

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2024-00010179

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

OH-2
 OH-1P
 OTHER

LOCAL INFORMATION
 REPORTING AGENCY NAME*
Bellbrook Police

NCIC*
02905

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED

NUMBER OF UNITS
01

UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN

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

CRASH DATE / TIME*
12132024 1452

CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

LOCATION ROAD NAME
FRANKLIN

ROAD TYPE
S T

LATITUDE DECIMAL DEGREES
39.637418

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
ROSECREST

ROAD TYPE
D R

LONGITUDE DECIMAL DEGREES
-84.087381

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #

DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

ROUTE TYPE
 IR - INTERSTATE ROUTE (C/P)
 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
 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 - 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 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

MEDIAN TYPE
 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
02
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE
 4 - RAIN
 5 - SLEET, HAIL
 6 - SNOW
 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - FREEZING RAIN OR FREEZING DRIZZLE
 99 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

NARRATIVE

On Friday, December 13, 2024, at 1452 hours Bellbrook Police responded to a single vehicle crash on West Franklin Street near Rosecrest Drive, Bellbrook, Greene County, Ohio.

Unit I was traveling eastbound on West Franklin Street. Unit I left the roadway west of Rosecrest Drive and struck a street sign. Unit I traveled back onto West Franklin Street traveling eastbound and then left the roadway east of Rosecrest Drive and came to rest in a ditch. No injuries reported. Hollis Towing summoned to scene to assist. Witness statements and photographs were obtained. Unit I driver issued citation for failure to control.

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

SEE OH-2

CRASH REPORTED DATE / TIME: **12132024 1452** DISPATCH DATE / TIME: **12132024 1452** ARRIVAL: **12132024 1459**

TT TAKEN BY: POLICE AGENCY MOTORIST

TOTAL TIME ROADWAY CLOSED: **0** OTHER INVESTIGATION TIME: **60** TOTAL MINUTES: **120**

OFFICER'S NAME*: **Warren** CHECKED BY OFFICER'S NAME*: **Lane**

OFFICER'S BADGE NUMBER*: **B B 3 7** CHECKED BY OFFICER'S BADGE NUMBER*: **B B 4 8**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OASPS)

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
PEPPARD, RORY JON

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
93737158113

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
3908 SABLE RIDGE DR Drive BELLBROOK, OH 45305

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

LP STATE OH **LICENSE PLATE #** GMV8306 **VEHICLE IDENTIFICATION #** 5J6RM4H95FL056331 **VEHICLE YEAR** 2015 **VEHICLE MAKE** Honda

INSURANCE VERIFIED **INSURANCE COMPANY** GRANGE **INSURANCE POLICY #** 6214470 **COLOR** WHI **VEHICLE MODEL** CRV

COMMERCIAL **TYPE OF USE** GOVERNMENT IN EMERGENCY RESPONSE **US DOT #**

INTERLOCK DEVICE EQUIPPED **HIT/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 PLACARD PLACARD ID #

DAMAGED AREA(S) INDICATE ALL THAT APPLY

UNIT TYPE 03

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

OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 01

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

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

VEHICLE DEFECTS

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT

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

ACTION 3 **PRE-CRASH ACTIONS** 01

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, 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

INITIAL POINT OF CONTACT

01 0 - NO DAMAGE 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 11

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

SEQUENCE OF EVENTS

1 08 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 2 **MOST HARMFUL EVENT** 2

UNIT SPEED 35

POSTED SPEED 35

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2024-00010179

UNIT # 01	NAME: LAST, FIRST, MIDDLE PEPPARD, RORY JON		DATE OF BIRTH 08231951		AGE 73	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 3908 SABLE RIDGE DR Drive BELLBROOK, OH 45305				CONTACT PHONE - INCLUDE AREA CODE 9373715813		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202 MM	LOCAL CODE	OFFENSE DESCRIPTION Reasonable Control	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CITATION NUMBER 32775
			CONDITION 1	ALCOHOL TEST		DRUG TEST(S)
			STATUS 1	TYPE 1	VALUE	STATUS 1
				TYPE	RESULT	SELECT UP TO 4

