| OHO DEPARTMENT OF PUBLIC SAFETY | TRAFFIC C | RASH F | REPORT | *DENOTES! | AANDATORY FI | ELD FOR SUPPLE | EMENT REPORT | | OCAL REPORT NUMBE | R* | |
|--|---|------------------------------|--|------------------------------------|-------------------------|-------------------------------------|--------------------------|--|--|--|--|
| N puotos musico | □ 0H-2 □ | | LOCAL INFORMA | | | | nel uni | 1 22-0 | 00024 | | |
| X PHOTOSTAKEN | OH-1P | OTHER | REPORTING AGE | NCY NAME* | | | NCIC* | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR | |
| SECONDARY CF | PRIVATE F | PROPERTY | Bellbrook F | Police De | partment | _(| 0,2,9,0,5 | 1 - SOLVED 2 - UNSOLVED | 0,1, 0 | 98 - ANIMAL 199 - UNKNOWN | |
| COUNTY* LOCALI | I - CITY | CATION: CITY, | VILLAGE, TOWNSHI | lb* | | | | CRASH DATE / | TIME* CR | ASH SEVERITY | |
| 2,9, | 2-VILLAGE BE | ellbrook | | | | | | 06252022 | | - FATAL - SERIOUS INJURY | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - S | | | | | | | | LATITUDE DECIRAL DEGREES SUSPECTED | | | |
| 3-EAST Hillrise CR | | | | | | | | 3 9 6 3 1 0 4 4 3-MINORINJURY SUSPECTED | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - SOUTH ROAD TYPE | | | | | | | LONGITUDE D | COMAL DEGREES 4 | - INJURY POSSIBLE | | |
| | | B-EAST 4 | 2209 | | | | L | <u>-84</u> 082 | 2702 5 | - PROPERTY DAMAGE ONLY | |
| REFERENCE POIN | SCOR BELEBERGE | | ROUTE TYPI | | | ROAD TYPE | | | INTERSECTION RELATE | | |
| 3 1-INTERSECT | T - MOS | 70 | NTERSTATÉ ROU 'EDERAL US ROU | | L - ALLEY V - AVENUE | HW-HIGHWAY | RO - ROAD SQ - SQUARE | WITHIN INTE | RSECTION OR ON APPRO | АСН | |
| 3- HOUSE # | 4-WE | 1 | TATE ROUTE | | L - BOULEVARD | | ST - STREET | WITHIN INTE | RCHANGE AREA NUI | MBER OF APPROACHES | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASUR | CR-N | IUMBERED COUN | ITY ROUTE | R - CIRCLE T - COURT | OV - OVAL PK - PARKWAY | TE - TERRACE | ROADWAY | | | |
| | 1 - MIL 2 - FEE | ES TR-N | IUMBERED TOWN | ME LITE | R - DRIVE | PI - PIKÉ | WA - VAY | ROADWAY DIV | TOUR . | | |
| | 3-YAR | | | н | E - HEIGHTS | PL - PLACE | | LI ROADWAY DIG | 1950 | | |
| LOCA 1 - ON ROA | ATION OF FIRST HARN | FUL EVENT | | | | H COLLISION/IMI I - REAR-TO-REAI | | DIRECTION OF TRAVE | L MEDIA | N TYPE | |
| 0 4 2-0N SHO | ULDER 10- | DRIVEWAY/A | LLEY ACCESS | 1 BE | TIMETER | F-REAR-10-REAI 5-BACKING | ` | 1 NORTH | 1 - DIVIDED (<4 FEE | FLUSH MEDIAN | |
| 3 - IN MED 4 - ON ROA | | RAILWAY GRA | ADE CROSSING PATHS OR | r ¬ AE | HICLES IN | - ANGLE 7 - SIDESWIPE, S | ME DISCUTION | 3 - EAST | 1 | FLUSH MEDIAN | |
| 5 - ON GOR | Ε | TRAILS | , min v vii | 2 - RE | AR-END 8 | 3-SIDESWIPE, OF | POSITE DIRECTION | 4-WEST | 3 - DIVIDED, | DEPRESSED MEDIAN | |
| 6 - OUTSID 7 - ON RAM | L THE TO WAT | BIKE LANE TOLL BOOTH | | 3 HE | AD-ON 9 | -OTHER/UNKN | OWN | | 4 - DIVIDED, (ANY TYP | RAISED MEDIAN E) | |
