OHIO DEPARTMENT TRAFFIC CRASH	REPORT *DENOTES MANDATORY FIELD FOR SUP	PLEMENT REPORT	LOCAL REP	ORT NUMBER*
PHOTOSTAKEN OH-2 OH-3	LOCAL INFORMATION			006554
SECONDARY CRASH OH-1P OTHER PRIVATE PROPERTY	REPORTING AGENCY NAME* Belibrook Police	0 2 9 0 5	HIT/SKIP NUMBER O	L 0 1 98-ANIMAL
	TY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY
2 9 1 2-VILLAGE Belibro	ook		08052024, 0630	5 1 - FATAL 2 - SERIOUS INJURY
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	SUSPECTED
4-WESI	Upper Belibrook	R D	3,9,641370	3 - MINOR INJURY Suspected
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE		4 - INJURY POSSIBLE
4-WEST	4049 Upper Belibrook	1	84,069460	5 - PROPERTY DAMAGE ONLY
3 2-MILE POST 4 2. SOUTH US 3 - EAST 4-WEST SR	ROUTE TYPE	SQ - SQUARE T ST - STREET TE - TERRACE	WITHIN INTERSECTION O	
	NUMBERED TOWNSHIP ROUTE PI - PIKE HE - HEIGHTS PL - PLACE	TL -TRAIL WA-WAY	ROADWAY DIVIDED	2,,,,
II." .T .	1 - NOT COLLISION 4 - REAR-TO-RI BETWEEN 5 - BACKING TWO MOTOR 6 - ANGLE TRANSPORT 7 - SIDESWIPE 2 - REAR-END 8 - SIDESWIPE 3 - HEAD-ON 9 - OTHER/UN	AR , SAME DIRECTION , OPPOSITE DIRECTION	2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (\ 24 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE 2- 3- 4- 5-	WORK ZONE TYPE LANE CLOSURE LANE SHIFT/CROSSOVER WORK ON SHOULDER OR MEDIAN INTERMITTENT OR MOVING WORK DTHER LOCATION OF CRASH I 1 - BEFORE THE WARNING SI 2 - ADVANCE WA 3 - TRANSITION 4 - ACTIVITY AR 5 - TERMINATION	1ST WORK ZONE GN RNING AREA AREA EA	CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 4 - LEE	1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER 1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, I 4 - RAIN 9 - FREEZING RAIN OR FR 5 - SLEET, HAIL 99 - OTHER / UNKNOWN		9 - OTHER/UNKNOWN 5 - SANO, M OIL, GRA 6 - WATER (MOVING 7 - SLUSH 9 - OTHER/U	UD, DIRT, VEL 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
NARRATIVE		1 1 1 1 1	**************************************	Indicate the north
Unit 1 was traveling north-be				direction with an "N" on the
Road and ran off the road on the mail box for 4049 Upper		1 1		compass diagram.
was discovered at 0630 by th				
and an extended at costs by the	ic nomeowner.			