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
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	
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		CITATION NUMBER
			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
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
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	
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		CITATION NUMBER
			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 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY			EJECTION		ALCOHOL TEST TYPE	
1 - NOT TRANSPORTED / TREATED AT SCENE	6 - SECOND - RIGHT SIDE	1 - NOT EJECTED	OL ENDORSEMENT		1 - NONE	
2 - EMS	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	2 - PARTIALLY EJECTED	H - HAZMAT	6 - EXCEPT CLASS A & CLASS B BUS	2 - BLOOD	
3 - POLICE	8 - THIRD - MIDDLE	3 - TOTALLY EJECTED	M - MOTORCYCLE	7 - EXCEPT TRACTOR-TRAILER	3 - URINE	
9 - OTHER / UNKNOWN	9 - THIRD - RIGHT SIDE	4 - NOT APPLICABLE	P - PASSENGER	8 - INTERMEDIATE LICENSE RESTRICTIONS	4 - BREATH	
SAFETY EQUIPMENT			TRAPPED		5 - OTHER	
1 - NONE USED	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT TRAPPED	N - TANKER	9 - LEARNER'S PERMIT RESTRICTIONS	6 - PASSENGER	
2 - SHOULDER BELT ONLY USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - EXTRICATED BY MECHANICAL MEANS	Q - MOTOR SCOOTER	10 - LIMITED TO DAYLIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
3 - LAP BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT		S - SCHOOL BUS	12 - LIMITED - OTHER	9 - OTHER / UNKNOWN	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	
8 - HELMET USED			GENDER	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			F - FEMALE	17 - PROSTHETIC AID	4 - ILLNESS	
10 - REFLECTIVE CLOTHING			M - MALE	18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			U - OTHER / UNKNOWN		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	
99 - OTHER / UNKNOWN					7 - OTHER	
					DRUG TEST TYPE	
					1 - NONE	
					2 - BLOOD	
					3 - URINE	
					4 - OTHER	
					DRUG TEST RESULT(S)	
					1 - AMPHETAMINES	
					2 - BARBITURATES	
					3 - BENZODIAZEPINES	
					4 - CANNABINOIDS	
					5 - COCAINE	
					6 - OPIATES / OPIOIDS	
					7 - OTHER	
					8 - NEGATIVE RESULTS	



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2024-00010179

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
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
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
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
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						

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	

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
	CISLER, KATHRYN LEIGH	0 5 1 6 1 9 8 6		3 8	F	
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE		
9478 COLD SPRINGS LA Lane WAYNESVILLE, OH 45068				9 3 7 2 3 2 2 1 0 9		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE	
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE	

LOCAL REPORT NUMBER 2024-00010179	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 12 D 13 Y 2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION FRANKLIN ST Street	

On Monday, December 16, 2024, I received an estimate from Ryan Pasley, Bellbrook Service Department, for replacement of the street sign damaged.

