OHD DEPARTMENT TRAFFIC CRAS	H REPORT	*DENOTI	ES MANDATORY F	TELD.	FAR SII	DDIEL	WENTE	SEDART			LOCAL	REPOR	r NUMBEI	*		
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT								REPURI	2.	2 - 0						
SECONDARY CRASH OH-1P OTHI		REPORTING AGENCY NAME* NCIC*						*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
PRIVATE PROPER	PROPERTY Bellbrook Police Department					0	2,9	0.5		- SOLVED	ED L	0,2	,   C	98	- ANIMAL - UNKNOW!	
12011	CITY, VILLAGE, TOWNS	#1P*								ASH DATE				ASH SEVE		
3-TOWNSHIP DOING										1111	<u> </u>	955 	. J	- FATAL - SERIOUS	IN.HIRY	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORT 2 - SOUT 3 - EAST	н							TYPE		ATITUDE		EGREES		SUSPEC.	TED	
4-WES							F	P.	39	65	28	40	3	- MINOR II SUSPEC		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORT 2 - SOUT 3 - EAST 1 d - W/FS'	H Kanainata		OAD, MILEPOST,	HOUSE	E#)		1	TYPE		NGITUDE		EGREES	4	- INJURY I	POSSIBLE	
	rtonomigio						<u> </u>	QR .	84	Q9	38.	30	5	- PROPER' ONLY	TY DAMAGI	
REFERENCE POINT DIRECTION  1 - INTERSECTION FROM REFERENCE  1 - NORTH	ROUTE TY		AL - ALLEY		AD TYP		DD DO	AD.	DXI w				RELATE			
2 - MILE POST 2 SOUTH	2 - MILE POST 2 - SOUTH US - FEDERAL US ROUTE AV - AVENUE						HW- HIGHWAY RD - ROAD LA - LANE SQ - SQUARE				ERSECT	10N or 0	N APPROA	CH f		
4-WEST	SR - STATE ROUTE		BL - BOULEVARI CR - CIRCLE		MILEPO		ST - STI TE - TEI	1700	□ w	TAI NIHTE	ERCHAN	IGE ARE	NUM	BER OF AF	J 'PROACHES	
FROM REFERENCE UNIT OF MEASURE	CR - NUMBERED COU TR - NUMBERED TOW		CT - COURT		PARKW		TL - TRA	21	2192		d-7/6	ROADW	/AΥ	(5) L (5)		
2-FEET 2-FEET 3-YARDS	ROUTE	MONIP	DR - DRIVE HE - HEIGHTS		PIKE	1	WA - WA	Υ	R	DADWAY D	VIDED					
LOCATION OF FIRST HARMFUL EV	ENT	1	MANNER OF CRAS			/TM DA	CT									
1 - ON ROADWAY 9 - CROSSO 2 - ON SHOULDER 10 - DRIVEY		1.		4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE					1 - NORTH 2 - SOUTH			1-1	MEDIAN TYPE  1 - DIVIDED FLUSH MEDIAN ( <4 FEET )			
1, 9, 4	/AY/ALLEY ACCESS Y GRADE CROSSING	<del>  -</del>	TWO MOTOR									, (				
4 - ON ROADSIDE 12-SHAREI 5 - ON GORE TRAILS	USE PATHS OR		TRANSPORT		ESWIP				3 - EAST 4 - WEST				2 - DIVIDED FLUSH MEDIAN (≥4 FEET)			
6-OUTSIDE TRAFFIC WAY 13-BIKE LA		1			ESWIP HER/U			SEC 110M				4 - [	IVIDED, F	AISED ME	D MEDIAN DIAN	
7 - ON RAMP 14-TOLL BE 8 - OFF RAMP 99-OTHER													ANY TYPE ITHER/UN			
