OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLE	EMENT REPORT		OCAL REPORT NO	JMBER*
X PHOTOSTAKEN				0,0,7,6,1,
SECONDARY CRASH OH-1P OTHER REPORTING AGENCY NAME* PRIVATE PROPERTY Bellbrook Police	NCIC* 0,2,9,0,5,	HIT/SKIP 1 - SOLVÉD	NUMBER OF UNITS	OD ANITHAN
COUNTY* LOCALITY* LOCATION-CITY VILLAGE TOWNSHIP*	U Z 9 U 3	CRASH DATE / T	O 1	CRASH SEVERITY
2.9 1.2-VILLAGE 2VILLAGE Bellbrook		01222025		1 - FATAL
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH LOCATION ROAD NAME	ROAD TYPE	LATITUDE DEG		2 - SERIOUS INJURY SUSPECTED
4 3-EAST FRANKLIN	ST	3,9,6,3,8,	1,3,1,	3 - MINOR INJURY SUSPECTED
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 2 - S	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE
3-EAST 4059		84 _. 0,9,2,	2,4,7	5 - PROPERTY DAMAGE ONLY
REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE 1 - INTERSECTION LANDETH IR - INTERSTATE ROUTE(TP) AL - ALLEY HW. HIGHWAY	RO - ROAD	1	NTERSECTION RE	ELATED
3 2-MILE POST 2-SOUTH US-FEDERAL US ROUTE AV - AVENUE LA - LANE	SQ - SQUARE	WITHIN INTER	RSECTION OR ON A	PPROACH
CR - CIRCLE OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP OF DISTANCE TR - NUMBER -	TL - TRAIL		ROADWAY	
The Number of Washington Control of the State of Control o	WA - WAY	ROADWAY DIV	IDED	
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMI		DIRECTION OF TRAVEL		MEDIAN TYPE
1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION 4 - REAR-TO-REAI 5 - BACKING 1 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 1 - BACKING 1 - NOT COLLISION 4 - REAR-TO-REAI 5 - BACKING 5 - BACKING	R	1-NORTH		IDED FLUSH MEDIAN
3 - IN MEDIAN 11-RAILWAY GRADE CROSSING VEHICLES IN 6 - ANGLE 4 - ON ROADSIDE 12-SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SI	AME DIRECTION	3 - EAST	2 - DIA	IDED FLUSH MEDIAN
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OF	PPOSITE DIRECTION	4-WEST	3 - DIV	IDED, DEPRESSED MEDIAN
7 - ON RAMP 14-TOLL BOOTH	IOWN		(AN	IDED, RAISED MEDIAN Y TYPE) ER/UNKNOWN
O- OF RAIM	HODE TOWN	CONTOUR		
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN V 1 - LANE CLOSURE 1 - BEFORE THE 1S	T WORK ZONE	1 1	CONDITIONS	
WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER WARNING SIGN 3 - WORK ON SHOULDER 2 - ADVANCE WARN		1 - STRAIGHT LEVEL		1 - CONCRETE
LAW ENFORCEMENT PRESENT ON MEDIAN 3-TRANSITION AR 4-INTERMITTENT OR MOVING WORK 4-ACTIVITY AREA			2-WET	2 - BLACKTOP,
ACTIVE SCHOOL ZONE 5 - OTHER 5 - TERMINATION A			3 - SNOW 4 - ICE	BITUMINOUS, ASPHALT
LIGHT CONDITION WEATHER			5 - SAND, MUD, DIF	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,
1 - DAYLIGHT 1 - CLEAR 6 - SNOW 3 2 - DAWN/DUSK 1 - CLOUDY 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STAND	STONE
3 - DARK – LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIF 4 - DARK – ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREE			MOVING) 7 - SLUSH	9 - OTHER/UNKNOWN
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN			7 - SLUSH 9 - OTHER/UNKNOV	WN
NARRATIVE			TTTT	^
Unit 1 was traveling east bound on W. Franklin Street				Indicate the north direction with an "N" on the
near Sugar Run Trail when a deer ran into the				compass diagram.
roadway and was struck at the front driver side				
quarter panel.				-
		=		
		See OH-2		
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME	ur u	COUNT OF FACTOR	A CONTRACTOR	
		SCENE CLEARED DA		REPORT TAKEN BY POLICE AGENCY
0, 1, 2, 2, 2, 0, 2, 5, 1, 9, 4, 5, 0, 1, 2, 2, 2, 0, 2, 5, 2, 0, 1, 2, 0, 1, 2, 0, 2, 5, 7 TOTAL TIME OTHER TOTAL OFFICER'S NAME*	CHECKED BY OFFIC			MOTORIST
POADWAY CLOSED INVESTIGATION TIME ANNUARE		v name	1	ET CHINDLESSENT
	Stout			SUPPLEMENT (CORRECTION OR ADDITION
OFFICER'S BADGE NUMBER*		OFFICER'S BADGE NU	JMBER*	CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO BORS

