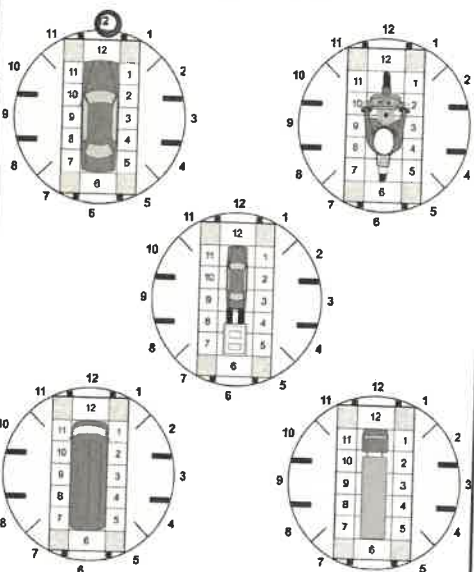
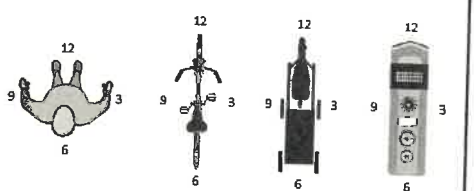


BBPD 2019 OH-1 2025-00001062 Page 1 OF 3

UNIT # <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>IRWIN, JOYCE A</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) <b>937 848 2361</b>
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>2139 SHEFFIELD DR Drive BELLBROOK, OH 45305</b>		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <b>OH</b>	LICENSE PLATE # <b>EKU9045</b>	VEHICLE IDENTIFICATION # <b>3N1BC13E58L378698</b>
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>State Farm</b>	INSURANCE POLICY # <b>2473591-SFP-35</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR <b>2008</b>
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	VEHICLE MAKE <b>Nissan</b>
#OCCUPANTS <b>01</b>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
UNIT TYPE <b>01</b>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID #
# OF TRAILING UNITS <b>00</b>		VEHICLE MODEL <b>Versa</b>
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN <b>0</b>		
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 <b>01</b>		
CARGO BODY TYPE <b>01</b>		
VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT <b>07</b>		
ACTION <b>3</b>		
CONTRIBUTING CIRCUMSTANCES <b>01</b>		
SEQUENCE OF EVENTS		
EVENTS		
COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>		

LOCAL REPORT NUMBER <b>2025-00001062</b>	
DAMAGE DAMAGE SCALE <b>3</b> 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
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 <b>2</b> 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL <b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <b>2</b>	RAIL GRADE CROSSING <b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM <b>3</b> TO <b>4</b>	
UNIT SPEED <b>25</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>35</b>	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2025-00001062**