BWC ON				
				1=
		SE	E OH-	2
	-,			
	-			-
	-			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARRIVAL DATE / TI	ME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0,8052024 0,630 080	52024 1211 08052024	12180	8052024 124	T 11 —
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUTE	OFFICER'S NAME*	CHECKED BY OFFIC Williams		MOTORIST SUPPLEMENT
0 6 0 9 2	OFFICER'S BADGE NUMBER* B B 4 1	B B	OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AM EXISTING REPORT SENT TO GOPS)

	DHIC OF P	DEPARTMENT UNIT	•					CAL REPORT NUMBER 5 5 4
UNI	П# 1	OWNER NAME: LAST, F	IRST, MIDDLE (Same as drive	8)	OWNER PHONE: IN	CLUDE AREA CODE (SAMÉ AS DRIVER:		DAMAGE
22	NER A	 Iddress: Street, City, Sta	ITE, ZIP (same as driver)				1-NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE
OWN COM	AMER	CIAL CARRIER: NAME, AD	INDESS CITY STATE 71D		Commerce Coope	PHONE	2 · MINOR	DAMAGE 4 - DISABLING DAMAGE
5011		OIAL DARRILLA, HAML, AD	TORESS, GITT, STATE, ZIP		GOMMERCIAL GARRIE	R PHONE: INCLUDE AREA CODE	,	9 - UNKNOWN DAMAGED AREA(S)
LP ST	TATE	LICENSE PLATE#	VEHIC	LE IDENTIFICATION #	VEHICLE Y	EAR VEHICLE MAKE		CATE ALL THAT APPLY
	INSUR/		IPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL	11 12 1	11 12 1
	VERIF.	TYPE OF USE		US DOT #	TOWED BY: COMPAN	JV NAME	10 11 1	2 10 11 1 2
	COMM	ERCIAL GOVERNMENT	RESPONSE	<u> </u>		OUS MATERIAL	9 9 3	3 9
	INTER DEVIC EQUIP	LOCK HIT/SKIP UN	#UCCUPANIS	EHICLE WEIGHT GYWR/GCWR 1 - ≤10K LBS.	MATERIAL	CLASS# PLACARD ID#		
	EQUIP		T AUGTOROUS S AVAILES ES	2 - 10,001 - 26K LE J 3 - >26K LES.	PLACARD		7 6 5	12 7 6 5
9	9		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED		18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - Wheelchair (any type)	10 /	12
		3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - Moped or motorized	14 - SINGLE UNIT TRUCK 15 - Semi-tractor	20 - OTHER VEHICLE ZI - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - Bicycle		10 2
H		5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11-ALLTERRAINVEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN		· ini -/
		# OF TRAILING UNITS	(ATV / UTV)	1) - MOTORHOME	THE STATE OF STATE AND ADDRESS OF THE STATE	99 - UNKNOWN OR HIT/SKIP	12	
VEILIGIE		WASVEHICLE OPERATING IN A		0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12	5 11 12 1
		MODE WHEN CRASH OCCURRI 1-YES 2-NO 9-OTHER/UN	1 1	1 - DRIVER ASSISTANCE 2 - Partial automation	4 · HIGH AUTOMATION 5 · Full Automation		10 1 2	2 10 11 1
<u> </u>		1 - NONE	MODE LEVEL 6 - BUS - CHARTERTOUR		16 - FARM	21 - MAIL CARRIER	9 1 3	3 9 9 3
	بــا	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99-OTHER/UNKNOWN		4 8 7 5 4
SPEC FUNC	CIAL TION	3 - ELECTRONEC RIDE SHARING 4 - SCHOOL TRANSPORT	9 - BUS - OTHER	13-POLICE 14-Public utility	18 - SNOW REMOVAL 19 - TOWING		7 6 5	7 6 5
-	_	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL			12 12 12
<u></u>	ليا	1 - NO CARGO BODYTYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHE MOTOR VEHICLE	F 5 - INTERMODAL CONTAINER Chassis	8 - POLE 9 - Cargotank	12-CONCRETE MIXER 13-AUTOTRANSPORTER	12	
CAR BOI TY	DY	2 - BUS	4 - LOGGING	6 - CARGO VANVENCLOSED BOX 7 - Grain/Chips/Gravel	10 - FLAT BED	14-GARBAGE/REFUSE	98 93	3 9 3 9 3
		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	11 - DUMP 9 - MOTORTROUBLE	99-OTHER/UNKNOWN 99-OTHER/UNKNOWN	0	
		2 - HEAD LAMPS 3 - Tail Lamps	5 - STEERING 6 - Tire blowout	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	77 STILLE GILLIANT	6	6 6 6
	_	1-INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	74 FIRST DESCRIPTION	- NO DAMAGE	[0] -UNDERCARRIAGE [14]
NON-MOT	TORIST	CROSSWALK 2 - INTERSECTION - UNMARKED	A MINDLOCK MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVE WAY ACCESS	12-FIRST RESPONDER AT INCIDENT SCENE	□-TOP [13]	- ALL AREAS [15]