0, 1, LUTZ, Brian

LP STATE LICENSE PLATE #

OH

VERIFIED

DEVICE

UNIT TYPE 4 - PICK UP

INSURANCE

JEU2808

1 - PASSENGER CAR

O. 1 3 - SPORT UTILITY VEHICLE

5 - CARGO VAN

6 - VAN (9-15 SEATS)

, 00 # OF TRAILING UNITS

1 - NONE

2 - TAXI

FUNCTION 4 - SCHOOLTRANSPORT

1 - NO CARGO BODYTYPE

/ NOT APPLICABLE

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - NON-CONTACT

2 - NON-COLLISION

1 - INTERSECTION - MARKED

VEHICLE 2 - HEAD LAMPS

DEFECTS 3-TAIL LAMPS

4 3-STRIKING

3 - IMMERSION

→ 4 - JACKKNIFE

0,1,

SPECIAL

CARGO

BODY

LOCATION

AT IMPACT

31

41

5L

61

OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DELVER)

3859 Callaway CT Court Bellbrook, OH 45305

#OCCUPANTS

0, 2

10 - MOPED OR MOTORIZED

11-ALLTERRAINVEHICLE

6 - BUS - CHARTER/TOUR

7 - BUS - INTERCITY

MOTORVEHICLE

9 - BUS-OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TIRE BLOWOUT

CROSSWALK

1 - STRAIGHT AHEAD

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

2 - BACKING

O 1 3 - CHANGING LANES

3 - INTERSECTION - OTHER

5 - TRAVEL LANE - OTHER LOCATION

4 - MIDBLOCK - MARKED

0

AUTONOMOUS MODE LEVEL

9 - AUTOCYCLE

BICYCLE

7 - MOTORCYCLE 2-WHEELED

VEHICLE IDENTIFICATION #

 $1_{1}N_{1}4_{1}A_{1}L_{1}3_{1}A_{1}P_{1}9_{1}E_{1}N_{1}3_{1}8_{1}5_{1}8_{1}8_{1}8_{1}$

INSURANCE POLICY #

4212735-SFP-35

US DOT #

VEHICLE WEIGHT GVWR/GCWR

J 3 - >26K LBS.

14 - SINGLE UNITTRUCK

16 - FARM EQUIPMENT

1 - ≤10K L8S.

2 - 10.001 - 26K LBS.

1 1 1

12-GOLF CART

13-SNOWMOBILE

15 - SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATTON

11-FIRE

12-MILITARY

14 - PUBLIC UTILITY

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICK TIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

DEFECTIVE

6 - BICYCLE LANE

8 - SIDEWALK

7 - MAKING U-TURN

8 - ENTERINGTRAFFIC LANE

9 - LEAVING TRAFFIC LANE

12 - DOWNHILL RUNAWAY

13 - OTHER MON-COLLISION

13 - POLICE

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER

1 - DRIVER ASSISTANCE

2 - PARTIAL AUTOMATION

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DELVER)

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

INSURANCE COMPANY

State Farm

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

HIT/SKIP UNIT

WAS VEHICLE OPERATING IN AUTONOMOUS

3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE

MODE WHEN CRASH OCCURRED?

