

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2024-00007857

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

LOCAL INFORMATION  
 REPORTING AGENCY NAME\*  
**Bellbrook Police**  
 NCIC\*  
**02905**

HITS/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
**01**

NUMBER OF UNITS  
**01**

UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
**99**

COUNTY\* **29**    LOCALITY\* **1**  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
**Bellbrook**

CRASH DATE / TIME\*  
**09272024 1648**

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

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

LOCATION ROAD NAME  
**WILMINGTON DAYTON**  
 ROAD TYPE  
**R D**

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**7320**  
 ROAD TYPE

LATITUDE DECIMAL DEGREES  
**39.631912**

LONGITUDE DECIMAL DEGREES  
**-84.110489**

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

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

DISTANCE FROM REFERENCE  
**10**

DISTANCE UNIT OF MEASURE  
 1 - MILES  
 2 - FEET  
 3 - YARDS  
**2**

ROUTE TYPE    ROUTE TYPE    ROAD TYPE

IR - INTERSTATE ROUTE(TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

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  
**01**

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  
**1**

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  
**2**  
 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 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**1**

WEATHER  
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE  
 4 - RAIN  
 5 - SLEET, HAIL  
**07**

6 - SNOW  
 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN


1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

NARRATIVE  
**On 09/27/2024 I was dispatched to a tree on a vehicle. Unit 1 had been traveling north on Wilmington Dayton Rd when a large tree uprooted and fell onto the hood near the windshield. Unit 1 was in motion and attempted to stop before the tree's location. The tree fell due to heavy rain and strong winds (60+mph).**

**BWC was on.**

See OH-2

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



CRASH REPORTED DATE / TIME  
**09272024 1648**

TOTAL TIME ROADWAY CLOSED  
**60**

OTHER INVESTIGATION TIME  
**60**

TOTAL MINUTES  
**190**

DISPATCH DATE / TIME  
**09272024 1648**

OFFICER'S NAME\*  
**Moore**

OFFICER'S BADGE NUMBER\*  
**B B 5 0**

ARRIVAL DATE / TIME  
**09272024 1714**

CHECKED BY OFFICER'S NAME\*  
**Vetter**

CHECKED BY OFFICER'S BADGE NUMBER\*  
**B B 3 3**

SCENE CLEARED DATE / TIME  
**09272024 1758**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 800)

**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)  
**MINICH, JASON EDWARD**

OWNER PHONE: INCLUDE AREA CODE ( ) (X SAME AS DRIVER)  
**7029948209**

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) (X SAME AS DRIVER)  
**7880 STONEHOUSE CT Court CENTERVILLE, OH 45459**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HUA1404** VEHICLE IDENTIFICATION # **JTJBARBZ0F2024329** VEHICLE YEAR **2015** VEHICLE MAKE **Lexus**

INSURANCE VERIFIED INSURANCE COMPANY **USAA** INSURANCE POLICY # **014F13701 7110** COLOR **WHI** VEHICLE MODEL

COMMERCIAL TYPE OF USE  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME **Other**

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # **03** VEHICLE WEIGHT GVWR/GCWR  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

HAZARDOUS MATERIAL MATERIAL CLASS # PLACARD ID #

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 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL  
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 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 10 - FLAT BED 14 - GARBAGE/REFUSE  
7 - GRAIN/CHIPS/GRAVEL 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 - MEDIA/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 **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

CONTRIBUTING CIRCUMSTANCES **01**

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 / ACD/A 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

SEQUENCE OF EVENTS

EVENTS

1 **4 8** 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 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

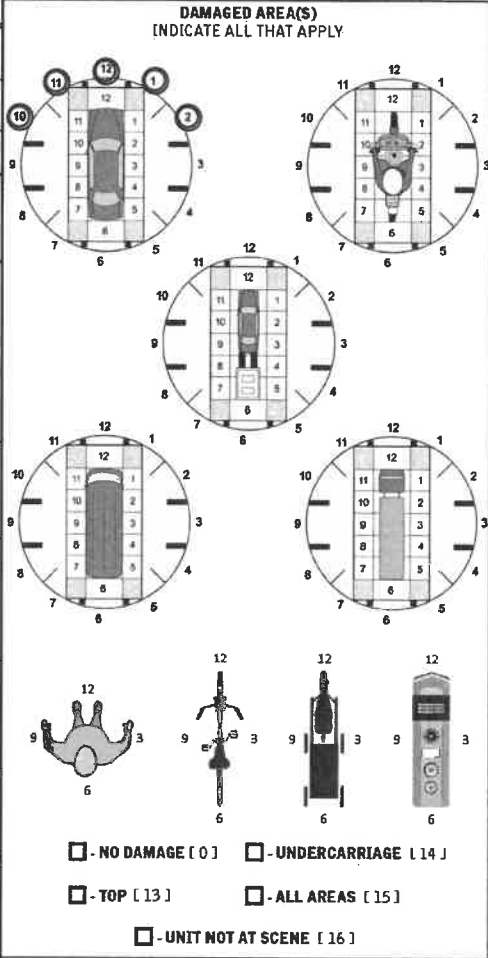
25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DETCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 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