| 8 - OFF RAI | 00 | OTHER/UNK | NOWN | | | | | | 9 - OTHER/UI | IKNOWN | |
| WORK ZONE RE | ELATED | | WORK ZONE TYP | PE | 1.0 | N OF CRASH IN V | | CONTOUR | CONDITIONS | SURFACE | |
| WORKERS PRE | ESENT | | ANE CLOSURE ANE SHIFT/CROS | SOVER | 1. | BEFORE THE 1S WARNING SIGN | | | 1 | 2 | |
| LAW ENFORCE | MENT PRESENT | , 3-W | WORK ON SHOULDER OR MEDIAN | | | ADVANCE WARN | | 1 - STRAIGHT LEVEL | 1-0RY | 1 CONCRETE | |
| 7 | | | INTERMITTENT OR MOVING WORK 4-ACTIVITY A | | | | EM | 1 | 2 - WET | 2 - BLACKTOR, BITUMINOUS, | |
| ACTIVE SCHOO | DL ZONE | 5 - 01 | THER | | 5. | TERMINATION A | REA | 3 - CURVE LEVEL 4 - CURVE GRADE | 3 - SNOW 4 - ICE | ASPHALT | |
| 1 | HT CONDITION | | | WEAT | 1ER | | | | 5 - SAND, MUD, DIRT, | 3 - BRICK/BLOCK 4 - SLAG, GRAVEL | |
| 1 1-DAYLIGH | | | 2 1-CLE | | 6 - SNOW 7 - SEVERE | CROSSWINDS | | | OIL, GRAVEL 6-WATER (STANDING. | STONE | |
| 1 | LIGHTED ROADWAY | | | , | E 8- BLOWING | G SAND, SOIL, DII | | | MOVING) | 5 DIRT 9 - OTHER/UNKNOWN | |
| 1 | ROADWAY NOT LIGHT UNKNOWN ROADWAY | 1 | 4 - RAI 5 - SLE | IN EET, HAIL | 9 - FREEZIN | IG RA!N OR FREE / UNKNOWN | ZING DRIZZLE | | 7 - SLUSH | 7 - DI HEROGRANDINA | |
| 9-OTHER/ | UNKNOWN | | | | | | | | 9 - OTHER/UNKNOWN | | |
| NARRATIVE | | | | | | | \$ 9 g 5 4 | Section of the sectio | - Company | Indicate the north | |
| Unit #1 was bac | king up traveling | east to we | st on Hillrise | Cir.and stru | ick the fire | | | | | direction with an "N" on the | |
| hydrant at 2209 inches. Unit #1 | Hillrise Cir., Bell then left the scer | brook, OH ne. | , pushing it to | the west a | bout 5 | | | | | compass diagram. | |
| | | | | | | ļ., ļ., l., | | | A 404 May 1 | | |
| | | | | en a risk deems virken | | | | 2209 | The same of the sa | Hill Mise? | |
| | | | | | | | EH. | | | Mills | |
| | | | | | | | Q | 112-1- | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | |
| | | | | | | | | | | = 0 | |
| | | | | | | 5 | | | | | |
| | | | | | | | | | AND AN EXIST | na rogan | |
| | | remainers, our major general | M t commission - theoretical per action | To get transportance and engineers | | 001+ | o Scal | 2 | 44 ACCAS A | | |
| | | | | | ~ | | | | 2 2000 | | |
| | | | | | | | | to the state of th | ************************************** | | |
| | | - | | | | <u> </u> | | | | 1 =0== =1 | |
| CRASH REPORT | ED BATE / TIME | זמ | SPATCH DATE/T | TIME | Apr | UVAL DATE / TIM | <u> </u> | SCENE CLEARED I | ATE (TIME | EDART TAVEL | |
| 0630202 | | | | 1224 | 06302 | | |)6302022 | | POLICE AGENCY | |
| TOTAL TIME | OTHER | TOTAL | OFFICER'S | | بكتين | | CHECKED BY OFFI | | | MOTORIST | |
| | INVESTIGATION TIME | MINUTES | | | | | Carmin, S | | SUPPLEMENT | | |
| | O O O O O O O O O O O O O O O O O O O | | | | | | | Y OFFICER'S BADGE N | UMBER* | (CORRECTION on ADDITION 15 A EXCIPT STORY LET TO 150 | |
| | | | | | | 5 | | 1 1 1 | 3 | | |