I 1-YES 2-NO 9-OTHER/UNKNOWN

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED

ACTION	4 - STRUCK PRE-GRASH 5 - BOTH STRIKING ACTIONS & STRUCK 9 - OTHER/UNKNOWN	4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	10-PARKED 11-SLOWING OR STOPPED INTRAFFIC 12-DRIVERLESS	15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	20- OTHER NON-MOTORIST 21- Standing Outside Disabled Vehicle 99- Other / Unknown		ERTO UNIT 15 - VEHICLE NOT FRAM 99 - UNKNOWN TRAFFIC
O, 1, contributing circumstances		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 IMPROPERACTION	TRAFFIGWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY # OF THROUGH LANES ON ROAD	TRAFFIC CONTRO 1 - ROUNDABOUT 4 - 6 2 - SIGNAL 5 - 7 - FLASHER 6 - RAIL GRADE CROSS
SEQUENCE	OF EVENTS					UN KUAD	1 - NOT INVOLVED
1 .1.8	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		2 - INVOLVED-ACTIVE C 3 - INVOLVED-PASSIVE

18 - APPROACHING

23 - STRUCK BY FALLING

SHIFTING CARGO OR

ANYTHING SET IN MOTION

19-STANDING

VEHICLE YEAR

COLOR

BLK

TOWED BY: COMPANY NAME

MATERIAL RELEASED

PLACARD

18-LIMO(LIVERY VEHICLE)

19 - BUS (16+ PASSENGERS)

20-OTHER VEHICLE

21 - HEAVY EQUIPMENT

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

16 - FARM

17 - MOWING

19-TOWING

8 - POLE

9 - CARGOTANK

9 - MOTORTROUBLE

ACCIDENT

TRAILS

10 - DISABLED FROM PRIOR

9 - MEDIAN/CROSSING ISLAND

10-DRIVEWAY ACCESS

11 - SHARED USE PATHS OR

13 - NEGOTIATING A CURVE

14 - ENTERING OR CROSSING

SPECIFIED LOCATION

18 - ANIMAL -- DEER

19 - ANIMAL - OTHER

10 - FLAT BED

71 - DUMP

15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

18 - SNOW REMOVAL

22 - ANIMAL WITH RIDER OF

ANIMAL-DRAWN VEHICLE

3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

HAZARDOUS MATERIAL

1.1.1

26 - BICYCLE

27 - TRAIN

	_	5 - CARGO/ EQUIPMENT LOSS OR SHIFT	10-CROSS MEDIAN	14-PEDESTRIAN 15-PEDALCYCLE	20 - MOTOR VEHICLE IN Transport 21 - Parked Motor Vehicle	BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO 3	2 - SOUTH 3 - EAST 4 - WEST	6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST
		25 - IMPACT ATTENUATOR		N WITH FIXED OBJEC		THE RESERVE OF		4-4601	9 - OTHER / UNKNOWN
		/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	43 - CURB 44 - DITCH 45 - Embankment	50-WORK ZONE MAINTENANCE EQUIPMENT 51-WALL	UNIT SPEED		CTED SPEED
		27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	DAKRIEK	SUPPORT 40 - UTILITY POLE	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - Tunnel	3,5	1.	TATED / ESTIMATED SPEED CALCULATED / EDR
		29 - BRIDGE RAIL 30 - Guardrail Face	35-MEDIAN CONCRETE BARRIER 36-MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - V	INDETERMINED
1		FIRST HARMFUL EVEN	4	ARMFUL EVENT			3 5		
SY8304	ОН	11U 1/19 [760-0820]							PAGE 2 OF 4