1 **1** FIRST HARMFUL EVENT 1 **1** MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

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



INITIAL POINT OF CONTACT

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

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

# 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 **2** TO **1**

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

UNIT SPEED **40**

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

POSTED SPEED **35**



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2024-00007857**

|                     |  |                                  |                  |                    |
|---------------------|--|----------------------------------|------------------|--------------------|
| <b>UNIT #</b><br>01 | <b>NAME: LAST, FIRST, MIDDLE</b><br>MINICH, JASON EDWARD | <b>DATE OF BIRTH</b><br>09141980 | <b>AGE</b><br>44 | <b>GENDER</b><br>M |
|---------------------|--|----------------------------------|------------------|--------------------|

|  |  |
|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7880 STONEHOUSE CT Court CENTERVILLE, OH 45459 | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>7029948209 |
|--|--|

|                      |                                   |                                   |  |   |  |                               |                           |                      |                     |                  |                              |
|----------------------|-----------------------------------|-----------------------------------|--|---|--|-------------------------------|---------------------------|----------------------|---------------------|------------------|------------------------------|
| <b>INJURIES</b><br>5 | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>01 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1 |                  |                              |
| <b>OL STATE</b>      | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b><br><input type="checkbox"/>          | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>        |                           |                      |                     |                  |                              |
| <b>OL CLASS</b>      | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1         | <b>ALCOHOL TEST</b>       |                      | <b>DRUG TEST(S)</b> |                  |                              |
|                      |                                   |                                   |  |   |  | <b>STATUS</b><br>1            | <b>TYPE</b><br>1          | <b>VALUE</b>         | <b>STATUS</b><br>1  | <b>TYPE</b><br>1 | <b>RESULT SELECT UP TO 4</b> |

|               |                                  |                      |            |               |
|---------------|----------------------------------|----------------------|------------|---------------|
| <b>UNIT #</b> | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|---------------|----------------------------------|----------------------|------------|---------------|

|  |  |
|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|--|--|

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

|               |                                  |                      |            |               |
|---------------|----------------------------------|----------------------|------------|---------------|
| <b>UNIT #</b> | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b> | <b>AGE</b> | <b>GENDER</b> |
|---------------|----------------------------------|----------------------|------------|---------------|

|  |  |
|--|--|
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |
|--|--|

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

| 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 BUS & 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  |  |
| <b>INJURED TAKEN BY</b>                       | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
| 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                                     |
| <b>SAFETY EQUIPMENT</b>                       | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | 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) | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>                          |
| 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                        | 15 - NON-MOTORIST  | 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                  | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 4 - ILLNESS  | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | F - FEMALE                   | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
| 7 - BOOSTER SEAT                              |  |                                    | M - MALE                     |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 8 - HELMET USED                               |  |                                    | U - OTHER / UNKNOWN          |  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 5 - COCAINE                                    |
|   |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2024-00007857**