WORK ZONE RELATED	WORK ZONE TY	PE	LOCATIO	ON OF	CRASH	IN WO	ORK ZO	NE	CON	TOUR		ONDITIO	) NS	sur	RFACE	
WORKERS PRESENT	1 - LANE CLOSURE					EFORE THE 1ST WORK ZONE PARNING SIGN				1			1. 2.			
1 AW ENFORCEMENT PRESENT 3-WORK ON SHOULDER					NCE W	ARNIN		A ]	- STRAI	' GHT LEVEL	/EL 1-DRY 1-CO			1 - CONCE		
4 - INTERMITTENT OR MOVING WORK					ISITION VITY A		4	2	2 - STRAIGHT GRADE 2 - WET			2 - BLACKTOP,				
ACTIVE SCHOOL ZONE	5-OTHER				ITANIN		EA	- 1	- CURVE - CURVE		3 - SNO			ASPH.	AINOUS, ALT	
LIGHT CONDITION		WE	ATHER							UNKNOWN	4 - ICE 5 - SAM	ND, MUD,	DIRT.	3 - BRICK		
1 - DAYLIGHT 2 - DAWN/DUSK	2 2·CL	.EAR .OUDY	6 - SNOW 7 - SEVERE	CROS	รพเพอ						OIL	, GRAVEL		4 - SLAG, STONE		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 · F0	G, SMOG, SM	OKE 8-BLOWIN	G SAN	D, SOIL,	DIRT,						TER (STA VING)	NĐING,	5 - DIRT		
5 - DARK – UNKNOWN ROADWAY LIGHTI	4 - RA 1G 5 - SL	EET, HAIL	9 - FREEZII 99 - OTHER			REEZI	NG DRI	ZZLE			7 - SLU			9 - OTHER	VUNKNOWN	
9 - OTHER / UNKNOWN				rur							9-01H	IER/UNKI	NOWN			
NARRATIVE				-				e de	1	-			1		e the north	
On 03/08/2022, Unit #2 (Oh reg. HIJ3 Possum Run when it approached the in	720 ) was trave	ling Eastb	ound on	-					70				W	direction an "N"	on the	
Kensington. Unit #2 came to a full stop	at the stop sign	intersection	on. Unit #1 (						-			+		compas	s diagram.	
OH reg. HKM8592 ) was traveling East approaching the stop sign intersection of	of Possum Run a	and Kensir	acton behind	-	$\vdash$				השביים	-	-	-	-	-		
Unit #2. Unit #1 did not come to a full driver of Unit#1 stated that she was dis	stop and thus re-	ar ending	Init #2 The					-	HELYM			$\perp \downarrow$				
seat of her vehicle.	tracted from her	newporn	in the rear	-					1			1	$\mathcal{Q}$		-	
Body Cam Active				A	1055	M	LUL	I KD.							1	
Σ.				H												
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				-65									U			
				NO	E!	UOT :	70 50	AUL						++		
CRASH REPORTED DATE / TIME	DISPATCH DATE / 1		ARE	IVAL	DATE / T	TIME	1.1	+-	SCENE	CLEARED I	DATE / T	IME	RE	PORT TAK	EN BY	
03,082,022,0955, 03,0	0,82022	0955	_  03082	202	22 ,	<b>1</b> 0,	0,2,	03		2022			1	OLICE AG		
TOTAL TIME OTHER TOTAL TIME MINE		_				_		OFFICE						MOTORIST		
MIM!	ملطنيات وسير	Anthony	4			1			SUPPLEMENT (CORRECTION OR ADDITION					INT		
9 9 9	Rubie,			+		-										
1 60 1	14		BADGE NUMBER	*	3		Сне	ECKED BY O	FFICER'	S BADGE N	UMBER	*	<b>」□</b> 、		OR ADDITION	

