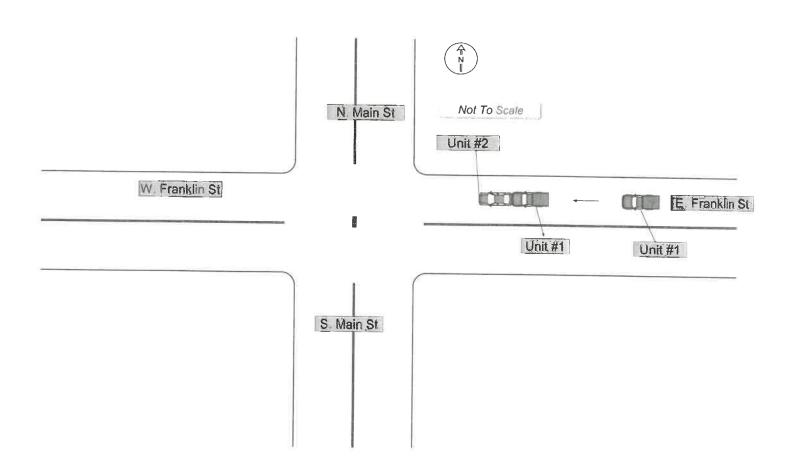
OHO DEPARTMENT TRAFFIC	CRASH I	REPORT *DENOTE	S MANDATORY FI	ELD FOR SU	PPLEMENT	REPORT	000	LOCAL REPORT N	_		
PHOTOSTAKEN OH-2	9 Пон-3	LOCAL INFORMATION					23-0	0000	8		
SECONDARY CRASH OH-1	_	REPORTING AGENCY NAME			NCI		HIT/SKIP 1 1-SOLVED	NUMBER OF UNI		IN ERROR	
	/ATE PROPERTY	Bellbrook Police D	epartment		0,2,5	9,0,5,	L 2 - UNSOLVE			98 - ANIMAL 99 - UNKNOWN	
COUNTY* LOCALITY* 1-CITY 2-VILLAGE	Bellbrook	/, VILLAGE, TOWNSHIP*					04062023		5 1 FATAL		
3-TOWNSHIP		LOCATION ROAD NAME			801	AD TYPE	LATITUDE	DECIMAL DEGREES	2 - SERIO	US INJURY ECTED	
Ĕ I	2 - SOUTH 3 - EAST	Franklin				ST		6020	3 - MINOI	RINJURY	
	EFIX 1 - NORTH	REFERENCE ROAD NAME (R	DAD, MILEPOST, H	OUSE #)		AD TYPE	LONGITUDE	LLTI		ECTED Y POSSIBLE	
ROUTE TYPE ROUTE NUMBER PRI	2-SOUTH 3-EAST	Main	,	,		ST	-84, 07	0560		ERTY DAMAGE	
REFERENCE POINT DIREC	TION 4-WEST	ROUTE TYPE		ROAD TYP			<u> </u>	INTERSECTION F	ONLY		
	L-NORTH IR -	INTERSTATE ROUTE(TP)	AL - ALLEY	HW- HIGHW	AY RD - R		WITHIN INT	ERSECTION OR ON .			
3- HOUSE # L 3	3-EAST	FEDERAL US ROUTE STATE ROUTE	AV - AVENUE BL - BOULEVARD	MP - MILEPI		QUARE TREET	_	ERCHANGE AREA		3	
DISTANCE DISTA	ANCE CR.	NUMBERED COUNTY ROUTE	CR - CIRCLE	OV - OVAL		ERRACE		ROADWA		APPROACHES	
1	- MILES TR -	NUMBERED TOWNSHIP ROUTE	CT - COURT DR - DRIVE	PK - PARKW PI - PIKE	/AY TL - TI WA - W		D DOADWAY D				
3	3 - YARDS		HE - HEIGHTS	PL - PLACE			ROADWAY D	AIDED			
LOCATION OF FIRST	9 - CROSSOVER	'	MANNER OF CRASI				DIRECTION OF TRAV	1	MEDIAN TYPE		
0 1 2 - ON SHOULDER 10-DRIVEWAY/ALLEY ACCESS 2 BETWEEN 5-BACKING							1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)				
3 - IN MEDIAN 4 - ON ROADSIDE	11-RAILWAY GF 12-SHARED US		T ETHOLES III	- ANGLE - SIDESWIF	PE, SAME DIRE	CTION	3 - EAST 4 - WEST		VIDED FLUSH N :4 FEET)	MEDIAN	
5 - ON GORE 6 - OUTSIDE TRAFFIC WAY	TRAILS 13-BIKE LANE			- SIDESWIF	PE, OPPOSITE D	DIRECTION	4-WE31		VIDED, DEPRES VIDED, RAISED		
7 - ON RAMP	14-TOLL BOOTH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- OTHER) C	WKING W			(A	NY TYPE) HER/UNKNOWN		
8 - OFF RAMP	77 OTTIZERT GITE						00070110				
WORK ZONE RELATED	1-1	WORK ZONE TYPE ANE CLOSURE			i in work z Ie 1st work		CONTOUR	CONDITION	is s	SURFACE	
WORKERS PRESENT	3.1	ANE SHIFT/CROSSOVER	2-	WARNING : ADVANCE W	SIGN VARNING AR	REA	1 - STRAIGHT LEVEL	1 - DRY	1.00	NCRETE	