LOCAT AT IM	ITOM	CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR Trails	99-OTHER/UNKNOWN	K - UN	IT NOT AT SCENE [16]
		1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING OR LEAVING VEHICLE	INITI	AL POINT OF CONTACT
3	_	3-STRIKING	2 - BACKING J 3 - Changing Lanes	8 - ENTERING TRAFFIC LANE 9 - Leaving Traffic Lane	14 - ENTERING OR CROSSING Specified Location	19-STANDING	0-N0 DAMA 1-12-REFE	GE 14 - UNDERCARRIAGE RTO UNIT 15 - VEHICLE NOT AT SCENE
ACII	1014	5 - BOTH STRIKING ACTIONS	H 4 - OVERTAKING/PASSING S 5 - MAKING RIGHTTURN	10-PARKED 11-Slowing or Stopped	15 - WALKING, RUNNING, Jogging, Playing	20 - OTHER NON-MOTORIST 21 - Standing Outside	DIAG	
		& STRUCK 9 - Other/Unknown	6 - MAKING LEFT TURN	INTRAFFIG 12-Driverless	16 - WORKING 17 - Pushing Vehicle	DISABLED VEHICLE 99 - OTHER / UNKNOWN	13 - TOP	
		1 - NONE	7-LEFT OF CENTER	DADWED DOGSTON	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
,1 ,1		2 - FAILURE TO YIELD 3 - RAN RED LIGHT	9-IMPROPER LANE CHANGE	14-STOPPED OR PARKED ILLEGALLY	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - Opening Door Into	1 - ONE-WAY 2 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 6 2 - Signal 5 - Yield sign
CONTRIB	BUTING	4 - RAN STOP SIGN 5 - Unsafe speed	10-IMPROPER PASSING 11-DROVE OFF ROAD	35-SWERVING TO AVOID	19 · LGAD SHIFTING/FALLING/ SPILLING	ROADWAY 99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL
		6 - IMPROPER TURN	12-EMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING
<u>4</u>	_	OF EVENTS		EVENTS	- Land Control	Laurente F. Harris	2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING
1. O		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE Opposite direction of	16 - RAILWAY VEHICLE 17 - Animal — Farm	22 - WORK ZONE MAINTENANCE Equipment		3 - INVOLVED-PASSIVE CROSSING
2,4 ;	/	3 - IMMERSION 4 - Jackknife	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	TRAVEL 12-DOWNHILL RUNAWAY	18 - ANIMAL DEER 19 - ANIMAL OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/NO	IN-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
		5 - CARGO/ EQUIPMENT	10-CROSS MEDIAN	13-OTHER NON-COLLISION 14-PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION By a motor vehicle	FROM	2 - SOUTH 6 - NORTHWEST
3∟⊥⊥		LOSS OR SHIFT	COLLIETA	15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
41		25-IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN
		26-BRIDGE OVERHEAD STRUCTURE	32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - Embankment	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED
5		27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL Barrier	SUPPORT 40-UTILITY POLE	46 - FENCE 47 - Mailbox	52 - BUILDING 53 - TUNNEL		3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
61		28 - BRIDGE PARAPET 29 - Bridge Rail	35-MEDIAN CONCRETE BARRIER	41-OTHER POST, POLE OR SUPPORT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED
1, 1		30-GUARDRAIL FACE	36- MEDIAN OTHER BARRIER	42 - CULVERT			2 5	

or Pue	BLIC SAFETY	IOTORIST / N	ON-IV	IOTORI	ST			2024-0	O O O	6 5 5	4
UNIT#	NAME: LAST, FIRST, MIDDLE							DATE OF BI	RTH	AGE	GENDER
01									1 1 1		1 1
ADDRESS	SESTREET, CITY,	STATE, ZIP						CONTACT PHONE - INCLUDE	E AREA CODE		رـــــار
010	1								1 1 1		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKE	NTO: MEDICAL FACILITY	(NAME, CITY	USED	DOT-COMPLIANT	POSITION AIR BAG (USAGE EJECTION	TRAPPED
OL STATE	J	LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE						MC HELMET 9	9 6		
TORIS		Transfer Halling II		OFFERSE C	MARGED	LOCAL	OFFENSE DESC	RIPTION	CITATI	ION NUMBER	
OL CLASS	ENDORSEMEN				LCOHOL / DRUG SUSP	ECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S	3).