1 - NORTH 5 - NORTHEAST

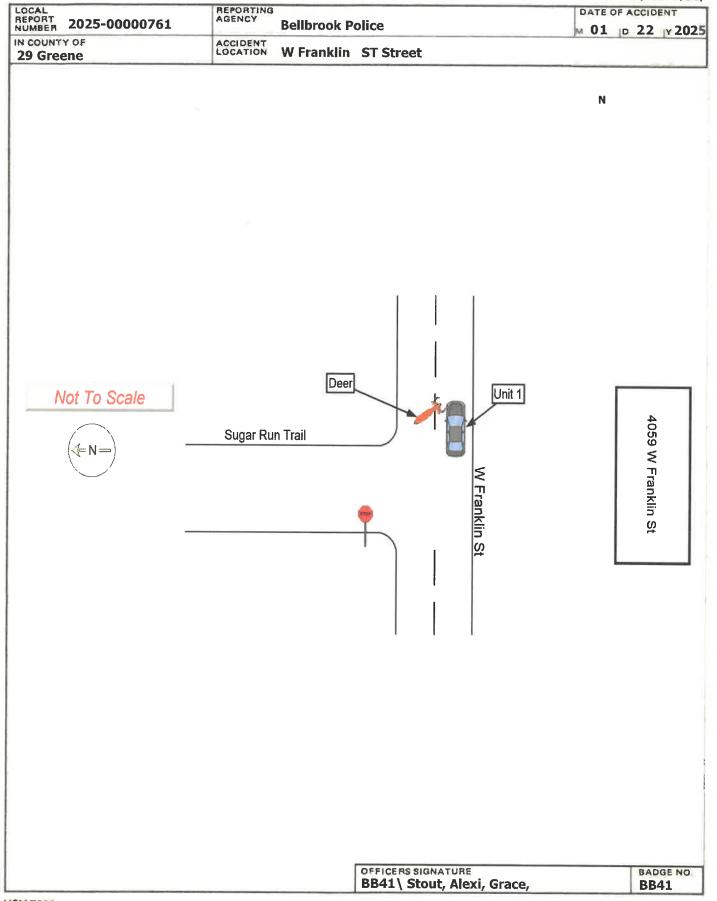
UNIT / NON-MOTORIST DIRECTION

	OF DEPARTMENT MOTORIST / NON-MOTORIST							2,0,2,5,-,0,0,0,0,0,7,6,1,								
UI	UNIT # NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH AGE GENDER						
, c	1,1	LUTZ, M	IEGAN CATHLEEN							0,6,1,2,1,9,7,9,4,5, F						
Z AD	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
E 38	59 Ca	allaway C	T Court Bellbrook, O	H 4530	5					5 7 1 3 1 6 6 5 5 5						5 , 5 ,
INJ	URIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACI	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT	-COMPLIA	SEATING POST	TON AIR B	AG USAGE	EJECTION	TRAPPED
2	5	BY							0 2		HELMET			1	_1_	1
OL:	STATE	OPERATOR	LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		-	CIT	ATION NU	MBER	-
AD 38 38 38 38 38 38 38 38 38 38 38 38 38		The state									lla company	NAME OF THE OWNER OWNER OF THE OWNER OWNE				
≥ OL	CLASS	ENDORSEMEN SELECT UP TO 2	RESTRICTION SELECT	DI	RIVER STRACTED		OHOL / DRUG S	JSPECTED Marijuana	CONDITION	STATUS	TYPE	VALUE	STATUS		TEST(S	SELECT HE164
			1	Bi	1		LCOHOL	MAKUUANA	1	. 1	1	21	1	1		
UP	IT #	NAME: LAST	FIRST, MIDDLE			·	THE NOTICE		1		D	ATE OF BIRTH	1		AGE	GENDER
			······, ·····							ļ. ,			, ,			
Z AD	DRESS:	STREET, CITY, S	TATE, ZIP							CONTA	CT PHOI	NE - INCLUDE ARE	A CODE			L
TOR.										1 1		1 1	ı	1 1	1	
E INJ	URIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACI	.ITY (NAME, CITY)		- DOT	-Complia	SEATING POST	TON AIR 8	AG USAGE	EJECTION	TRAPPED
OZ		TAKEN BY							USED		HELMET				اا	
OL :	TATE	OPERATOR	LICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CITA	ATION NU	MBER	
MOTORIST / NON-MOTORIS																
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				B			LCOHOL [] THER DRUG	MARLUANA].		и и -
UP	IT#	NAME: LAST	FIRST, MIDDLE			<u> </u>	711211 2110 2			<u> </u>	D.	ATE OF BIRTH	J <u>L</u>	1	AGE	GENDER
										ļ. ,						
ADI	DRESS:	STREET, CITY, S	TATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
TORI										1 1		1 1	1	1 1	1	1 1
E INJ	URIES	INJURED	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACI	.ITY (NAME, CITY)	SAFETY EQUIPMENT	- DOT	-Complia	SEATING POST	TON AIR B	AG USAGE	EJECTION	TRAPPED
/ NON-MOTORIS		TAKEN By							USED		HELME					
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8			19 3 79 3 5	BY	, j		LCOHOL THER DRUG	MARLJUANA								
	INJU	RIES	SEATING POSITION		AIR BAG		OL C	LASS	OL RESTRIC	TION(S)	DR	IVER DISTRA	CTION	T	EST STA	TUS
1 - FAT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DE			1 - CLASS A		1 - ALCOHOL INTER			NOT DISTRACTED		1 - NONE		
100		SERIOUS INJURY WINOR INJURY	2 - FRONT - MIDDLE	3-DEPLO	YED FRONT YED SIDE		2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			MANUALLY OPERATELECTRONIC COMM	UNICATION		REFUSED GIVEN, CON	TAMINATED
