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STREAM REPORTED BATE FAMILY SOUTH FOR STREAM		ORTH LOC	CATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DE	EGREES	
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3 2 - DAWNYDUSK 3 - DARK - LICHTED ROADWAY 4 - DARK - RADDWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN A - RAIN 9 - TREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HALL 99 - OTHER / UNKNOWN NARRATIVE ON 4/15/2025 at 2040 hours, Unit 1 and Unit 2 were traveling east on West Franklin Street with Unit 1 in the rear. Unit 2 stopped for traffic at the red light located at West Franklin Street and Little Sugarcreek Road. Unit 1 failed to stop and struck the rear of Unit 2. BWC ON CRASH REPORTED DATE / TIME 0,4,1,5,2,0,2,5, 2,0,4,1,0,4,1,5,2,0,2,5, 2,0,4,1,0,4,1,5,2,0,2,5, 2,1,4,0 Officer's MAME* 10/200WAY CLOSED INVESTIGATION TIME 10/200WAY CLOSED OFFICER'S BADGE NUMBER* 10	· ·							
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - MINKNOWN ROADWAY LIGHTING 5 - OTHER JUNKNOWN 8 - REEZING PRIZE							•	
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On 4/15/2025 at 2040 hours, Unit 1 and Unit 2 were traveling east on West Franklin Street with Unit 1 in the rear. Unit 2 stopped for traffic at the red light located at West Franklin Street and Little Sugarcreek Road, Unit 1 failed to stop and struck the rear of Unit 2. BWC ON CRASH REPORTED DATE / TIME DISPATCH DATE / TIME		HTING	·		ZING DRIZZLE			
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3,0, 6,0, 1,5,0 B B 4 3 B B 3 3	THE PROPERTY OF THE PARTY OF TH	m1HQ1E3				ACCIDED OF BARRET WILLIAM	- I	(CORRECTION OR ADDITION
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	HSY7001 OH1 1/19 [760-0820]	-1910				1 - 1 - 1		PAGE 1 OF 5



LP STATE LICENSE PLATE #

INSURANCE INSURANCE COMPANY
VERIFIED GEICO

1 - PASSENGER CAR

5 - CARGO VAN

1 - NONE

FUNCTION 4 - SCHOOL TRANSPORT

2 - BUS

VEHICLE 2-HEADLAMPS

DEFECTS 3-TAIL LAMPS

3 3-STRIKING

ACTION 4- STRUCK

0 1 2-TAXI

0,1

CARGO

TYPE

LOCATION AT IMPACT

.0.8.

6 - VAN (9-15 SEATS)

TYPE OF USE

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

HIT/SKIP UNIT

0,3 3-SPORT UTILITY VEHICLE 9-AUTOCYCLE

of TRAILING UNITS

MODE WHEN CRASH OCCURRED?

SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE

5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE

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

1 - NO CARGO BODYTYPE

/ NOT APPLICABLE

1 - INTERSECTION - MARKED

1 - TURN SIGNALS

CROSSWALK

CROSSWALK

NON-MOTORIST 2-INTERSECTION - UNMARKED

1 - NON-CONTACT

2 - NON-COLLISION

& STRUCK

1 - NONE

CONTRIBUTING 5 - UNSAFE SPEED

SEQUENCE OF EVENTS

9 - OTHER/ UNKNOWN

2 - FAILURE TO YIELD

3 - RAN RED LIGHT

4 - RAN STOP SIGN

6-IMPROPERTURN

2 - FIRE/EXPLOSION

5 - CARGO/ EQUIPMENT

25 - IMPACT ATTENUATOR

/ CRASH CUSHTON

27 - BRIDGE PIER OR ABUTMENT

26 - BRIDGE OVERHEAD

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

29 - BRIDGE RAIL

3 - IMMERSION

2 0 1 - OVERTURN/ROLLOVER

WAS VEHICLE OPERATING IN AUTONOMOUS

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

O H HHV4204

INTERLOCK DEVICE EQUIPPED

UNIT TYPE 4 - PICK UP

. 00 ,

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

152 LOWER HILLSIDE DR Drive BELLBROOK, OH 45305

#OCCUPANTS

, **0**, 1,

10-MOPED OR MOTORIZED

11-ALLTERRAINVEHICLE

6 - BUS - CHARTER/TOUR

MOTOR VEHICLE

7 - RUS - INTERCITY

9 - BUS - OTHER

4 - LOGGING

4 - BRAKES

5 - STEERING

6 - TTRE BLOWOUT

3 - INTERSECTION - OTHER

4 - MIDBLOCK - MARKED

1 - STRAIGHT AHEAD

6 - MAKING LEFT TURN

7-LEFT OF CENTER

8-FOLLOWING TOO CLOSE / ACDA

9-IMPROPER LANE CHANGE

10-IMPROPER PASSING

12-IMPROPER BACKING

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

B - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10-CROSS MEDIAN

31 - GUARDRAIL END

32-PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35-MEDIAN CONCRETE

BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11 - DROVE OFF ROAD

2 - BACKING

PRE-CRASH 4 - OVERTAKING/PASSING

O, 1 3 - CHANGING LANES

5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN

5 - TRAVEL LANE - OTHER LOCATION

0

MODE LEVEL

BICYCLE

(ATV/UTV)

7 - MOTORCYCLE 2-WHEELED

VEHICLE IDENTIFICATION # 1,C,4,R,D,J,A,G,3,E,C,5,2,4,6,4,8,

INSURANCE POLICY #

US DOT #

VEHICLE WEIGHT GYWR/GCWR

1 - ≤10K LBS.

3 - >26K (BS.

14-SINGLE UNIT TRUCK

15-SEMI-TRACTOR

17 - MOTORHOME

0 - NO AUTOMATION

AUTONOMOUS 2 - PARTIAL AUTOMATION

11-FIRE

12 - MILITARY

14-PUBLIC UTILITY

CHASSIS

6 - CARGO VAN/ENCLOSED BOX

7 - GRAIN/CHIPS/GRAVEL

7 - WORN OR SLICKTIRES

8 - TRAILER EQUIPMENT

7 - SHOULDER / ROADSIDE

8 - ENTERING TRAFFIC LANE

9 - LEAVING TRAFFIC LANE

11-SLOWING OR STOPPED

PARKED POSITION

14-STOPPED OR PARKED

15-SWERVING TO AVOID

11 - CROSS CENTERLINE -

12 - DOWNHILL RUNAWAY

13 - OTHER NON-COLLISION

EVENTS

OPPOSITE DIRECTION OF

COLLISION WITH FIXED OBJECT - STRUCK

ILLEGALLY

16-WRONG WAY

TRAVEL

14-PEDESTRIAN

15-PEDALCYCLE

SUPPORT

40 - UTILITY POLE

OR SUPPORT

42 - CULVERT

41 - OTHER POST, POLE

37 - TRAFFIC SIGN POST

38-OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

INTRAFFIC

12 - DRIVERLESS 13 - IMPROPER START FROM A

DEFECTIVE

6 - BICYCLE LANE

7 - MAKING U-TURN

8 - SIDEWALK

10-PARKED

13-POLICE

3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER

1 - DRIVER ASSISTANCE

16-FARM EQUIPMENT

12 - GOLF CART

13-SNOWMOBILE

2 - 10,001 - 26K LBS.

6008612787

0, **1**, PROSSER, MATTHEW BRIAN

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

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

18 - LIMO (LIVERY VEHICLE)

19 - BUS (16+ PASSENGERS)

22 - ANIMAL WITH RIDER OR

3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

20 - OTHER VEHICLE

21 - HEAVY EQUIPMENT

4 - HIGH AUTOMATION

5 - FULL AUTOMATION

18 - SNOW REMOVAL

16 - FARM

17 MOWING

19-TOWING

8 - POLE

9 - CARGOTANK

9 - MOTORTROUBLE

ACCIDENT

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

15 - WALKING, RUNNING,

17 - PUSHING VEHICLE

17 - VISION OBSTRUCTION

EQUIPMENT

18 - OPERATING DEFECTIVE

19 - LOAD SHIFTING/FALLING/

20 - IMPROPER CROSSING

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19 - ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