	SELECT UP 10 2		BA	TRACTED		RIJUANA		STATUS TYPE VALUE	STATUS	TYPE RESUL	SELECT UPTO 4
111177 (<u> </u>			9 🗆	OTHER DRUG		9	L	<u> </u>		لــــــــــــــــــــــــــــــــــــــ
UNIT#	NAME: LAST	T, FIRST, MIDDLE						DATE OF BII	RTH	AGE	GENDER
ADDRESS	: STREET, CITY, S	STATE 7IP									
TORI	,,							CONTACT PHONE - INCLUDE	AREA CODE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING!	POSITION AID PAC II	JSAGE EJECTION	TRADDES
NON L	TAKEN BY						USED	DOT-COMPLIANT SEATING	AIR DAG (ENECTION	TRAPPED
OL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CH	ARGED	LOCAL	OFFENSE DESC	RIPTION	CITATI	ON NUMBER	
6 						CODE					
≥ OL CLASS	SELECT UP TO 2	T RESTRICTION SELEC	DIST	RACTED AL	COHOL / DRUG SUSP		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S	SELECT UPTO 4
i. 1	I Hassa	attente de la	BY		OTHER DRUG	KUUANA	v v				
UNIT#	NAME: LAST,	, FIRST, MIDDLE						DATE OF BIR	 :TH	AGE	GENDER
									1 1 1		
ADDRESS:	STREET, CITY, S	TATE, ZIP						CONTACT PHONE - INCLUDE	AREA CODE	-	
010	I							L 1 1 1	1 1		-11-3
ADDRESS:	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	E SO I - OOM LINNI	OSITION AIR BAG US	SAGE EJECTION	TRAPPED
OL STATE		LICENSE NUMBER		OFFENSE CH	APCED	LOCAL	OFFENSE DESC	MC HELMET			
TORIS				OF FERREE OF	ARGED	CODE	OLLEWSE DESC	RIPIION	CITATIO	ON NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC			COHOL / DRUG SUSPE		CONDITION	ALCOHOL TEST		DRUG TEST(S)	1201
	30000107102		BY		_	ANAUUS		STATUS TYPE VALUE	STATUS	TYPE RESULT	SELECT UPIN4
ULNI	RIES	SEATING POSITION		RBAG	OTHER DRUG OL CLASS		OL DECEMBE	•			أناليا
1-FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPL	OYED	1-CLASS A	1983	1 - ALCOHOL INTERL	A STATE OF THE PARTY OF THE PAR	THE REAL PROPERTY AND PERSONS NAMED IN	TEST STAT	TUS
2 - SUSPECTED S 3 - SUSPECTED S	SERIOUS INJURY MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYER 3 - DEPLOYER		2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEN	FI COTRONIC OF	MODERATION	-TEST REFUSED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE 4 - Second - Left side	4 - DEPLOYE	BOTH FRONT/SID	E 4-REGULAR CLASS		4 - FARM WAIVER	DEVICE (TEXT) DIALING)	MC TYPING 3.	-TEST GIVEN, CONT SAMPLE / UNU SAB	
5 - NO APPARENT	T INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APPL 9 - DEPLOYM	ENT UNKNOWN	(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS A 6 - EXCEPT CLASS A		MD3-FKEE	- TEST GIVEN, RESU - TEST GIVEN, RESU	ALC: UNKNOWN
1-NOT TRANSPO		5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE			6 - NO VALID OL		& CLASS B BUS	4 - TALKING ON HA	ND-HELD	UNKNOWN	
/TREATED AT		7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		CTION	OL ENDORSEN	MENT	7 - EXCEPT TRACTOR 8 - INTERMEDIATE L		Y WITH AN	ALCOHOL TES	TTYPE
2 - EMS 3 - POLICE		B - THIRD - MIDDLE	1 - NOT EJECT 2 - PARTIALLY		H - HAZMAT M - MOTDRCYCLE		RESTRICTIONS 9- LEARNER'S PERM	ELECTRONIC DE htt 6-passenger	PIGL	- NONE - Blood	
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY EJECTED		P - PASSENGER		RESTRICTIONS	7 - OTHER DISTRAC	HAVIE	- URINE	
SAFETY EG	UIPMENT	OF TRUCK CAB	4 - NOT APPLI	CABLE	N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAYL	OYMENT 8-OTHER DISTRAC		- BREATH - OTHER	
1 - NONE USED 2 - SHOULDER BE	ELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	TR.	APPED PEN	R - THREE-WHEEL MOT	TORCYCLE	12 - LIMITED - OTHER 13 - MECHANICAL DEV	O OTHER (HIMMING	WN .	DRUG TEST T	TYPE