	SIBLE IN.		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE		YED BOTH FR	ONT / SIDE	4 - REGULAR CL. (OHIO = D)	ASS	4 - FARM WAIVER			DEVICE (TEXTING, DIALING)	IYPING,	SAMF	LE/UNUSA	BLE
5 - NO	APPARENT	TINJURY	(MOTORCYCLE PASSENGER)		PLICABLE Yment unkn	UMA	5 - M/C MOPED O	NLY	6 - EXCEPT CLASS	EXCEPT CLASS A BUS 3 - TALKING ON HANDS-FREE 4 - TEST GIVEN, RESULTS KN EXCEPT CLASS A COMMUNICATION DEVICE 5 - TEST GIVEN, RESULTS						
		TAKEN BY	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	7-82120	THE IT ONCY		6 - NO VALID OL		& CLASS B BUS		4-1	ALKING ON HAND-	HELD	UNKA	IOWN	
	TRANSPO EATED AT		7 - THIRD - LEFT SIDE		JECTION		OL ENDOI	RSEMENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE			COMMUNICATION O OTHER ACTIVITY W				TTYPE
2 - EM			(MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE	1 - NOT Ea			H - HAZMAT		RESTRICTIONS			ELECTRONIC DEVIC	E	1 - NONE 2 - BL00		
3 - POL 9 - OTH	ICE IER/Unki	NO WIN	9 - THIRD - RIGHT SIDE		ALLY EJECTED Ly Ejected		M - MOTORCYCL P - PASSENGER		9-LEARNER'S PERMIT 6-PASSENGER RESTRICTIONS 7-OTHER DISTRACTION			N	3 - URINE			
201			10 - SLEEPER SECTION OF TRUCK CAB		PLICABLE		N-TANKER		10 - LIMITED TO DAY			NSIDE THE VEHIC	E	4 - BREA		
		RUIPMENT	11 - PASSENGER IN OTHER	-	TRAPPED	25 24	Q - MOTOR SCOO		11 - LIMITED TO EMI 12 - LIMITED - OTHE	11 - LIMITED TO EMPLOYMENT 8 - OTHER DISTRACTION OUTSIDE 5 - OTHER THE VEHICLE THE VEHICLE						
11.734	2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS 1 - NOTTRAPPED 5 - SCHOOL BUS 13-1					13 - MECHANICAL DI	13 - MECHANICAL DEVICES 9 - OTHER / UNKNOWN				DRUG TEST TYPE		TYPE			
	3-LAP BELT ONLY USED PICK-UP WITH CAP) 2-EXTRICATED BY T - DOUBLE &TRIPLETRAILERS ((SPECIAL BRAKES, HAND CONTROLS, OR OTHER CONDITION			N	2 - BLOOD							
5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED BY X - TANKER / HAZ			TAMS	A A ARTHUR DESCRIPTION DO CAUSE			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		3 - URINE							
	WARD FAI	CING AINT SYSTEM -	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR	NO N-M	ECHANICAL M	ILMII)	GEN	DER	15 - MOTOR VEHICLE		3 - 8	EMOTIONAL (E.G., DE		4 - OTHE		
RE.	R FACING		(NON-TRAILING UNIT)				F - FEMALE M - MALE		AIR BRAKES 16 - OUTSIDE MIRRO	R		NGRY, DISTURBED) L LNESS			TEST RE	SULT(S)
1	STER SEA		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNK	IOWN	17 - PROSTHETIC AIL		5-F	ELL ASLEEP, FAIN	ED,		TURATES	
9 - PRO	TECTIVE	PADS USED							18-OTHER			ATIGUED, ETC. Inder the influe	NCE		ODIAZEPIN	ES
	BOW, KNE	ES, ETC.) Clothing									0	F MEDICATIONS / E			IABINOIDS INE	
11 - LIG	HTING - P	EDESTRIAN										7 ALCOHOL 5 - COCAH 9 - OTHER / UNKNOWN 6 - OPIATE		ES/OPIOID	S	
30X A38	CYCLE ON ER/UNKI													7 - OTHE		T¢
	0.0722	vi 1/19 [760-15	som					Legal Igita	1		012	CALL P. E.	G 15 1		TIVE RESUI	of 4
	in CIH1N	or 123 Q 1780.15	OUUI											DA	AF 41	OF THE