Labor - \$59.53 / hour

Truck Use - \$17.00 / hour

Miscellaneous Supplies - \$2.00

Two Sign Posts - \$63.00

Total - \$141.53

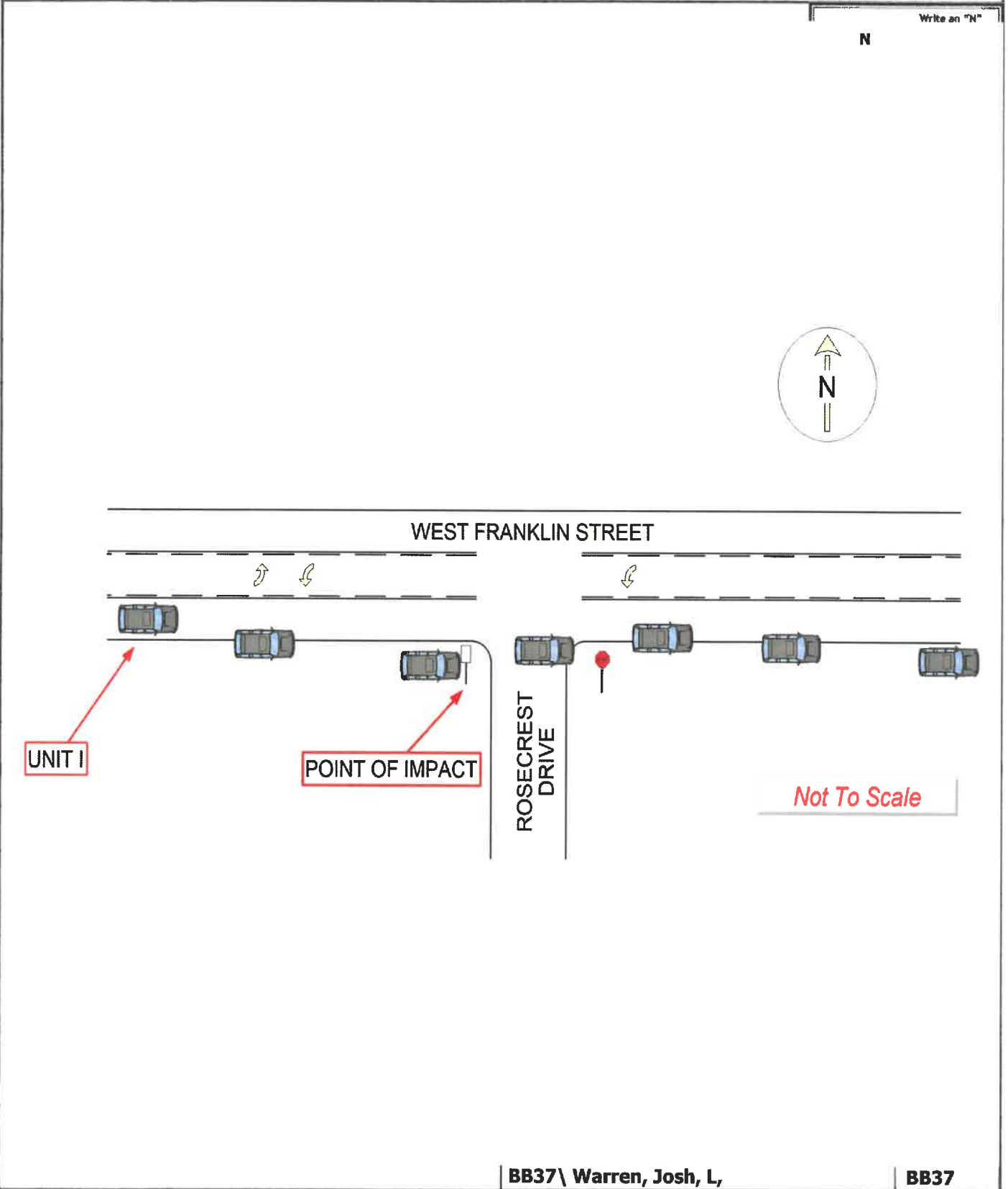
OFFICERS SIGNATURE
BB37\ Warren, Josh, L,

BADGE NO.
BB37

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2024-00010179	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 12 D 13 Y 2024
IN COUNTY OF 29 Greene	ACCIDENT LOCATION FRANKLIN ST Street	



OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 24-10179	REPORTING AGENCY Bellbrook Police Department	DATE OF CRASH 12/13/2024
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, IRVING DEARD (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Off. T. Waller #49 (OFFICERS NAME) AT 3951 W Franklin St Bellbrook OH 4503 (LOCATION)

I WAS DRIVING ALONG 785. I HAD BEEN HAVING SEVERE BACK PAIN ALL DAY, AND IT DISTRACTED ME. I THEN ACCIDENTALLY SWERVED OFF OF THE ROAD.

ADDRESS OF WITNESS <u>501 LE RIDGE TR., BELLBROOK OH 45305</u>	PHONE <u>937-371-5813</u>
SIGNATURE OF WITNESS <u>Ray M. [Signature]</u>	OFFICERS SIGNATURE <u>T. Waller #49</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 24-10179	REPORTING AGENCY Bellbrook Police Department	DATE OF CRASH M 12 / D 13 / Y 2024
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Mathew Cister _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)
ofc T. Walker _____ AT FarPro Audiology
 (OFFICERS NAME) (LOCATION)

I was at the door when I saw the white SUV hit the road sign. He kept going on the side of the road to the pole & stopped. I helped him get out (opened door) and made sure he was alright.

ADDRESS OF WITNESS 9478 Cold Springs Lane	PHONE 937-232-2109
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICERS SIGNATURE <u>T. Walker #49</u>