| 92. | THE PROPERTY UNIT | | | | | 22-00 | L REPORT NUMBER | | |
|---------------------------------------|--|--|---|---|---|---|---|--|--|
| UNIT# | OWNER NAME: LAST, FE | RST, MIDDLE (SAME AS DRIVI | ER) | OWNER PHONE: 04 | CLIFOT AREA CODE : SAME AS DRIVERS | DAMAGE DAMAGE SCALE | | | |
| OWNER / | ADDRESS: STREET, CITY, STAT | E, ZIP (SAME AS CRIVER) | 1 2 1 NONE | 3 - FUNCTIONAL DAMAGE | | | | | |
| COMMER | CIAL CARRIER: NAME, ADD | DRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIE | R PHONE: HOCCODE AREA CODE | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | |
| LP STATE | LICENSE PLATE # | VEHIC | LE IDENTIFICATION # | VEHICLE YE | AR VEHICLE MAKE | DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | |
| LOH | EZ64RX | | V5AH212859; INSURANCE POLICY# | 2010 COLOR | | 11 12 | 11 12 1 | | |
| X INSUR | Nationwide | | 9234J199976 | CRM | 300 | 10 2 | 10 | | |
| COMM | TYPE OF USE ERCIAL GOVERNMENT | IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPAN | | 9 9 2 | 3 9 2 2 3 | | |
| DEVICE EQUIP | E XI HIT/SKIP UN | HUCCUPANIS | 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | MATERIAL | DUS MATERIAL CLASS # PLACARD ID # | 8 7 5 5 | 8 7 6 5 | | |
| O1 UNIT TYPE | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS | 3 - AUTOCYCLE 18 - MOPED OR NOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) | | 18 - LINO (LIVERY VEHICLE) 19 - BUS (16 - PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANISMAL WITH RIDER OR ANISMAL-DRAWN VEHICLE | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | 10 | 5 10 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 2 | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRE 1-YES 2-NC 9-OTHER/UNI | JTONOMOUS O | | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | 11 12 1 10 12 1 10 12 1 10 12 1 | 10 11 2 1 2 2 1 2 2 3 3 3 3 3 3 | | |
| O1 SPECIAL FUNCTION | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSITIZOMMUTER | 9 - BUS - OTHER | 11 - FIRE 12 - YILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FAR** 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | 8 7 7 7 5 4 | 8 7 5 5 | | |
| CARGO BODY TYPE | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE 4 LOGGING | CHASSIS | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12-CONCRETE VIXEP 13-AUTOTRANSPORTER 14-ĞARBAGE/REFUSE 99-OTHER/UNKNOWN | 9 3 9 | 12 12 12 12 12 12 12 13 13 19 19 19 19 19 19 19 19 19 19 19 19 19 | | |
| | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOLT | 7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - WOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN | 5 | 6 6 | | |
| NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - WARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | 3 - INTERSÉCTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - GIHEN LOCATE | 7 - SHOULDER / ROADSIDE 8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND 10 - ORIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | □-NO DAMAGE (□-TOP (13) □-UNIT | O J UNDERCARRIAGE (14) - ALL AREAS (15) NOT AT SCENE (16.) | | |
| 3 ACTION | | 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFT TURN | 9 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUN'NING, 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 | G 0-NO DAMAG | TO UNIT 15 - VEHICLE NOT AT SCENE | | |
| 12 CONTRIBUTING CIRCUMSTANCES | 5 - UNSAFE SPEED | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / AC 9 - TWPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD | DA PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVGID | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING FALLING SPILLING 20 - IMPROPER CROSSING | 21 - CYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER !**APROPER ACTION | TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP STOR 2 - STENAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | | |
| SEQUENCE | 6-IMPROPER TURN OF EVENTS | 12 - IMPROPER BACKING | | | | # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING 1 - ROT INVOLVED | | |
| , 4,3 | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE | | 2 - NYOLVED-ACTIVE CROSSING 3 - NYOLVED-PASSIVE CROSSING | | |
| マエン | 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | TRAVEL 12 - DOWNHILL RUNAWAY 13 - GTHER UDN-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE DN WITH FIXED OBJECT | 17 - ANIMAL — FARM 18 - ANIMAL — DEER 19 - ANIMAL — OTHER 20 - MOTOR VEHICLE IN TRAISPORT 21 - PARKED MOTOR VEHICLE — STRUCK | EQUIPMENT 23 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 OTHER MOVABLE OBJECT | UNIT / NON | -MOTORIST DIRECTION 1 - MORTH 5 - MORTHEAST 2 - SOUTH 6 - MORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOW M. | | |
| 5 | 25 - IMPACT ATTENUATOR / CRASH GUSHION 26 - BRIDGE OVERHEAD STRUCTISE 7 - BRIDGE PIER OR ABUTMENT | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN GABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER | 38 - EVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX | 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL | UNIT SPEED | DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR | | |
| 1 | 26-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE FIRST HARMFUL EVEN | 25-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER BARRIER T MOST 1 | 41 - OTHER POST, POLE OR SUPPORT | 43 - TREE 49 - FERE HYDRANT | 54-OTHER FIXED OBJECT 93-OTHER / UNKNOWN | POSTED SPEED | 3 - UNDETERMINED | | |
| | | | | | | | | | |