OHIO DE OF PURE OF THE	PARTHENT V	OTORIST / N	о <b>н-</b>  V	Тотоі	RIS	т			22	2 - 0 0 0 0	ORT NUMBER	W 15	W W I			
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDE							
01	COLEMAN-HARTLINE, ALYSSIA GABRIELLE								07191992   29 F							
	SS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
1016	DEER C	REEK CIR WEST C	ARROL	LLTON	ОН	45449 1651			1 1	9 90 90	ā - a -					
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDTA	AKENTO:	MEDICAL FACILITY	(NAME, CITY)		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
<b>2</b> _5_	ВУ							USED 0,4	MC HE	UMPLIANI A	. 1	1 1	1			
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAR	IGED	LOCAL OFFENSE DESC				CITATION N	UMBER				
i i				4511	.21A		CODE Assured C			tance Ahead	32078	32078				
E DL CLASS	ENDORSEMEN SELECT UP TO 2			VER TRACTED	ALCO	HOL / DRUG SUSPI	ECTED	CONDITION	STATUS T	COHOL TEST YPE VALUE	DRU STATUS TYPE	G TEST(S				
			BY	6		_	_			VALUE .	JIMIUS TTPE	KESULI	SELECT UP TO 4			
UNIT #	MAME	J L L L L L L L L L L L L L L L L L L L	<u> </u>		U 01	HER DRUG			<u> </u>				لالالا			
02	1	IT, MARTHA J							020	DATE OF BIRTH		AGE	GENDER			
	STREET, CITY, S								03031947, , 75 F							
		STONE BLVD Suite	:APT 10	11 MIAN	MISE	URG OH 45	342 0	517	CONTACT PHONE - INCLUDE AREA CODE							
-	INJURED	EMS AGENCY (NAME)				MEDICAL FACILITY			L 1	1 1 1	1					
INJURIES	TAKEN BY	- HO HOENO CHAME?		INJUNED IA	IKEN 10.	MEDICAL PACIENT	NAME, CITY)	USED 0.4	DOT-CO		AIR BAG USAGE	AUR BAG USAGE EJECTION TRAPP				
	OPERATOR	LICENSE NUMBER		OFFENSE	F CHAR	GED	LOCAL	OFFENSE DESC		E						
C				07741102	- 0,,,,,,,,		CODE	OFFERSE DESC	KIP IION		CITATION N	UMBER				
OL CLASS	ENDORSEMEN'		TUPTO3 DRIN	VER	AI CO	HOL / DRUG SUSPE	CTED	CONDITION	ALC	OHOL TEST	0.811	S TEST(S)				
	SELECT UP TO 2			TRACTED			IJUANA	1	STATUS T	YPE VALUE S	TATUS TYPE		SELECT UP TO 4			
	<u> </u>	النالا		<u> </u> [	ОТ	HER DRUG				الساماه السام			H II 1			
# TINU	NAME: LAST,	FIRST, MIDDLE						-		DATE OF BIRTH		AGE	GENDER			
										1. 1 1 1						
ADDRESS:	DDRESS: STREET, CITY, STATE, ZIP								CONTACT	PHONE - INCLUDE AREA CO	DE					
010										1 1 1	i i i	s 6	1 1			
ADDRESS:	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TA	KEN TO:	MEDICAL FACILITY	NAME, CITY)	SAFETY EQUIPMENT USED	прот-с	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	BY	1							MC HE							
OL STATE	OPERATOR I	LICENSE NUMBER		OFFENSE	CHAR	GED	LOCAL	OFFENSE DESC	RIPTION		CITATION N	UMBER				
OL STATE																
OL CLASS	SELECT UPTO 2	RESTRICTION SELECT		DACTED -		H <b>ol / Drug Suspe</b> Cohol		CONDITION	STATUS T	YPE VALUE S		RESULT	SELECT UP TO 4			
				Ji	- 1	HER DRUG	ANAULI	W) 50								
חומו	RIES	SEATING POSITION	А	IR BAG		OL CLASS	100	OL RESTRIC	TIDN(S)	DRIVER DISTRACT	ION T	EST STAT				
1 - FATAL	CENTONIO IN HIDY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPI					1-ALCOHOL INTER		1 - NOT DISTRACTED	1 - NON					