49 - FIRE HYDRANT

43 - CURB

44 - DITCH

46-FENCE

48 - TREF

47 - MAILBOX

36 - WORKING

JOGGING, PLAYING

10 - FLAT BED

11 - DUMP

15 - CONSTRUCTION FOUIPMENT 20 - SAFETY SERVICE PATROL

		1	0,0,0,0,3,7,2,5,					
OWINED DUONE		[Z; U Z; 3 -						
	UDE AREA CODE (□SAME AS DRIVER) 7 0 3 6 7 8		DAMAGE DAMAGE SCALE					
		1 - NONE	3 - FUNCTIONAL DAMAGE					
		2 - MINORE	·					
COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN						
VEHICLE YE	AR VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY					
1,8, 2,0,1,		- 0 -	12					
COLOR	VEHICLE MODEL	0.0.0	11 12					
GRY	Durango	10 11 1	2 10 11 1 2					
TOWED BY: COMPANY Parsons Hool	Y NAME k Road Towing	9 9 3	3 9 3					
	US MATERIAL	- 8 4 -						
RELEASED	CLASS # PLACARD ID #	7 7	4 8 7 5 4					
PLACARD L		7 6 5	12 7 6					
JMO (LIVERY VEHICLE) Bus (16+ passengers)	23-PEDESTRIAN/SKATER 24-WHEELCHAIR (ANY TYPE)	10 /	12 2					
THERVEHICLE	25 - OTHER NON-MOTORIST	<u>/</u>	10 2					
EAVY EQUIPMENT	26-BICYCLE	9 (1 3					
INIMAL WITH RIDER OR Inimal-drawn Vehicle	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP							
	77 - ORIGIOWH ON HEIDORE	40						
AUDITIANIA AUDITIANIA	A INSTITUTE	11 12 1	5 12 1 8 11 12					
ONDITIONAL AUTOMATION IGH AUTOMATION	9 - UNKNOWN	10	2 10 11 1 2					
ULLAUTOMATION		10 2 -	10 2					
ÄRM	21 - MAIL CARRIER	9 9 3	3 9 9 3 3					
AKM NOWING	99-OTHER/UNKNOWN	8 7 3	4 8 7 5 4					
NOW REMOVAL		7	7 6 5					
OWING		6	6					
AFETY SERVICE PATROL			12 12 12					
OLE	12-CONCRETE MIXER	12						
ARGOTANK Lat bed	13-AUTOTRANSPORTER 14-Garbage/Refuse	a Ma						
UMP	99-OTHER/UNKNOWN	, ,	9 🚅 3 9 🔼 3 9 🥞 3					
IOTOR TROUBLE	99-OTHER/UNKNOWN	6						
ISABLED FROM PRIOR CCIDENT			6 6 6					
CODENI		- NO DAMAGE	E[0] - UNDERCARRIAGE [14]					
EDIAN/CROSSING ISLAND	12-FIRST RESPONDER AT INCIDENT SCENE	☐-TOP [13]	□ 411 40546 €353					
RIVEWAY ACCESS Hared Use Paths or	99-OTHER/UNKNOWN	<u> </u>	-ALL AREAS [15]					
RAILS		□ - Úì	NIT NOT AT SCENE [16]					
EGOTIATING A CURVE	18-APPROACHING	INIT	IAL POINT OF CONTACT					
INTERING OR CROSSING PECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAM						
VALKING, RUNNING,	20-OTHER NON-MOTORIST		R TO UNIT 15 - VEHICLE NOT AT SCENE					
OGGING, PLAYING Vorking	21 - STANDING OUTSIDE	DIAG 13 - TOP	99 - UNKNOWN					
USHING VEHICLE	OISABLED VEHICLE 99-OTHER / UNKNOWN		TOJECIA					
ISION OBSTRUCTION	21 - LYING IN ROADWAY	The Personnel	TRAFFIC					
PERATING DEFECTIVE	22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN					
QUIPMENT OAD SHIFTING/FALLING/	23 - OPENING DOOR INTO	2 2 - TWO-WAY	2 2 - SIGNAL 5 - YIELD SIGN					
PILLING	ROADWAY 99 - OTHER IMPROPER ACTION		3 - FLASHER 6 - NO CONTROL					
MPROPER CROSSING		# OF THROUGH LANES	RAIL GRADE CROSSING					
		ON ROAD	1 - NOT INVOLVED					
AILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING					
NIMAL - FARM	EQUIPMENT							
NIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR	UNIT/N	ON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST					
NIMAL — OTHER NOTOR VEHICLE IN	ANYTHING SET IN MOTION By a motor vehicle	_	2 - SOUTH 6 - NORTHWEST					
RANSPORT	24 - OTHER MOVABLE OBJECT	FROM 4 TO						
ARKED MOTORVEHICLE			4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
URB	50-WORK ZONE MAINTENANCE EQUIPMENT							
ITCH Mbankment	51 - WALL	UNIT SPEED	DETECTED SPEED					
ENCE	52 - BUILDING	, 2, 5, ,	1 - STATED / ESTIMATED SPEED					
MAILBOX REE	53 - TUNNEL 54 - OTHER FIXED OBJECT		Z - CALCULATED / EDR					
REE TRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED					