| ONO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST | | | | | | | | 22-000024 | | | | |
|---|---------------------------------------|---|--|------------------------|--|--|----------------------------------|--|---|---|---------------------|--|
| UNIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDER | | | | |
| Phelan, Keith A | | | | | | | 07301958 63 M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 2202 Hillrise Cir Bellbrook OH 45305 | | | | | | | | CONTACT PHONE | - INCLUDE AREA CODE | : | 1 1 | |
| INJURIES INJURED EMS AGENCY (NAME) TNJURED TAKEN 1 TAKEN 1 TREE OF A | | | | | | | | DOT-COMPLIANT | SEATING POSITION | AIR BAG USAGE EJECTION | TRAPPED | |
| 5 | BY | | | | | | USED 0,4 | MC HELMET | 01 | _ 1 _ 1 | , 1 | |
| OL STATE | STATE OPERATOR LICENSE NUMBER | | | | OFFENSE CHARGED LOCAL CODE | | | RIPTION CITATION NUMBER | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP | TOS DRIV DIST | RACTED | ALCOHOL / DRUG SUS | PECTED | CONDITION | STATUS TYPE | | DRUG TEST(S | T saugorne 104 | |
| | | | | 9_ | OTHER DRUG | | | <u> </u> | | | | |
| UNTT # | NAME: LAST, | FIRST, MIDDLE | | | | | | DATE | OF BIRTH | AGE | GENDER | |
| ADDRESS | | ALTE VID | | | | | | | | | | |
| INJURIES | : STREET, CITY, ST | ATE, ZIP | | | | | | CONTACT PHONE | - INCLUDE AREA CODE | 1 % | 4 | |
| INJURIES | INJURED TAKEN SY | EMS AGENCY (NAME) | | INJURED | TAKEN TO: MEDICAL FACIL IT | Y iname cityi | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE EJECTION | TRAPPED | |
| OL STATE | OPERATOR L | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED LOCAL CODE | | | RIPTION | | CITATION NUMBER | | |
| OL CLASS | ENDORSEMENT SELECT UPTO 2 | RESTRICTION SELECT UP | | ER RACTED | = - | PECTED ARIJUANA | CONDITION | ALCOHOL T STATUS TYPE | | DRUGTEST(S |) Tisetach and a | |
| UNIT# | NAME: LAST, | FIRST, MIDDLE | | | OTHER DRUG | | | DATE | OF RIRTH | | CENDED | |
| control . | | | | | | | | DATE OF BIRTH AGE GENDER | | | | |
| ADDRESS: | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INJULDE AREA CODE | | | | |
| INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED | TAKENTO: MEDICAL FACILIT | Y (NAME, CITY) | | DOT-COMPLIANT | SEATING POSITION (| VIR BAG USAGE EJECTION | TRAPPEO | |
| OL STATE | ВУ | ICENSE NUMBER | | OFFENSE CHARGED LOCAL | | | OFFENSE DESC | MC HELMET | | CITATION NUMBER | | |
| 2000 | | | | CODE | | | | | | | | |
| OL CLASS | ENDORSEMENT SELECTUPTO2 | RESTRICTION SELECT UP | | ER RACTED | ALCOHOL / DRUG SUS | PECTED Arijuana | CONDITION | ALCOHOL T STATUS TYPE | VALUE STA | DRUG TEST(S | Salectia > 10 4 | |
| To the | RIES | SEATING POSITION | | R BAG | OTHER DRUG | | I PART PET A | LloL | | CONTRACTOR OF THE PARTY OF THE | إنائات | |
| 1-FATAL | 1012 | 1 - FRONT - LEFT SIDE | AL NOT DEPL | - | OL GLA | SS | OL RESTRICT 1-ALCOHOL INTERE | | ER DISTRACTIO | N TEST STA 1 - NONE GIVEN | TUS | |
| 2 - SUSPECTED : | | 2_FRONT_ MIDDLE | FRONT MINDIE | | | | | | DALLY OPERATING AN | 2 - 1 EST REFLISED | | |