2 - SUSPECTED S 3 - SUSPECTED I		2 - FRONT - MIDDLE	2 - DEPLOYE 3 - DEPLOYE	'ED FRONT 2 - CLASS B 'ED SIDE 3 - CLASS C				2 - CDL INTRASTATI 3 - CORRECTIVE LEI		2 - MANUALLY OPERATING Electronic communic	RONIC COMMUNICATION 3 TEST CIVER CONTAMENATED					
4 - POSSIBLE IN	JURY	3 - FRONT - RIGHT SIDE		D BOTH FRONT	/ SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	1131.3	DEVICE (TEXTING.TYPI) DIALING)	nc 3-1E31	PLE / UNUSA				
5 - NO APPARENT	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPL			(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS A		3 - TALKING ON HANDS-FRE	E .		ILTS KNOWN			
INJURED 1		5 - SECOND - MIDDLE	4-DEPLOTM	IENT UNKNOW!	N	6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS	•	COMMUNICATION DEVIC 4-TALKING ON HAND-HELD	LINKI	GIVEN. RESU Howa	ilis			
1 - NOT TRANSPO /TREATED AT		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	EU	ECTION	and the	OL ENDORSEM	ENT	7 - EXCEPT TRACTO		COMMUNICATION DEVIC	At CO	HOL TES	TTYPE			
2-EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD – MIDDLE	1 - NOT EJEC			H - HAZMAT		8 - INTERMEDIATE ! RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH A ELECTRONIC DEVICE	1 - NONE					
3-POLICE 9-OTHER/UNK	NOWN	9-THIRD-RIGHT SIDE	2 - PARTIALL 3 - TOTALLY I			M - MOTORCYCLE		9 - LEARNER'S PERI RESTRICTIONS	MIT	6 - PASSENGER	2 - BL00 3 - URIN					
		10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPL			P - PASSENGER N - Tanker		10 - LIMITED TO DAY!	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	4 - BREA					
1-NONE USED	LUIPMENT	11 - PASSENGER IN OTHER	TP	APPED	-	Q - MOTOR SCOOTER		11 - LIMITED TO EMP		B - OTHER DISTRACTION OU THE VEHICLE	TSIDE 5-OTHE	:R				
2 SHOULDER BE	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAP			R - THREE-WHEEL MOT S - SCHOOL BUS	ORCYCLE	12 - LIMITED - OTHEI 13 - MECHANICAL DE		9 - OTHER / UNKNOWN		UG TEST I	YPE			
3 - LAP BELT ONL		PICK-UP WITH CAP)	2 - EXTRICAT			T - DOUBLE & TRIPLET	RAILERS	(SPECIAL BRAKE CONTROLS, OR OT		CONDITION	1 - NONE 2 - BLOO					
	HILD RESTRAINT SYSTEM – CARGO AREA 3-		MECHANICAL MEANS 3 - FREED BY			X - TANKER / HAZMAT ADAPTIVE DE			ICES) 1 - APPARENTLY NORMAL			3 - URINE				
			NON-MECI	N-MECHANICAL MEANS GENDER			V	14 - MILITARY VEHIC 15 - MOTOR VEHICLES		E-LILY STONE THE WINNERS		4 - OTHER				
REAR FACING		(NON-TRAILING UNIT)		F-FEMALE			AIR BRAKES 16 - OUTSIDE MIRROR		ANGRY, DISTURBED)		DRUG TEST RESULT(S)					
7 - BOOSTER SEA 8 - HELMET USE		15 - NON-MOTORIST 99 - OTHER / UNKNOWN			M - MALE U - OTHER / UNKNOWN			17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		HETAMINES HTURATES				
9 - PROTECTIVE I	PADS USED	vinen, pumyiti						18-OTHER		FATIGUED, ETC.		ODIAZEPINE	s			
(ELBOW, KNEE 10 - REFLECTIVE (										6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	)	ABINOIDS				
11 - LIGHTING - PE	EDESTRIAN									/ALCOHOL 9-OTHER/UNKNOWN	5 - COCA1 6 - OPIA1	INE (es/opioids				
/BICYCLE ONL											7 - OTHE	R				
/7-VINER/UNKN											8 - NEGA	TIVE RESULT	s			