1 FIRST HARMFUL EVENT (1 MOST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820]

PAGE 2

OF 5

2,5



LOCAL REPORT NUMBER

2,0,2,5,-,0,0,0,0,3,7,2,5,

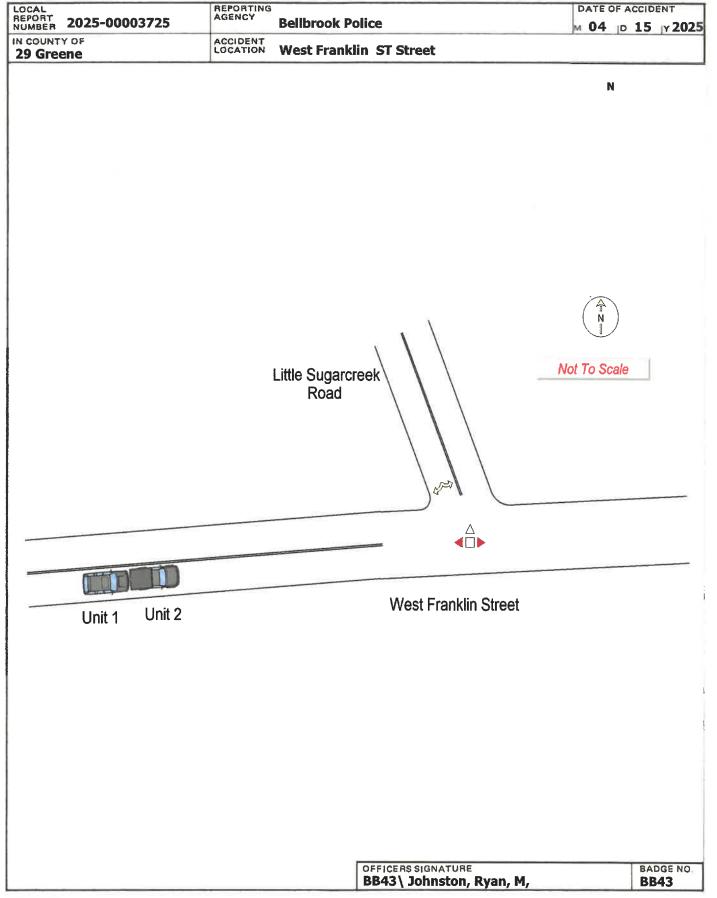
# TINU	OWNER NAME: LAST, FIR		/ER)		CLUDE AREA CODE (SAMÉ AS DRIVER)		DAMAGE		
0 2	ROUNDHOUSE R			7,9,9,7,0,8,	1 - NONE	DAMAGE SCALE 3 - FUNCTIONAL DAMAGE			
4	UTTS TL Trail XEI			3 2 - MINDR D.					
COMMERC	CIAL CARRIER: NAME, ADDE	RESS, CITY, STATE, ZIP	R PHONE: INCLUDE AREA CODE		9 - UNKNOWN				
		-	لسليا للنباب		AMAGED AREA(S) CATE ALL THAT APPLY				
	PNC4199	1,G,T,1,2,T	CLE IDENTIFICATION # E ₁ Y ₁ 7 ₁ J F ₁ 1 ₁ 3 ₁ 5 ₁ 7		8 GMC	12	12 1		
INSURA VERIFI	INSURANCE COMP ERIE INSURA		INSURANCE POLICY # Q117030319	COLOR WHI	VEHICLE MODEL Sierra	10 12 1	10 11 1 2		
СОММЕ	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT # VEHICLE WEIGHT GVWR/GCWR	TOWED BY: COMPAI	OUS MATERIAL	9 8 2	9 0 0 3		
INTER DEVICE EQUIP		0,2	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED PLACARD	CLASS# PLACARD 1D#	0.00	7 5 4		
0.4 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) # OF TRAILING UNITS	7 - MOTORCYCLE 2-WHEELE 8 - MOTORCYCLE 3-WHEELE 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALLTERRAIN VEHICLE (ATV / UTV)	D 13-SNOWMOBILE 14-SINGLE UNITTRUCK 15-SEMI-TRACTOR	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN / SKATER 24 - WHEEL CHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	10 9	11 1 2 2 3 3 3 6 7 5 5 4 4 5 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 7 6		
2	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	9	I - DRIVER ASSISTANCE J 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 5 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	10 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	10 11 1 2 2 10 10 2 9 3 3 3		
O. 1. SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER	12-MILITARY 13-POLICE 1	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER/ UNKNOWN	8 7 6 5	8 7 5 4		
O.1 CARGO BODY TYPE	1 - NO CARGO BODYTYPE /NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTH Motor Vehicle 4 - Logging	CHASSIS 6 - CARGO VAN/ENCLOSED BOX 1	3 - POLE 9 - CARGOTANK 10 - Flat Bed 11 - DUMP	12-CONCRETE MIXER 13-AUTOTRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	12 12 12		
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		9 - MOTORTROUBLE (0 - Disabled from Prior Accident	99-OTHER/UNKNOWN	6			
NON-NOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCK	7 - SHOULDER / ROADSIDE 3 8 - SIDEWALK 1	- MEDIAN/CROSSING ISLAND 0-driveway access 11-shared use paths or trails	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/ UNKNOWN	- NO DAMAGE - TOP [13]	[0]		