LAW ENFORCEMENT PRESEN	· · · · · · · · · · · · · · · · · · ·	OR MEDIAN NTERMITTENT OR MOVING W		TRANSITIO			2 - STRAIGHT GRADE			ACKTOP,	
ACTIVE SCHOOL ZONE		THER		ACTIVITY A TERMINATI			3 - CURVE LEVEL	3 - SNOW		TUMINOUS, PHALT	
LIGHT CONDITION		WE	ATHER				4 - CURVE GRADE 9 - OTHER/UNKNOWN	4 - ICE 5 - SAND, MUD, D	IDT	ICK/BLOCK	
1 - DAYLIGHT 2 - DAWN/DUSK		1 - CLEAR	6 - SNOW				7- OTTLENOURABINA	OIL, GRAVEL	4 - 21	AG, GRAVEL, ONE	
3 - DARK - LIGHTED ROAD		2 - CLOUDY 3 - FOG, SMOG, SM	7 - SEVERE OKE 8 - BLOWING			w		6-WATER (STAN MOVING)	, 3-DIN		
4 - DARK – ROADWAY NOT I 5 - DARK – UNKNOWN ROAI		4 - RAIN 5 - SLEET, HAIL	9 - FREEZIN 99 - OTHER			RIZZLE		7 - SLUSH		HER/UNKNOWN	
9-OTHER/UNKNOWN		,						9 - OTHER/UNKNO	WN		
NARRATIVE				- 1	1 1 1 1		1 1 1 1 1 1			cate the north	
Unit #2 was stopped for the Westbound on E. Franklin S	traffic light at f	Main and Franklin St fac	cing						an"	ction with 'N" on the Ipass diagram,	
ACCOUNTS OF A THE AREA OF A TH									V Com	pass diagrams.	
Unit #1 failed to maintain a c	lear distance :	striking Unit#2 in the re	ar bumper			+					
-see attacheo	L diagr	an.									
	U										
				-							
	A 120		A P								
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	Contract of the last					+ 1				+	
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CRASH REPORTED DATE / TIME	<u> </u>	ICDATAN DAWN (TVICE									
04062023 1623		ISPATCH DATE/TIME	04062	IVAL DATE / こつつつ		, ,	SCENE CLEARED	(25)	_	AGENCY	
TOTAL TIME OTHER	TOTAL			147			4062023	1648	MOTOR	- 1	
ROADWAY CLOSED INVESTIGATION	TIME MINUTE						er's name* Gregory		SUPPLI	EMENT	
10	0 2		BADGE NUMBER				OFFICER'S BADGE	NUMBER*	(CORRECT TO AN EXISTIN	FION OR ADDITION IG REPORT SENT TO ODPS)	
			1 13	_ 4	JL	1	111	4 2	1		



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_ Palun	AST, FIRST, MIDDLE Obo, Jeffrey P						DATE		T	1
S: STREET, CIT							DATE	DF BIRTH		
	V STATE 210						06091			AGE
Center							In the second	1	الستا	55
	Creek Cir Spring	Valley O⊦	45370				CONTACT PHONE - II	NCLUDE AREA CO	0E	
INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO: MEDICAL FACIL	ITY CHAME, CO	TY) SAFETY SOUIPME	1			
T BA	J					USED O 3	DOT-COMPLIANT ""	TING POSITION	AIR BAG USAGE	EJECTION T
	R LICENSE NUMBER		OFFEN	SE CHARGED	LOCA		MC HELMET	O.T.		