			, AATINE	SS ADDENDU	M 		22-	0,000	ORT NUMBER	4 1	1 1				
01	NAME: LAST, FIRST, MIDDLE McMullen, Airys							DATE OF BIRTH AGE 0							
	ADDRESS: STREET, CITY, STATE, ZIP  1016 Deer Creek Cir West Carrollton OH 45449							CONTACT PHONE - INCLUDE AREA CODE							
	INJURED	EMS Agency (NAME)						1 1	1 1	1_1					
_5_	TAKEN BY	EIRS ABERT (NAME)		INJURED TAKEN TO: MEDICAL FAC	CTLITY (NAME, CITY)	SAFETY EQUIPMENT USED 06 DOT-COMPLIANT 06 1									
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE G								
ADDRESS:	STREET, CITY,	STATE, ZIP	-				CONTACT PHON	E - INCLUDE AREA CO	NDE L	11	J				
INJURIES	INJURED	EMS Agency (NAME)		Va											
	TAKEN BY	LING AGENCY (VAME)		INJURED TAKEN TO: MEDICAL FAC	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPP				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDI				
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
INJURIES	IN HIDED	State Assessment													
	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY) SAFETY EQUIPM USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPP				
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDE				
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO							
								THE STATE AND A	<i>.</i>						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACI	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	ALR BAG USAGE	EJECTION	TRAPPI				
	INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS			ATD DAG H		l				
1 - FATAI	L		1 - NONE US			T - LEFT SIDE	ITTON		AIR BAG U	SAGE					
2 - SUSP	ECTED SE	RIOUS INJURY		OCCUPANT		RCYCLE DRIV	ER)	1 - NOT DE							
	3 - SUSPECTED MINOR INJURY 2 - SHOULDER BELT ONLY USED				2 - FRON	T - MIDDLE		2 - DEPLOYED FRONT							
	POSSIBLE INJURY 3 - LAP BELT ONLY USED			ONLY USED		T - RIGHT SIDE		3 - DEPLO							
	5 - NO APPARENT INJURY 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			R & LAP BELT USED		ND – LEFT SIDE DRCYCLE PASS									
					ND - MIDDLE ND - RIGHT SID		5 - NOT APPLICABLE								
	RANSPORTATED AT SO		6 - CHILD RE	STRAINT SYSTEM -		- LEFT SIDE PRCYCLE SIDE	CAR)	9- DEPLOY	PLOYMENT UNKNOWN  EJECTION						
2 - EMS			7 - B00STER	SEAT	8 - THIRD	- MIDDLE		1 - NOT EJECTED							
3 - POLIC	Œ		8 - HELMET	USED		- RIGHT SIDE			2 - PARTIALLY EJECTED						
9 - OTHE	9 - OTHER / UNKNOWN 9 - PROTECT GENDER (ELBOW,			IVE PADS USED	11 - PASSE	PER SECTION OF THE	R ENCLOSED		TOTALLY EJECTED						
				IVE CLOTHING	AREA (NON-TR		4 - NOT AP	PLICABLE							
F - FEMAL M - MALE			11 - LIGHTING	- PEDESTRIAN	12 - PASSE	NGER IN UNE	NCLOSED	- 57 E BE	TRAPPE	D	Marie I				
	J - OTHER / UNKNOWN 99 - OTHER / UNKNOWN				13 - TRAIL				1 - NOTTRAPPED						
				NA CAO AA IA	14 - RIDING ON VEHICLE (NON-TRAILING UNIT)			WEANS							
					15 - NON-N 99 - OTHER	IOTORIST R/UNKNOWN		3 - FREED MEANS	BY NON-ME	CHANICA	AŁ.				
NAME: LAST,	, FIRST, MIDDL	E					DAT	OF BIRTH	T	AGE	GENDE				
ADDRESS: S	TREET, CITY, S	TATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD							
NAME: LAST,	FIRST, MIDDL						DATI	OF BIRTH		AGE	GENDE				
ADDRESS: ST	TREET, CITY, S	TATE, ZIP													
							CONTACT PHONE	- INCLUDE AREA COD		-	W.				
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENI								
	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE					
\DDRESS: ST	TREET, CITY, S	TATE, ZIP					CONTACT PHONE	INCLUDE AREA CODE	<u> </u>						

LOGAL REPORT NUMBER REPORTING AGENCY

BELLBLOOK P.

11

DATE OF CRASH

1420Z2

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

FOR ECORE USE ONE! — DO NO! SUBMIT TO THE STRIE EXCEPT FOR PATRE CRASHES
HEREBY MAKE THIS VOLUNTARY STATEMENT TO  HEREBY MAKE THIS VOLUNTARY STATEMENT
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ADDRESS ADDRESS
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OF
OFFICERS SIGNATURE OF WITNESS
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