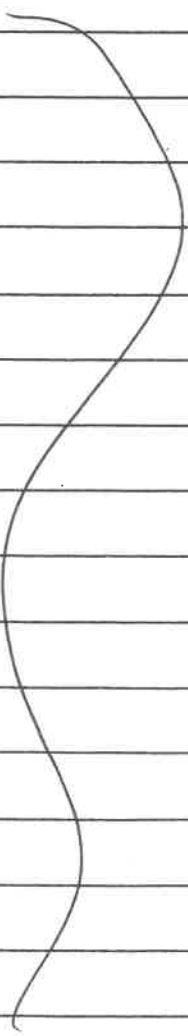
FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kennedy Smith (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Pvt. RUBLE (OFFICERS NAME) AT Vemco (LOCATION)

West Franklin

I was headed east on ~~Franklin~~ at the Vemco traffic light. The light was red, completely stopped people here in front of me. A Black Ford Sedan hit me. They turned into the Vemco neighborhood right away. Time was around 8:10 AM.



ADDRESS OF WITNESS PHONE

SIGNATURE OF WITNESS Kennedy Smith

OFFICERS SIGNATURE P. RUBLE