3 - LAP BELT ONL		PICK-UP WITH CAP)	S - SCHOOL BUS ED BY AL MEANS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		RAILERS	(SPECIAL BRAKES CONTROLS, OR OTH	S, HAND		NONE		
4 - SHOULDER & I		CARCO ADEA				ADAPTIVE DEVICE	S) 1 - APPARENTLY NO	2	BLOOD URINE		
FORWARD FAC 6 - CHILD RESTRA		13-TRAILING UNIT 14-RIDING ON VEHICLE EXTERIOR	NON-MECH	IANICAL MEANS GENDER			14 - MILITARY VEHICL 15 - MOTOR VEHICLES	F.I III 210 ME IMI ME		OTHER	
REAR FACING		(NON-TRAILING UNIT)			F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRROR	ANGRY, DISTURBED) 4 - [LLNESS	DR	RUG TEST RES	SULT(S)
7 - BOOSTER SEA 8 - HELMET USEI		15 - NON-MOTORIST 99 - OTHER / UNKNOWN			M - MALE U - Other / Unknown		17 - PROSTHETIC AID	5 - FELL ASLEEP, FA		AMPHETAMINES BARBITURATES	
9 - PROTECTIVE F							18-OTHER	FATIGUED, ETC. 6- Under the Infl	IIENCE 3-1	BENZODIAZEPINES	
10 - REFLECTIVE C	CLOTHING							OF MEDICATIONS /ALCOHOL	/ DRUGS 4-0	CANNABINOIDS COCAINE	
11 - LIGHTING - PE / BICYCLE ONL								9-OTHER/UNKNOW	/N 6-0	OPIATES/OPIOIDS	NE YEAR
99 - OTHER / UNKN	OWN									OTHER NEGATIVE RESULTS	s

ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURED TAKEN BY UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURED TAKEN BY UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURED TAKEN BY UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURED TAKEN BY UNIT # NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED ONTACT PHONE - INCLUDE AREA CODE INJURIES INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED INJURIES INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN BY INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED INJURED TAKEN BY I	OF PIN			WITHE	SS ADDENDUI	M		2024	- 0 0	ORT NUMBER	5 5	4
DATE OF BRITH ARE LIGHT FROMES BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) BASES STREET, CITY, STATE, DID CONTACT PROME - SALES AREAS (SAME) CONTA	# TINU	NAME: LA	ST, FIRST, MIDDLE					DAT	TE OF BIRTH		AGE	GENDER
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NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER												
DATE OF BARTO AGE GERDER	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE	NAME: LAST	T, FIRST, MIDDL	E					DATE OF BIRTH AGE GENDER				GENDER
	ADDRESS:	STREET, CITY, S	TATE, ZIP					CONTACT PHONE	INCLUDE AREA CODE			

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

REPORT 2024-0006554	REPORTING	Bellb	rook Po	lice	M 08 D 05 Y2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION	Uppe	r Bellbr	ook RD Road	M 00 B 00 YZOZ
Not To Scale	Upper Bellbrook Road	Unit 1	Footpath		A049 Upper Be@brook Rd
				OFFICERS SIGNATURE BB41\ Stout, Alexi, Grace,	BADGE NO.

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
24-6554	Rellbrook	M 8 D 5 Y 24

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

I, Alice L Hopping HEREBY MAKE THIS VOLUNTARY STATEMENT TO
A. Strut at 4049 upper Bellbrook Rd. OFFICER'S NAME LOCATION Bellbrook, OH 453c
Some time between midnight & set thating AM
Sometime between midnight & set thating AM someone hat our mark lox My husband found
the mail bay about 6:30 AM 8-57-2024
4044 Upp = Bullburg V Pd 937 848-4897
SIGNATURE OF WITNESS X Alex Z Happing 937 848-4897 OFFICER'S SIGNATURE X 1