OF Pries	CCUPANT / WITNESS ADDENDUM						2.0.2.50.0.0.0.0.7.6.1						
HINTY # MANE LAST COOK MODELS									101010	7,6	$_{i}1_{i}$		
UNIT # NAME: LAST, FIRST, MIDDLE 01 LUTZ Teresa Madeline								DATE OF BIRTH AGE GENDER					
Lotz, relesa riadeine								0 2 1 5 2 0 0 6 1 8 F					
ADDRESS: STREET, CITY, STATE, ZIP 3859 Callaway CT Court Bellbrook, OH 45305								CONTACT PHONE - INCLUDE AREA CODE					
3859 (CT Court Bellbroo	ok, OH 4530!	5			L L	1 1	1_1	I I			
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED		
_ 5	8Y _1					0 2	MC HELMET	0 1	1	1 1	1		
UNIT #	NAME: LAS	ST, FIRST, MIDDLE		*		- 10	DAT	E OF BIRTH		AGE	GENDER		
ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	MDF				
ADDRESS													
INJURIES	INJURED	EMS ASENCY (NAME)		INJURED TAKEN TO: MEDICAL FACE		SEATING POSITION	AID DAG HEACH	EIECTION	TRADDED				
l, ,	TAKEN				,	USED	DOT-COMPLIANT MC HELMET	35/////	PIR BRO USHGI	Lacolion	INAFFED		
UNIT #	MARK LAG	T FIRST SWOOL C	-										
ONII #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
L							LIII				L		
ABUKESS:	street, city,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
ADDRESS:							L I - I	1 1 1	11	1 1	1		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	BY						MC HELMET			, ,			
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	OE				
ADDRESS:							7 - 7			4			
INJURIES	INJURED	EMS ABENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	LTY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	TAKEN BY					USED	DOT-COMPLIANT MC HELMET						
W. W.	INJU	RIES	SAFETY	' EQUIPMENT USED	North Par	SEATING POS	ITION		AIR BAG U	SAGE			
1 - FATA	L		1 - NONE US	ED-		IT – LEFT SIDE		1 - NOT DE	A STATE OF THE PARTY OF THE PAR	ONGL			
2 - SUSF	PECTED SE	RIOUS INJURY	VEHICLE	OCCUPANT		ORCYCLE DRIV	ER)		YED FRONT				
3 - SUSF	PECTED MI	NOR INJURY	2- SHOULDE	R BELT ONLY USED		T - MIDDLE		3 - DEPLO					
4 - POSS	SIBLE INJU	RY	3 - LAP BELT	ONLY USED		IT – RIGHT SIDI IND – LEFT SIDI		YED BOTH					
5 - NO A	PPARENT I	NJURY	4 - SHOULDE	R & LAP BELT USED		ORCYCLE PASS	the state of the s	FRONT					
I IENIGO	INTER	TAKEN BY	 Compared to the compared to the c	STRAINT SYSTEM -		ND - MIDDLE		5 - NOT APPLICABLE					
1 NOT	TRANSPOR		FORWARI			ND – RIGHT SII D – LEFT SIDE	9 - DEPLOYMENT UNK			NOWN			
	ATED AT S		REAR FAC	STRAINT SYSTEM -		ORCYCLE SIDE	CAR)	EJECTION					