| OCCUPANT   |  | OCCUPANT                                      |   | OCCUPANT   |  | OCCUPANT                           |                           | OCCUPANT             |                     |
|--|--|---|---|--|--|------------------------------------|---------------------------|----------------------|---------------------|
| UNIT #<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE<br><b>MINICH, BEAU</b> | DATE OF BIRTH<br><b>07082015</b>              | AGE<br><b>9</b>                                 | GENDER<br><b>M</b>   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP<br><b>7880 STONEHOUSE CT Court CENTERVILLE, OH 45459</b> |  |   |   |  |  |                                    |                           |                      |                     |
| INJURIES<br><b>5</b>   | INJURED TAKEN BY<br><b>1</b>                     | EMS AGENCY (NAME)                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>07</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>04</b>      | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
| UNIT #<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE<br><b>MINICH, VIDA</b> | DATE OF BIRTH<br><b>06032019</b>              | AGE<br><b>5</b>                                 | GENDER<br><b>M</b>   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP<br><b>7880 STONEHOUSE CT Court CENTERVILLE, OH 45459</b> |  |   |   |  |  |                                    |                           |                      |                     |
| INJURIES<br><b>5</b>   | INJURED TAKEN BY<br><b>1</b>                     | EMS AGENCY (NAME)                             | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>07</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>09</b>      | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
| UNIT #   | NAME: LAST, FIRST, MIDDLE                        | DATE OF BIRTH                                 | AGE   | GENDER   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |                                    |                           |                      |                     |
| 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   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |                                    |                           |                      |                     |
| 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             |
| <b>INJURIES</b>  |  | <b>SAFETY EQUIPMENT USED</b>                  |   | <b>SEATING POSITION</b>  |  | <b>AIR BAG USAGE</b>               |                           |                      |                     |
| 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                 |                           |                      |                     |
| <b>INJURED TAKEN BY</b>  |  | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |   | 6 - SECOND - RIGHT SIDE  |  | 9 - DEPLOYMENT UNKNOWN             |                           |                      |                     |
| 1 - NOT TRANSPORTED / TREATED AT SCENE   |  | 7 - BOOSTER SEAT                              |   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |  | <b>EJECTION</b>                    |                           |                      |                     |
| 2 - EMS  |  | 8 - HELMET USED                               |   | 8 - THIRD - MIDDLE   |  | 1 - NOT EJECTED                    |                           |                      |                     |
| 3 - POLICE   |  | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |   | 9 - THIRD - RIGHT SIDE   |  | 2 - PARTIALLY EJECTED              |                           |                      |                     |
| 9 - OTHER / UNKNOWN  |  | 10 - REFLECTIVE CLOTHING                      |   | 10 - SLEEPER SECTION OF TRUCK CAB  |  | 3 - TOTALLY EJECTED                |                           |                      |                     |
| <b>GENDER</b>  |  | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |  | 4 - NOT APPLICABLE                 |                           |                      |                     |
| F - FEMALE   |  | 99 - OTHER / UNKNOWN                          |   | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |  | <b>TRAPPED</b>                     |                           |                      |                     |
| M - MALE   |  |   |   | 13 - TRAILING UNIT   |  | 1 - NOT TRAPPED                    |                           |                      |                     |
| U - 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   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |                                    |                           |                      |                     |
| NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH                                 | AGE   | GENDER   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |                                    |                           |                      |                     |
| NAME: LAST, FIRST, MIDDLE  |  | DATE OF BIRTH                                 | AGE   | GENDER   | CONTACT PHONE - INCLUDE AREA CODE                |                                    |                           |                      |                     |
| ADDRESS: STREET, CITY, STATE, ZIP  |  |   |   |  |  |                                    |                           |                      |                     |

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

|   |   |   |
|---|---|---|
| LOCAL REPORT NUMBER<br><b>2024-00007857</b> | REPORTING AGENCY<br><b>Bellbrook Police</b>           | DATE OF ACCIDENT<br>M <b>09</b> D <b>27</b> Y <b>2024</b> |
| IN COUNTY OF<br><b>29 Greene</b>            | ACCIDENT LOCATION<br><b>WILMINGTON DAYTON RD Road</b> |   |

N



*Not To Scale*

Wilmington Dayton Rd

Unit 1

Fallen Tree

Moss Oak Trail

OFFICERS SIGNATURE  
**BB50 \ Moore, Karen, ,**

BADGE NO  
**BB50**

|                                |                               |                                     |
|--------------------------------|-------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>24-7857 | REPORTING AGENCY<br>Bellbrook | DATE OF CRASH<br>M 09   D 27   Y 24 |
|--------------------------------|-------------------------------|-------------------------------------|

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

I, Jason Minich PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
K. Moore OFFICER'S NAME AT 7556 Wilmington Dayton Rd LOCATION

I was driving North on Wilmington Pike. Just past Mass Oak Rd, the wind blew over a tree that fell on the car before I could stop. The majority of the tree fell on the hood of the car.

There were two children in the back seat

Bean Minich DOB: 7/8/2015

Vida Minich DOB: 6/3/2019

Air bags did not deploy.

USAA policy # 014613701 7110

7880 Stonehouse Ct 702-994-8209  
 Dayton, OH 45459

|  |   |
|--|---|
| ADDRESS OF WITNESS                         | Phone   |
| SIGNATURE OF WITNESS<br><i>[Signature]</i> | OFFICER'S SIGNATURE<br>X <i>[Signature]</i> #50 |