| 3 - SUSPECTED I | | 2 FORUT DIGHT SING | 3 - DEPLOYE 1 - DEPLOYE | | 3 - GLASS C MT/Side 4 - Pegular Class | 3 - CORRECTIVE LEI 4 - FARM WAIVER | DEVI | TRONIC COMMUNICAT CE (TEXTING, TYPING | | | | |
| 5-NO APPAREN | | A SECOND FET BINE | S-NOT APPLICABLE (OHIO = D) | | | | 5 - EXCEPT CLASS A | BUS 3-TALK | ing) Ing on hands-free | 4 - TEST GOVEN, RES | | |
| INJURED TAKEN BY 5- SECOND - MIDDLE | |) - DEPLOYM | ent unkne | 1MA 3 - MIC MOPED ON D | Y | 6 - EXCEPT CLASS A & CLASS B BUS | | CUATCATION DEVICE | 5-TEST GIVEN RES UNKVOWN | SUL S | | |
| 1 - NOT TRANSPO /TREATED AT | | 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE | 30 | ECTION | OL ENDORS | avieve i | 7 EXCEPT TRACTO | CTRAILER COM | SUPPLY SOUTH SEALON | ALCOHOLTES | TTYPE | |
| 2 - EWS | | MOTORCYCLE SIDE CAR: 8-THIRD - MIDDLE | L · NOT EJEC | | H-HAZMAT | | 8-INTERMEDIATE (RESTRICTIONS | ELEC | R ACTIVITY WITH AN TPOMIC DEVICE | 1-50NE | | |
| 3-POLICE 9-OTHER/UNK | NOWN | 0 THIRD DIGHT CINE | PARTIALL | | W - MOTORCYCLE P - PASSENGER | | 9-LEARNER'S FERI RESTRICTIONS | | | 2 - BLOOD B - UPINE | | |
| 1 | | 10- SLEEPER SECTION 4- NOT APPLICABLE OF TRUCK CAB 4- NOT APPLICABLE | | | N-TANKER | 1C - LIMITED TO DAY | IICHT ONLY INSII | INSIDE THE VEHICLE | | | | |
| SAFETY EQUIPMENT 11 | | 11 - PASSENGER IS OTHER ENCLOSED CARGO AREA TRAPPED | | | Q - MOTOR SCCOTE | 10 courrent artire | | | r distraction outs /ehicle | | | |
| 2 - SHOULDER BI | 2 - SHOULDER BELT ONLY USED :NON-TRAI | | - NOTTRAP | PED | R - THREE-WHEEL MOTURCYCLE S - SCHOOL BUS | | 13 - MECHANICAL DE | VICES 9.0THE | 9-OTHER: UNKNOW'. | | TYPE | |
| 3 - LAP BELTONLY USED 4 - SHOULDER & LAP BELT USED | | PICK-UP WITH CAP: 2 - EXTRICATED BY 12 - PASSENGER IN UNEAGLOSED MECHANICAL MEANS | | | | T - DOUBLE & PRIFLETRAILERS CONTROLS, CR | | | CONDITION | 1.NONE 2.BL080 | | |
| 5 - CHILD RESTRAINT SYSTEM - | | CARGOAREA 3-FREED BY | | | X-TANKER/HAZMA" ADAPTIVE AMS 14-MILITARY | | | # · m: 1 m | RENTLY NURWAL | 3 - JRINF | | |
| FORWARD FACING 6-CHILD RESTRAINT SYSTEM- | | 14 - RIDING ON VEHICLE EXTERIOR | | | GENDE | GENDER 15-40TOR | | | ICAL IMPAIRMENT TONAL (E.S., DEPRESSE) | 4-01HEP | | |
| REAR FACING | à | INON-TRAILING UNIT) | | | F-FENALE M-MALE | | AIR BRAKES 16 - DUTSIDE MIRROR | | DISTORBED! | DRUG TEST RE 1-AUPHETAWAES | | |
| 7 - BOOSTER SEA 8 - HELMET USE | | 15 - NON-MOTORIST 99 - OTHER: UNKNOWN | 15- AON-MOTORIST 99- OTHER: UNKNOWA | | | i). | 17 - PROSTHETIC AID | 5 - FELL | 5 - FELL ASLEER, FAINTED. 2 - 8 | | | |
| G. PROTECTIVE | PADS USED | | · v=nln. QNXNQWA | | | 13-0THER | | | UED ETC. RTHE INFLUENCE | 3 - BENZODIAZEPIN | ES | |
| (ELBOW, KN.E 10 - REFLECTIVE | - | | | | | | | | DICATIONS/OR/IGS | 4 - CALMARINOIDS 5 - CACATAE | | |
| 11 LIGHTING - PEDESTRIAN | | | | | | | | | R/UNKNOWK | 6 - CP14" ES "CP10:0 | is | |
| #STCYCLE ON 99 - OTHER / UNK | | | | | | | | | | 7-GTHER 8-NEGATIVE RESUL | TE | |
| 10) 10000 01111 | \$ 1/10 (700 1E) | | | | | | | | | o-sibalise resel | u p | |

