

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2024-00004570

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION
 REPORTING AGENCY NAME*
Bellbrook Police
 NCIC*
02905

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

COUNTY* **29** LOCALITY* **1**
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
Bellbrook

CRASH DATE / TIME*
05232024 1741
 CRASH SEVERITY
1
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX
1
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
Main
 ROAD TYPE
S T

LATITUDE DECIMAL DEGREES
39.642161

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

LONGITUDE DECIMAL DEGREES
-84.070241

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

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
 ROADWAY
 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
1
 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
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
1
 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
01
 1 - CLEAR 6 - SNOW
 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - SLEET, HAIL 99 - OTHER / UNKNOWN

NARRATIVE
UNIT 1 WAS TRAVELING NORTH-BOUND ON NORTH MAIN STREET AND STRUCK A DEER IN THE ROADWAY NEAR BIG TREE ROAD. UNIT 1 ROLLED ONTO IT'S LEFT SIDE AND THE OPERATOR WAS EJECTED FROM UNIT 1 CAUSING THEM TO SLIDE UNTIL COMING TO REST IN A DITCH ON THE EAST SIDE OF THE ROAD.
BODY CAMERA ACTIVATED

Indicate the north direction with an "N" on the compass diagram.



SEE ADDITIONAL

CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY
05232024 1741 **05232024 1742** **05232024 1747** **05232024 1907**
 POLICE AGENCY
 MOTORIST
 TOTAL TIME ROADWAY CLOSED OTHER INVESTIGATION TIME TOTAL MINUTES OFFICER'S NAME* CHECKED BY OFFICER'S NAME*
85 **120** **205** **Johnston** **Vetter**
 OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*
B B 4 3 **B B 3 3**
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SEND TO ROO)

OWNER
 UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER
MAYFIELD, HOWARD BRENT
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER
9015 Academy View CT Court DAYTON, OH 45458
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

VEHICLE
 LP STATE **OH** LICENSE PLATE # **55ZPN** VEHICLE IDENTIFICATION # **47FL8304** VEHICLE YEAR **1947** VEHICLE MAKE **Harley-Davidson**
 INSURANCE VERIFIED INSURANCE COMPANY **State Farm** INSURANCE POLICY # **D241215F1735** COLOR **BLK** VEHICLE MODEL **Motorcycle**
 COMMERCIAL TYPE OF USE GOVERNMENT IN EMERGENCY RESPONSE US DOT #
 INTERLOCK DEVICE EQUIPPED HITS/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR
 1 - ≤10K LBS.
 2 - 10,001 - 26K LBS.
 3 - >26K LBS.
 TOWED BY: COMPANY NAME **Hollis Towing**
 HAZARDOUS MATERIAL
 MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

UNIT TYPE
07
00 # OF TRAILING UNITS

1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (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 - SEMI-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 HITS/SKIP

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

SPECIAL FUNCTION
01

1 - NONE	6 - 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/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE
01

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

VEHICLE DEFECTS

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

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

ACTION
3

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		

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

CONTRIBUTING CIRCUMSTANCES
05

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

TRAFFIC
TRAFFICWAY FLOW
2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL
6 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS
18
01
08

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	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

OF THROUGH LANES ON ROAD
2
RAIL GRADE CROSSING
1 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK

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 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

UNIT SPEED
55
POSTED SPEED
25

UNIT / NON-MOTORIST DIRECTION
2 FROM **1** TO
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2024-00004570

UNIT # 01	NAME: LAST, FIRST, MIDDLE MAYFIELD, HOWARD BRENT	DATE OF BIRTH 11191949	AGE 74	GENDER M
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ADDRESS: STREET, CITY, STATE, ZIP
9015 Academy View CT Court DAYTON, OH 45458

CONTACT PHONE - INCLUDE AREA CODE

INJURIES 1	INJURED TAKEN BY 2	EMS AGENCY (NAME) Sugarcreek Twp Fire Dept.	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Miami Valley Hosp	SAFETY EQUIPMENT USED 0 1	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 5	EJECTION 3	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 9	ALCOHOL TEST		DRUG TEST(S)			
						STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