MOTORIST / NON-MOTORIST	UNIT # <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>IRWIN, JOYCE A</b>			DATE OF BIRTH <b>06/20/1947</b>		AGE <b>77</b>	GENDER <b>F</b>																																																																																																																																																																																																																																																
	ADDRESS: STREET, CITY, STATE, ZIP <b>2139 SHEFFIELD DR Drive BELLBROOK, OH 45305</b>				CONTACT PHONE - INCLUDE AREA CODE <b>937 848 2361</b>																																																																																																																																																																																																																																																			
	INJURIES <b>5</b>	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>																																																																																																																																																																																																																																														
	OL STATE <b>1</b>	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER																																																																																																																																																																																																																																																
MOTORIST / NON-MOTORIST	OL CLASS <b>1</b>	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY <b>1</b>	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION <b>1</b>	ALCOHOL TEST STATUS <b>1</b> TYPE <b>1</b> VALUE <b>1</b>		DRUG TEST(S) STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4																																																																																																																																																																																																																																														
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CLASS B BUS</td><td>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td><td>5 - TEST GIVEN, RESULTS UNKNOWN</td></tr><tr><td colspan="3">INJURED TAKEN BY</td><td colspan="2">EJECTION</td><td colspan="2">ALCOHOL TEST TYPE</td></tr><tr><td colspan="3">1 - NOT TRANSPORTED / TREATED AT SCENE</td><td colspan="2">1 - NOT EJECTED</td><td colspan="2">1 - NONE</td></tr><tr><td colspan="3">2 - EMS</td><td colspan="2">2 - PARTIALLY EJECTED</td><td colspan="2">2 - BLOOD</td></tr><tr><td colspan="3">3 - POLICE</td><td colspan="2">3 - TOTALLY EJECTED</td><td colspan="2">3 - URINE</td></tr><tr><td colspan="3">9 - OTHER / UNKNOWN</td><td colspan="2">4 - NOT APPLICABLE</td><td colspan="2">4 - BREATH</td></tr><tr><td colspan="3">SAFETY EQUIPMENT</td><td colspan="2">TRAPPED</td><td colspan="2">5 - OTHER</td></tr><tr><td colspan="3">1 - NONE USED</td><td colspan="2">1 - NOT TRAPPED</td><td colspan="2">DRUG TEST TYPE</td></tr><tr><td colspan="3">2 - SHOULDER BELT ONLY USED</td><td colspan="2">2 - EXTRICATED BY MECHANICAL MEANS</td><td colspan="2">1 - NONE</td></tr><tr><td colspan="3">3 - LAP BELT ONLY USED</td><td colspan="2">3 - FREED BY NON-MECHANICAL MEANS</td><td colspan="2">2 - BLOOD</td></tr><tr><td colspan="3">4 - SHOULDER &amp; LAP BELT USED</td><td colspan="2"></td><td colspan="2">3 - URINE</td></tr><tr><td colspan="3">5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td><td colspan="2"></td><td colspan="2">4 - OTHER</td></tr><tr><td colspan="3">6 - CHILD RESTRAINT SYSTEM - REAR FACING</td><td colspan="2"></td><td colspan="2">CONDITION</td></tr><tr><td colspan="3">7 - BOOSTER SEAT</td><td colspan="2"></td><td colspan="2">1 - APPARENTLY NORMAL</td></tr><tr><td colspan="3">8 - HELMET USED</td><td colspan="2"></td><td colspan="2">2 - PHYSICAL IMPAIRMENT</td></tr><tr><td colspan="3">9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)</td><td colspan="2"></td><td colspan="2">3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)</td></tr><tr><td colspan="3">10 - REFLECTIVE CLOTHING</td><td colspan="2"></td><td colspan="2">4 - ILLNESS</td></tr><tr><td colspan="3">11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</td><td colspan="2"></td><td colspan="2">5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.</td></tr><tr><td colspan="3">99 - OTHER / UNKNOWN</td><td colspan="2"></td><td colspan="2">6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">9 - OTHER / UNKNOWN</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">DRUG TEST RESULT(S)</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">1 - AMPHETAMINES</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">2 - BARBITURATES</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">3 - BENZODIAZEPINES</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">4 - CANNABINOIDS</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">5 - COCAINE</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">6 - OPIATES / OPIOIDS</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">7 - OTHER</td></tr><tr><td colspan="3"></td><td colspan="2"></td><td colspan="2">8 - NEGATIVE RESULTS</td></tr></tbody></table>											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 & CLASS B 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			1 - NOT EJECTED		1 - NONE		2 - EMS			2 - PARTIALLY EJECTED		2 - BLOOD		3 - POLICE			3 - TOTALLY EJECTED		3 - URINE		9 - OTHER / UNKNOWN			4 - NOT APPLICABLE		4 - BREATH		SAFETY EQUIPMENT			TRAPPED		5 - OTHER		1 - NONE USED			1 - NOT TRAPPED		DRUG TEST TYPE		2 - SHOULDER BELT ONLY USED			2 - EXTRICATED BY MECHANICAL MEANS		1 - NONE		3 - LAP BELT ONLY USED			3 - FREED BY NON-MECHANICAL MEANS		2 - BLOOD		4 - SHOULDER & LAP BELT USED					3 - URINE		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING					4 - OTHER		6 - CHILD RESTRAINT SYSTEM - REAR FACING					CONDITION		7 - BOOSTER SEAT					1 - APPARENTLY NORMAL		8 - HELMET USED					2 - PHYSICAL IMPAIRMENT		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)					3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		10 - REFLECTIVE CLOTHING					4 - ILLNESS		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		99 - OTHER / UNKNOWN					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							9 - OTHER / UNKNOWN							DRUG TEST RESULT(S)							1 - AMPHETAMINES							2 - BARBITURATES							3 - BENZODIAZEPINES							4 - CANNABINOIDS							5 - COCAINE							6 - OPIATES / OPIOIDS							7 - OTHER							8 - NEGATIVE RESULTS	
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OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

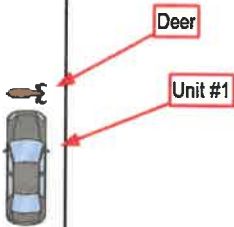
LOCAL REPORT NUMBER <b>2025-00001062</b>	REPORTING AGENCY <b>Bellbrook Police</b>	DATE OF ACCIDENT M <b>01</b>   D <b>30</b>   Y <b>2025</b>
IN COUNTY OF <b>29 Greene</b>	ACCIDENT LOCATION <b>West Franklin ST Street</b>	

N

West Franklin St.



3640



Note: Drawing not to Scale

OFFICERS SIGNATURE <b>BB13\ Ruble, Tony, P,</b>	BADGE NO. <b>BB13</b>
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