*****			451	1.21A	CODE		Clear Distance A	bood	CITATION NE	JMBER
SELECT UP TO	RESTRICTION S		RIVER		SDECTED				32366	
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nion St \	Yellow Springs Oh	45387					CONTACT PHONE - INC	LUDE AREA CODE		
INJURED TAKEN	EMS AGENCY (NAME)		INJUREDTA	KÉNTO MENTON ENOTIN	nu .		1 1 1 1	1 1	1 1	a v
ВУ			,	WEST TO MEDICAL PACIFIE	T (NAME, CITY	11070	DOT-COMPLIANT SEAT	NG POSITION J	AIR BAG USAGE	EJECTION TRA
OPERATOR	LICENSE NUMBER		DEFENCE	CUARCER	_	1	-JMC HELMET	17 1	1	1
*****	t ú		OLL EMPI	CHANGED	LOCAL	OFFENSE DESC	RIPTION		CITATION NUI	dBER
	T RESTRICTION ser	ECYHATAA BAR						1		
SELECT UPTO 2	32,	DIST				CONDITION			DRUGT	EST(S)
	J		1 /		ARIJUANA	1 1	7 7	UE STA	TUS TYPE	RESULT SELECT
NAME: LAST,	FIRST, MIDDLE			OTHER DRUG					ㅗ │ ㅗ │	0.00
							DATE OF I	JIRTH	A	GE GEN
TREET, CITY, ST	TATE, ZIP	- ASS		THE REAL PROPERTY.			-1-1-7-7			
			1		1		CONTACT PHONE - INCLU	DE AREA CODE		
NJURED	EMS AGENCY					1	6 6 7	2 1		
AKEN			INJUNEDTAK	ENTO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING	A POSTITON AN	D DAG INCADE TO	
OPERATOR L	ICENSE NUMBER	-	Sec.	3		OSED	MC HELMET	AD AD	COMA DOVEE EN	ECTION TRAP
-	TOTAL NOWNER		OFFENSE	CHARGED	LOCAL	OFFENSE DESCR	IPTION			
NDORSEMENT	DECTRICATION								WITCH NUME	JER
SELECT UP TO 2	MESTATOTION SELEC	DISTR				CONDITION	ALCOHOL TEST		DRIVE TO	5710
	K-i	BY			ANAULIS	5	TATUS TYPE VALU	E STATE	JS TYPE R	ESULT SELECT UP
ES	SEATING POSITION	Als		THE RESERVE TO SHARE THE PARTY OF THE PARTY	L			1 1		mrz ves heer
	1 - FRONT - LEFT SIDE						ON(S) DRIVER DIS	TRACTION	TEST	STATUS
				2-CLASS B			K DEVICE 1-NOT DISTRAC	TEO		
Y				3 - CLASS C				ERATING AN		
JURY	4 - SECOND - LEFT SIDE					4 - FARM WAIVER	DEVICE (TEXT	ING, TYPING,	3-1E21 PIAF	N, CONTAMINATE
(FN BY				5 - M/C MOPED ONLY			e e	ANDS-FREE		N, RESULTS KNOW
ED .				6 - NO VALID DL		6 - EXCEPT CLASS A & CLASS B BUS	COMMUNICATE	ON DEAICE	5-TEST GIVEN	
	7 - THIRD - LEFT SIDE	EJEC	TION	OL ENDORSEM	CNT		4 - TALKING ON HA RAILER COMMUNICATE	ON DEVICE		
		1 - NOT EJECTE!)	H - HAZMAT	F.14.1		NSE 5 - OTHER ACTIVIT	TY WITH AN		TEST TYPE
				M - MOTORCYCLE				EVICE		
1	Q - SLEEPER SECTION			P - PASSENGER		RESTRICTIONS	7 - OTHER DISTRA		3 - URINE	
							TONLY INSIDE THE VEI	HICLE	4 - BREATH	
WLY USED	ENCLOSED CARGO AREA						MENT 8 - OTHER DISTRAC THE VEHICLE	HOW OUTSIDE	5-OTHER	
ED	PICK-UP WITH CAP)			S - SCHOOL BUS	13	- MECHANICAL DEVICE		WN	ORUGTE	STTYPE
	2 - PASSENGER IN UNENCLOSED	MECHANICAL	MEANS		AILERS	CONTROLS, OR OTHER		ION	1 - NONE	
		3 - FREED BY NON-MECHANI	CAL MEANS	A - JANKER / HAZMAT	7.0	ADAPTIVE DEVICES)	1 - APPARENTIV NO			
SYSTEM - 14	- RIDING ON VEHICLE EXTERIOR			GENDER			- THI SIGAL IMPAI		4 - OTHER	
15				F.FEMALE		AIR BRAKES	2 - PHILIDIAN LEP	DEPRESSEO,		DECAME
99							4- ILLNESS	1		
JSED				O TOTAL ON THE OWN			5 - FELL ASLEEP, FAI	NTED,		
C.) Ing				(2)	MI	DIV.	6- UNDER THE INFLI	JENCE	3-BENZODIAZEP	MES
RIAN				(6)	U	217	OF MEDICATIONS	DRUGS		\$
					San L	100		4		2010
[760-1500]									7-OTHER	nu v