2 - EMS			7 - BOOSTER	SEAT	8 - THIR	D - MIDDLE		1 - NOT EJ					
3 - POLI	CE		8 - HELMET	USED		D - RIGHT SIDE	2 DARTIALIN FIRSTER						
9 - OTHE	ER / UNKNO	WN	9 - PROTECT	IVE PADS USED			OF TRUCK CAB						
	100	DER	(ELBOW,	(NEES, ETC.)		O AREA (NON-TE	ER ENCLOSED 3 - TOTALLY EJECTED RAILING UNIT, 4 - NOT APPLICABLE						
F-FEMA	CLASS TO STATE OF		10-REFLECT	IVE CLOTHING	BUS, P	PICK-UP WITH CAP	9)	HOTAL			A 1501.0		
M-MALE				- PEDESTRIAN		ENGER IN UNE O AREA							
U - OTHE	R/UNKNOV	VN	/ BICYCLE 99 - OTHER / L			LING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL						
			//- VINEK/L	STATE OF STA		IG ON VEHICLE	EXTERIOR	MEANS		ECHANIC	AL		
						MOTORIST		3 - FREED	BY NON-ME	CHANICA	L		
						R/UNKNOWN		MEANS					
NAME: LAS	T, FIRST, MIDDL	.E					DATI	OF BIRTH	T	AGE	GENDER		
							1 1 1				,		
ADDRESS:	STREET, CITY, S	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	—————] <u>[</u>				
							rs or v	0 0 0			75 - 7		
NAME: LAST	T, FIRST, MIDDL	E					DATE	OF BIRTH		AGE	GENDER		
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ADDRESS:	STREET, CITY, S	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD	E		\dashv		
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NAME: LAST	T, FIRST, MIDDL	E					DATE	OF BIRTH		AGE	GENDER		
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ADDRESS:	STREET, CITY, S	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COD					
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7 8355 OH1	P 3/19 [760-1	500]							P	AGE 4	0F4		
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)



HSY 7003 12/19 [760-1500]

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
25-761	Bellbrook Police Dept	M 1 0 22 1 25
FOR LOCAL USE ONLY -	DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL	
,	TO HO! OUDS!!!! TO THE STATE EXCEPT FOR PATAL	. CRASHES
1, Megan Lutz PRINTED	HEREBY MAKE THIS VOLUNTARY	STATEMENT TO
A. Stort #41 OFFICER'S NAME	AT 3859 Callanae	Ct. Bellbroo
My daughter	and I were driving down Frank	Klin Street
around 7:30	when a deer ran out in the road. It	ried to
avoid hitting	and I were driving down Frank when a deer ran out in the road. It it but my vehicle did make contact	t with deer.
<i>J</i>		
:		
ADDRESS OF WITNESS		
3859 Callaway Ct. Bellbrosignature of Witness	OOK OH 45305 571-316-6555	;
X megan huty	OFFICER'S SIGNATURE X M C + +	-41