Jackie Jones

From:

KPhelan <kphelan@woh.rr.com>

Sent:

Friday, July 8, 2022 7:00 AM

To: Subject: Jackie Jones RE: Fire Hydrant

Went to the postal box. When leaving had the car in reverse ahit the gas tied to stop and foot sliped off the brake and hit the hydrent

Sent from Mail for Windows

From: Jackie Jones

Sent: Thursday, July 7, 2022 9:03 AM

To: kphelan@woh.rr.com Subject: Fire Hydrant

Mr. Phelan,

Again, thank you for contacting me this morning. Please send a current copy of your car insurance card showing policy number (Nationwide) and a brief statement as to what occurred. Also make contact with Bellbrook Service Department at 937-848-8415 and speak to Ryan Pasley, Supervisor. The crash report # 22-0024.

Det. Jackie K. Jones
Bellbrook Police Department
15 E. Franklin St.
Bellbrook, OH, 45305
j.jones@cityofbellbrook.org
937-848-8484, 937-848-3252, 937-310-3228

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NARRATIVE SUPPLEMENT

INCIDENT NUMBER 22-000024

INCIDENT DATE / TIME

06/25/2022 09:32

Narrative Type:

Accident

Narrative Officer: Jones, Jackie 5 Reporting Officer: Jones, Jackie 5 Topic: Property
Narrative Date/Time:

07/01/2022 10:02

Fire Hydrant

City of Bellbrook 15 E. Franklin St. Bellbrook, OH., 45305 937-848-4666

Cost: :150.00

I received a phone call from Mandi Cameron (2209 Hillrise Cir) stating that over the weekend of June 25, 2022, someone hit the fire hydrant in her yard. She said her husband called the fire department who came out and looked at hydrant and requested the service department look at hydrant.

On Monday, June 27, 2022, the service department fixed the hydrant. Mrs. Cameron stated while they were out walking, they observed their neighbor's (2202 Hillrise Cir) car, creme Chrysler, had a hole in the rear bumper and yellow and blue paint on it.

On July 1, 2022, I made attempted contact with Mr. Keith Phelan with negative results. I observed a 2010 cream colored Chrysler, EZ64RX, in the driveway with a hole on the middle right side of the rear bumper and light yellow and light blue paint transfer. This damage appeared fresh.

NARRATIVE SUPPLEMENT

1NCIDENT NUMBER 22-000024

INCIDENT DATE / TIME

06/25/2022 09:32

Narrative Type: Accident

Narrative Officer: Jones, Jackie 5 Reporting Officer: Jones, Jackie 5 Topic: Attempt Contact Phelan

Narrative Date/Time: 07/06/2022 19:02

I have attempted numerous times to make contact with Mr. Keith Phelan at 2209 Hillrise Cir. with negative results. I also have attempted numerous times via px: (just rings), (left several voicemails) and email kphelan@woh.rr.com with no response.

NARRATIVE SUPPLEMENT

INCIDENT NUMBER
22-000024

06/25/2022 09:32

Topic: Contact With Mr. Phelan

Narrative Date/Time: 07/07/2022 09:08

Narrative Type: Accident

Narrative Officer: Jones, Jackie 5 Reporting Officer: Jones, Jackie 5

July 7, 2022

I spoke to Mr. Keith Phelan about the incident. He admitted to hitting the hydrant but did not notice any damage to it. He advised he did not remember what day but it was early in the morning. He advised he will contact the Service Department and email me a statement and a copy of his current insurance card.

I passed on this information to Ryan, Service Department Supervisor.

I received the damage labor estimate:

2 personnel - \$37.73 Backhoe - \$60.21 TOTAL - \$97.94