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 - M/C MOPED ONLY	5 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		3 - URINE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT		4 - BREATH
SAFETY EQUIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER		5 - OTHER
1 - NONE USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	1 - NONE
3 - LAP BELT ONLY USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
4 - SHOULDER & LAP BELT USED			X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			GENDER	17 - PROSTHETIC AID	4 - ILLNESS	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE	18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	DRUG TEST RESULT(S)
7 - BOOSTER SEAT			M - MALE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES
8 - HELMET USED			U - OTHER / UNKNOWN		9 - OTHER / UNKNOWN	2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2024 - 00004570

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	UNIT #		NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
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	UNIT #		NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER	
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
2 - EMS	7 - BOOSTER SEAT	8 - THIRD - MIDDLE	1 - NOT EJECTED
3 - POLICE	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
GENDER		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
F - FEMALE	10 - REFLECTIVE CLOTHING	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	13 - TRAILING UNIT	1 - NOT TRAPPED
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
PUCKETT, CARL DOUGLAS	1 0 1 2 1 9 6 7	5 6	M
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
3567 CYPRESS POINTE DR Drive BELLBROOK, OH 45305	9 3 7 4 7 5 5 1 5 2		
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
WATTS, RANDALL ROBERT	0 7 2 6 1 9 6 5	5 8	M
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
261 UPPER HILLSIDE DR Drive BELLBROOK, OH 45305	9 3 7 2 7 0 2 8 1 6		
NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
COLSTON, CODY WAYNE	0 4 0 9 1 9 8 6	3 8	M
ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
3520 CATALPA VIEW WA Way BELLBROOK, OH 45305	9 3 7 4 1 4 2 9 8 5		