	NAME: LAST, NAME: LAST, PERIOD ST NAME: LAST, INJURED TAKEN BY OPERATOR ******* ******* ******* ****** ****	NAME: LAST, FIRST, MIDDLE Reynolds, Jenna M STREET, CITY, STATE, ZIP MION ST YEllow Springs On INJURED TAKEN BY OPERATOR LICENSE NUMBER ********* ENDORSEMENT SELECTUPTO2 NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP RESTRICTION SELECTION TREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP RESTRICTION SELECTION TREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP RESTRICTION SELECTION TREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP RESTRICTION SELECTION TREET, CITY, STATE, ZIP NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP NAME: LAST, F	NAME: LAST, FIRST, MIDDLE Reynolds, Jenna M STREET, CITY, STATE, ZIP NION ST YEllow Springs Oh 45387 INJURED TAKEN BY PAREN RESTRICTION SELECT UPTO3 DRIVE RES	NAME: LAST, FIRST, MIDDLE Reynolds, Jenna M STREET, CITY, STATE, ZIP NION ST YEllow Springs Oh 45387 INJURED TAKEN BY NAME: LAST, FIRST, MIDDLE RESTRICTION SELECT UP TO 3 PRESTRICTION SELECT UP TO 3 NAME: LAST, FIRST, MIDDLE RESTRICTION SELECT UP TO 3 NAME: LAST, FIRST, MIDDLE RESTRICTION SELECT UP TO 3 NAME: LAST, FIRST, MIDDLE RESTRICTION SELECT UP TO 3 RESTRICT UP TO 3 RESTR	STREET, CITY, STATE, ZIP NAURED EMS AGENCY (NAME) OPERATOR LICENSE NUMBER EMDORSEMENT SELECTUPTO3 RESTRICTION SELECT UPTO3 DRIVER DESTRACTED STRACTED STREET, CITY, STATE, ZIP NAURED EMS AGENCY (NAME) OPERATOR LICENSE NUMBER EMDORSEMENT SELECTUPTO2 RESTRICTION SELECT UPTO3 DRIVER DESTRACTED STRACTED STRACTED STRACTED OTHER DRUG NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP NAURED EMS AGENCY (NAME) NAME: LAST, FIRST, MIDDLE TREET, CITY, STATE, ZIP NAURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FASILITY OTHER DRUG OTHER DRUG ALCOHOL DRUG SUSD DRIVER DISTRACTED STRACTED OTHER DRUG OTHER DRUG ALCOHOL MAR OTHER DRUG OTHER DRUG OTHER DRUG ALCOHOL MAR OTHER DRUG OTHER DRUG OTHER DRUG I - ROTHER DRUG 1 - NOT DEPLOYED OTHER DRUG 1 - NOT DEPLOYED OTHER DRUG 1 - NOT APPILCABLE OTHER DRUG S- NOT APPILCABLE OTHER DRUG S- NOT APPILCABLE OTHER DRUG S- NOT APPILCABLE OTHER DRUG 1 - NOT APPILCABLE OTHER DRUG S- NOT APPILCABLE OTHER DRUG 1 - NOT APPILCABLE OTHER	SECULAR CONSTRUCTION SERVER DETERMINATION ALCOHOL JORUS SUSPECTED DETERMINATION SERVER DETERMINATION SERVER DETERMINATION SELECT UP TO 2 SEMS AGENCY (NAME) DETERMINATION SELECT UP TO 2 SEMS AGENCY (NAME) SELECT UP TO 2 SEMS AGENCY (NAME) DETERMINATION RESTRICTION SELECT UP TO 3 DETERMINATION SELECT UP TO 2 SEMS AGENCY (NAME) DO THER DRUG SENS SEATING POSITION ALCOHOL JORUS SUSPECTED ALCOHOL JORUS SUSPECTED ALCOHOL JORUS SUSPECTED ALCOHOL JORUS SUSPECTED DO THER DRUG DOTHER DRUG ALCOHOL JORUS SUSPECTED ALCOHOL JORU	MAME: LAST, FIRST, MIDDLE RESTRICTION SELECT UP TO DEPENSE CHARGED OPPERATOR LICENSE NUMBER O	ALCOHOL OF DRIVER RESPIRATOR LICENSE NUMBER NAME: LAST, FIRST, MIDDLE RESPIRATOR LICENSE RUMBER OPERATOR RUMBER O	MARKE LAST, FRIST, MIDDLE REPORTOIDS, Jenna M OTHER DRUG OTHER	ALCOHOL PRINTS WINDLE RAMELIANT, RISK MIDDLE RESTRICTION MILECTORYS OFFENSE CHARGED OFF

LOCAL REPORT 2.2	REPORTING AGENCY	DATE OF CRASH		
NUMBER 23-08	BPD	M 4 106 173		

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

Burns M (OFFICERS NAME)	AT Franklin St. Bellbrook (LOCATION)
black truck rear end	ovnd at a traffic light who deme I got his Insurance In Ing to call police and he le
	COLDE