4 ACTION	2-NON-COLLISION 3-STRIKING 4-STRUCK PRE-GRASH 5-BOTH STRIKING	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHTTURN 6 - MAKING LEFTTURN	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 1N TRAFFIC	3 - NEGOTIATING A CURVE 44 - ENTERING OR CROSSING SPECIFIED LOCATION 55 - WALKJING, RUNNING, JOGGING, PLAYING 66 - WORKING 77 - 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 O - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP			
		7 - LEFT OF CENTER		7 - VISION OBSTRUCTION	21 - LYING IN ROADWAY		TRAFFIC		
[O]T	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8-FOLLOWING TOO CLOSE / A 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 11-DROVE OFF ROAD	ACDA PARKED POSITION 1 14-STOPPED OR PARKED 11LEGALLY 1 15-SWERVING TO AVOID	8 - OPERATING DEFECTIVE EQUIPMENT 9 - LOAD SHIFTING/FALLING/ SPILLING	22 - ETING IN NORDWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPERACTION	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDARDUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
	6-IMPROPERTURN	12-IMPROPER BACKING	20-11-11-11-11-1	O -IMPROPER CROSSING		# DF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED		
SEQUENCE	OF EVENTS		EVENTS			2	1 - NOT INVOLVED 1 2 - INVOLVED-ACTIVE CROSSING		
1 .2.0 .		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE — 1 OPPOSITE DIRECTION OF 1	6 - RAILWAY VEHICLE 7 - ANIMAL — FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED-PASSIVE CROSSING		
2L	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10-CROSS MEDIAN	TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN	8 - ANIMAL — DEER 9 - ANIMAL — OTHER 10 - MOTOR VEHICLE IN TRANSPORT 11 - PARKED MOTOR VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 4 TO L	1 - NOTORIST DIRECTION		
	25 - IMPACT ATTENUATOR	COLLIS 31-GUARDRAILEND	ION WITH FIXED OBJECT 37-TRAFFIC SIGN POST 4	- STRUCK 3-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER	38-OVERHEAD SIGN POST 4 R 39-LIGHT/LUMINARIES 4	4 - DITCH 5 - Embankment	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED 1 - STATED / ESTIMATED SPEED		
5[27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL Barrier 35-Median Concrete	40 - UTILITY POLE	6 - FENCE 17 - Mailbox 8 - Tree	52 - BUILDING 53 - Tunnel 54 - Other Fixed Object	.0, , ,	2 - CALCULATED / EDR		
6	29 - BRIDGE RAIL	BARRIER 36-MEDIAN OTHER BARRIER	OR SUPPORT	9 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
1	FIRST HARMFUL EVEN	T 1 MOST	HARMFUL EVENT			2,5			
HSY8304 OF	11U 1/19 [760-0820]						PAGE 3 OF 5		