OCCUPANT / WITNESS ADDENDUM

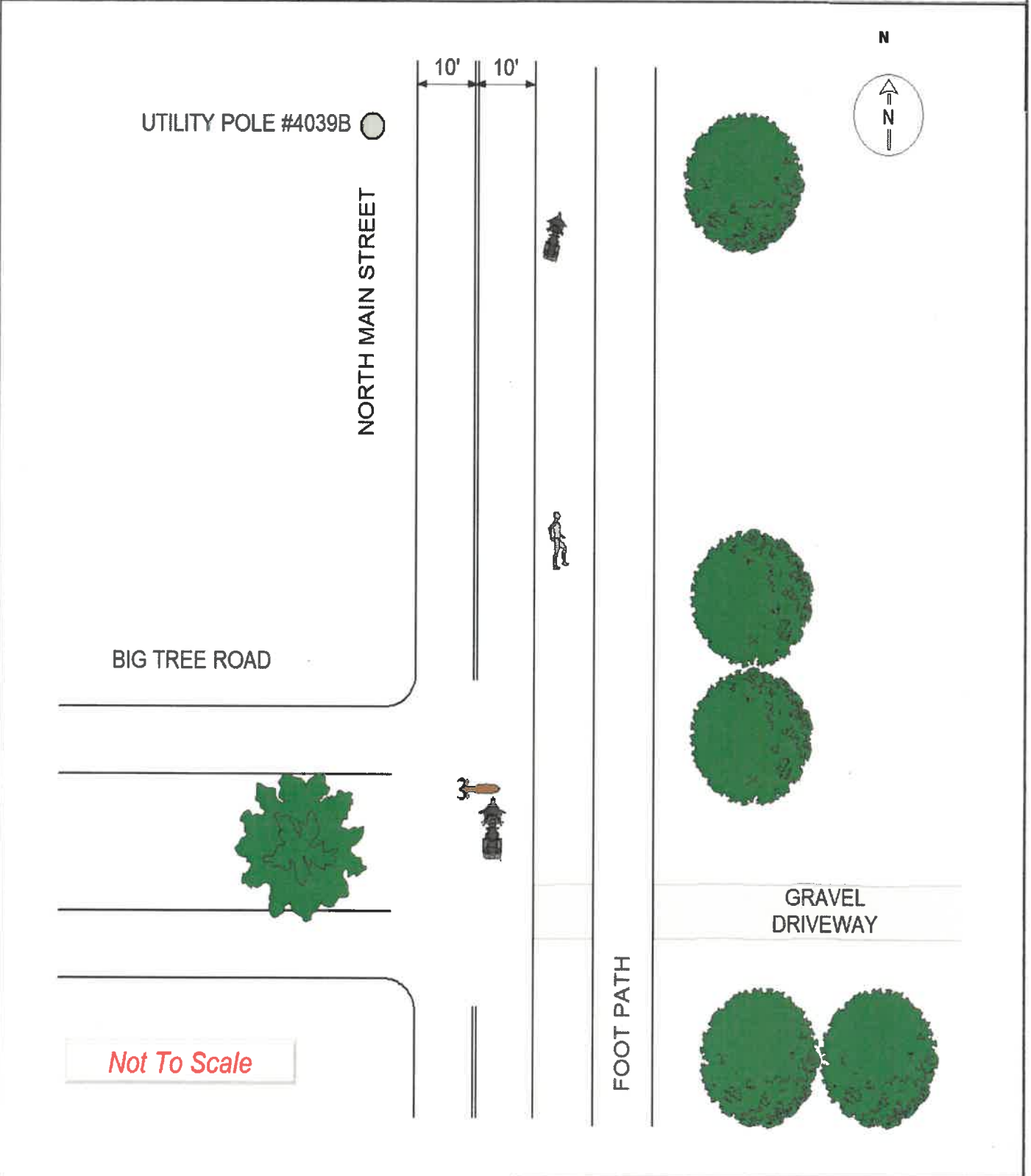
LOCAL REPORT NUMBER
2024 - 00004570

OCCUPANT	UNIT # []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [] [] [] [] [] []		AGE []	GENDER []			
	ADDRESS: STREET, CITY, STATE, ZIP [] [] [] [] [] [] [] [] [] []				CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []				
	INJURIES []	INJURED TAKEN BY []	EMS AGENCY (NAME) []	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [] [] [] [] [] []	SAFETY EQUIPMENT USED []	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION [] [] [] []	AIR BAG USAGE [] [] [] []	EJECTION [] [] [] []

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
2 - EMS	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION
3 - POLICE	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED
9 - OTHER / UNKNOWN	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED
GENDER			
F - FEMALE	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED
M - MALE	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE
U - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED
		13 - TRAILING UNIT	1 - NOT TRAPPED
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS
		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE GERHARDT, MELISSA NICOLE	DATE OF BIRTH 0 1 1 0 1 9 7 7		AGE 47	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 6748 Cabin DR Drive WAYNESVILLE, OH 45068				CONTACT PHONE - INCLUDE AREA CODE 9 3 7 4 1 6 6 9 4 0	
	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [] [] [] [] [] []		AGE []	GENDER []	
ADDRESS: STREET, CITY, STATE, ZIP [] [] [] [] [] [] [] [] [] []				CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []		
NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH [] [] [] [] [] []		AGE []	GENDER []		
ADDRESS: STREET, CITY, STATE, ZIP [] [] [] [] [] [] [] [] [] []				CONTACT PHONE - INCLUDE AREA CODE [] [] [] [] [] [] [] [] [] []		

LOCAL REPORT NUMBER 2024-00004570	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 05 D 23 Y 2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION NORTH MAIN ST Street	



OFFICERS SIGNATURE BB43 \ Johnston, Ryan, M,	BADGE NO BB43
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LOCAL REPORT NUMBER 2024-00004570	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 05 D 23 Y 2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION NORTH MAIN ST Street	

ADDITIONAL SUPPLEMENT COMPLETED WITH MEASUREMENTS

On 5/23/2024 at 1741 hours, Howard Mayfield was operating Unit 1 which is a 1947 Harley Davidson motorcycle bearing Ohio Historical plate 55ZPN. Mr. Mayfield was traveling north bound on North Main Street near Big Tree Road where a deer (estimated to be 120 lbs.) ran in front of him and Unit 1 struck the deer on the back left leg. This caused Unit 1 to roll onto it's left side and Mr. Mayfield was ejected from the motorcycle.

A witness, Carl Puckett, advised he was driving south bound just north of Big Tree Road and saw the crash occur. He advised Unit 1 was traveling at an approximated speed of 40 miles per hour and a deer ran in front of Unit 1. Mr. Puckett wrote that Unit 1 struck the deer and the driver flipped over the handlebars causing the driver to strike their head on the road.

I arrived on scene at 1747 hours and began assisting with medical care shortly after with Bellbrook Fire Department and Sugarcreek Township Fire Department EMS personnel. Sgt. Vetter began traffic control and Sgt. Plummer and Officer Liggett of the Sugarcreek Township Police Department arrived on scene to assist.

A Care Flight crew was called but provided a 30 minute estimated time of arrival so the Sugarcreek Township Medics transported Mr. Mayfield to the Miami Valley Hospital Main Campus. Mr. Mayfield would lose vital signs during transport and was pronounced deceased at the hospital emergency room.