OHIO DEL	MOTORIST / NON-MOTORIST									2 0 2 5 - 0 0 0 0 3 7 2 5				
UNIT#	[2,0,2,3, ² ,0,0,0,0,3,7,2,5,													
.0.1.	THE STATE OF													
ADDDESS	STREET, CITY, S				INCLUDE AREA		8 1 1 /							
152 LO INJURIES	52 LOWER HILLSIDE DR Drive BELLBROOK, OH 45305 9 , 3 , 7 , 3 , 0 , 5 , 5 , 7										6 4			
INJURIES	INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY FOUIPMENT SEATING POSITION AND DA													
3 .	TAKEN 2	Belibrook FD				LLEY SOUTH		USED	DOT-Co	MPLIANT	0 1	, and a	2 1	
	OPERATOR	LICENSE NUMBER			SE CHA		LOCAL	OFFENSE DESC	RIPTION			CIT	ATION NUMBER	
OL STATE	1			4511	.21 N	мм	CODE	Speed					2955	
OL CLASS	ENDORSEMEN			VER		OHOL / DRUG SUSP	ECTED	CONDITION		OHOLT			DRUG TES	T(S)
	SELECT UP TO 2		DIST	FRACTED		LCOHOL MA	RUUANA		STATUS	YPE	VALUE	STATUS	S TYPE RE	SULT SELECT OF
نسلسا	L	J [9		THER DRUG		1	_11	<u>. </u>		1	1	الـــالــالــالـــالـــالــــالـــــالـــــالــــــ
UNIT #	NAME: LAST	, FIRST, MIDDLE								DATE	OF BIRTH		AGE	GEND
0,2	TARGGA	ART, TATE MICHAEL							1 0	2 8	1 1 9	9	9 2 5	_ M
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE -	INCLUDE AREA	CODE		
3802 V	ILLANOV	A DR Drive KETTERI	NG, OH	45429					9 3	, 7	4 7	9	9 7	0 8
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)	Heen	DOT-Cor	MPLIANT	EATING POSITI	1	IAG USAGE EJEC	TION TRAPP
_ 5 _	BY							0 4	MC HEI	LMET	0 1	ار_	1 1	11
OL STATE	OPERATOR	LICENSE NUMBER		OFFEN:	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION			CIT	ATION NUMBE	R
OL CLASS	ENDORSEMENT SELECT UP TO 2	T RESTRICTION SELECT		/ER TRACTED	_	OHOL / DRUG SUSP		CONDITION		OHOL TE	VALUE	STATUS	DRUG TES	T(S) SULT SELECTUR
		1	BY	1	=	LCOHOL MAI THER DRUG	RUUANA	1	1 1			1	1	
UNIT#	NAME-LAST	FIRST, MIDDLE			L_ 0	THER DRUG			الــــــال		OF BIRTH	L	1 405	JL.JL.JL
		, 1 110, 7 1135522								DATE	OF BIRTH		AGE	GEND
ADDRESS:	STREET, CITY, S	TATE.7IP							CONTACT	DUONE	INCLUDE AREA			<u> </u>
	,,.								CONTACT	FRUINE -	INCLUDE AREA	COLLE		
INJURIES	INJURED	EMS AGENCY (NAME)		INJUREDT	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	1	SI	EATING POSITI	ON ATR R	AG USAGE EJEC	TION TRAPP
INJURIES	TAKEN BY							USED	DOT-Cor	MPLIANT		July 3	NO DONAL LULO	That I
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	ENSE CHARGED LOCAL OFFENSE DESC			RIPTION			CITA	ATION NUMBE	:R	
							CODE							
OL CLASS	ENDORSEMEN' SELECT UP TO 2	T RESTRICTION SELECT		/ER	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC STATUS I TY	OHOL TE		0.7.7.11	DRUG TES	
	SELECT OF TO 2		BY	RACTED	□ A	LCOHOL MAI	RLJUANA		SIHIUS III	r.c.	VALUE	STATUS	TYPE RE	SULT SELECT UP
	L	J			0	THER DRUG			ے ایسا	_1 • L	لللا		1	1_1_1_
1-FATAL	RIES	1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG LOYED	0000	OL CLASS 1-CLASS A	5	OL RESTRIC			R DISTRACTED	CTION	1 - NONE GIVE	STATUS
2 - SUSPECTED	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYE			2 - CLASS B		2 - CDL INTRASTATE		2 - MANU	ALLY OPERATI		2 - TEST REFUS	
3 - SUSPECTED I 4 - POSSIBLE IN		2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYE					3 - CORRECTIVE LEI	DEVICE (TEXTING, TYPING, SAMPLE / INHIGADIT					