Sgt. Plummer (STPD) is a crash reconstructionist and assisted in gathering measurements to document the scene. He later provided a statement detailing the methods as well as an estimated speed of Unit 1 based on his calculations. This statement will be included with this report along with the witness statements.

BODY CAMERA ACTIVATED

OFFICERS SIGNATURE
BB43\ Johnston, Ryan, M,

BADGE NO
BB43

LOCAL REPORT NUMBER 2024-00004570	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 05 D 23 Y 2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION North Main ST Street	

The reference point used was Dayton Power and Light utility pole #4039B located on the west side of North Main Street.

POINT	ALONG BASELINE	DIR	FROM BASELINE	DIR	EXPLANATION OF MEASUREMENTS
A	0"	S	38'8"	E	East side white fog line
B	72'6"	S	10'6"	E	Center mass of Unit 1
C	80'	S	4'2"	E	End of large gouge in grass #1
D	86'	S	2'10"	E	Beginning of large gouge #1
E	86'	S	3'6"	E	End of large gouge #2
F	103'3"	S	1'	E	Beginning of large gouge #2
G	107'3"	S	1'4"	W	Scrape in pavement #1
H	121'6"	S	1'4"	W	Scrape in pavement #2
I	140'	S	3'4"	W	Scrape in pavement #3
J	165'	S	5'11"	W	Scrape in pavement #4
K	199'	S	6'9"	W	Scrape in pavement #5
L	225'	S	7'9"	W	Scrape in pavement #6
M	239'	S	9'	W	Scrape in pavement #7
N	259'	S	9'	W	Scrape in pavement #8

OFFICERS SIGNATURE
BB43\ Johnston, Ryan, M,

BADGE NO.
BB43

LOCAL REPORT NUMBER 2024-00004570	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT 05/23/2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION North Main ST Street	

O **276'10"** **S** **5'8"** **W** **Scrape in pavement #9**

P **286'6"** **S** **7'2"** **W** **Scrape in pavement #10**

FIRST HARMFUL EVENT (P)

Q **238'** **S** **34'6"** **W** **Rear of deer**

Center mass of deer being 15'5" from the western edge of the pavement

190' was measured from the beginning of the scrapes in the pavement to the final rest of Unit 1.

22' of grass was measured following the arc from the roadway to the final rest of Unit 1.

OFFICERS SIGNATURE
BB43 \ Johnston, Ryan, M,

BADGE NO.
BB43

24-4570

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M 05 D 23 Y 24
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carl Puckett PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Segareck Twp. B. Liggert #232 AT On Scene
OFFICER'S NAME LOCATION

at appr. 5:40 pm I was traveling ~~west~~^{South} bound on upper bellbrook just north of big tree rd. at this time I witnessed a single occupant motorcycle traveling North on upper bellbrook speed approximate of 40 ~~or~~ or so. At that time as he approached Big Tree Rd on Upper Bellbrook he struck a deer that ran out from behind the fence and tree line and the garbage cans at 4039 Upper Bellbrook.

He did not have time to swerve and he struck the deer head on. It then flew over the handle bars landed on his head initially and slide approximately 20 to 25 feet into the ditch line. He was not wearing helmet He had severe head trauma bleeding from head nose ears ect. The deer is deceased.

Speed was probably more than the posted speed limit when he struck the deer.

ADDRESS OF WITNESS
3567 Cypress Pk Dr Bellbrook OH 45305 937-475-5152
 SIGNATURE OF WITNESS X [Signature] OFFICER'S SIGNATURE X (B) #232

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M 05 D 23 Y 24
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CODY WAYNE COLSTON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

B. Ligger #232 Sugar Creek Twp. AT UPPER BELLBROOK / BIG TREE
OFFICER'S NAME LOCATION

At # 1735 hrs, I was standing outside my house cooking. I heard a motorcycle coming up the road. I saw a bike skid on the ground and immediately ran over. Upon arrival, I spotted a deer on the right side of the road and a rider on the left hand side. He was not moving or breathing. Another driver stopped and attempted triage. Checked pulse zone. I then began to direct traffic while EMS arrived.

(937) 414-2985

ADDRESS OF WITNESS 3526 CATALPA VIEW WAY, Bellbrook OH 45305

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X B #232