5 - NO APPAREN		4 - SECOND - LEFT SIDE	5 - NOT APPI	(outo b)			4 - FARM WAIVER 5 - EXCEPT CLASS A	BUS	DIALD	NG) NG ON HANDS-I	CDEE	4 - TEST GIVEN		
INJURED T	TVKEN DA	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		IENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CLASS A				COMM	UNICATION DE	VICE	5 - TEST GIVEN UNKNOWN	RESULTS		
1 - NOT TRANSPO	ORTED	6 - SECOND - RIGHT SIDE	Vicini.	Albania Bana	Miles	6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER		NG ON HAND-H Unication de			TECTTO
/TREATED AT 2 - EMS	SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	EJ 1 - NOT EJEC	ECTION		OL ENDORSEI H-HAZMAT	MENT	8-INTERMEDIATE			RACTIVITY WIT		ALCOHOL 1 - NONE	TEST TYPE
3-POLICE		8 - THIRD - MIDDLE	2 - PARTIALI			M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6-PASSE			2 - BL00D	
9-OTHER/UNK	NOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY			P - PASSENGER		RESTRICTIONS			R DISTRACTION E THE VEHICLE		3 - URINE 4 - BREATH	
SAFETY E	RUIPMENT	OF TRUCK CAB	4 - NOT APPI	.ICABLE		N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAY		8-OTHER	DISTRACTION		5 - OTHER	
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	_	APPED	121	R-THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE	R		EHICLE R/UNKNOWN		DRUGITE	STTYPE
2 - SHOULDER BI 3 - LAP BELT ON		INLY USED (NON-TRAILING UNIT, BUS, 1-NOTTRAPPED S-SCHOOL BUS 13-MECHANICA SED PICK-UP WITH CAP) 2-EXTRICATED BY (SPECIAL B)			INICAL DEVICES AL BRAKES, HAND			1 - NONE						
	IOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA 3 - FREED BY NON-MECHANICAL MEANS 13 - TRAILING UNIT 13 - TRAILING UNIT 14 - MILIT		CONTROLS, OR OT ADAPTIVE DEVICE			ONDITION ENTLY NORMA		2 - BL00D						
				ANICAL MEANS 14 - M			14 - MILITARY VEHIC	LES ONLY		CAL IMPAIRME		3 - URINE 4 - OTHER		
6 - CHILD RESTR	AINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR				GENDER F-FEMALE		15 - MOTOR VEHICLE: AIR BRAKES	TUOHTIW		ONAL (E.G., DEP Disturbed)	RESSED,	DRUG TEST	RESULT/S
REAR FACING 7 - BOOSTER SEA		(NON-TRAILING UNIT) 15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRROR		4- ILLNES			1 - AMPHETAM	
8 - HELMET USE						U - OTHER / UNKNOWN		17 - PROSTHETIC AID			SLEEP, FAINTE JED, ETC.	D,	2 - BARBITURA	
9 - PROTECTIVE (ELBOW, KNE								18-OTHER		6- UNDER	THE INFLUEN		3 - BENZODIAZI 4 - CANNABINO	
10 - REFLECTIVE										OF MEE	DICATIONS / DR Fol	UGS	5 - COCAINE	
L1 - LIGHTING - P / BICYCLE ON										9-OTHER	/UNKNOWN		6-OPIATES/OF	PIOIDS
99 - OTHER / UNK													7 - OTHER 8 - NEGATIVE R	ESULTS
-			LECOLULE CO		1000	Latin and the same		100			41.00		- ALOMITTE R	

OF PUBL	IC SAFETY	CCUPANT /	WITHE	SS ADDENDU	M		2025		ORT NUMBER	7 2	E
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					2,0,2,5	E OF BIRTH	10,0,3	AGE	GENDE
. 02	1	R, ALISA RENEE									F
<u> </u>	STREET, CITY			0,7,0,3,1,9,9,9,2,5, F							
		VA DR Drive KETI									
	INJURED	EMS Agency (NAME)	LKING, OII -	INJURED TAKEN TO: MEDICAL FA	DU LEN (BLANE MEN)	SAFETY EQUIPMENT					
_ 5	TAKEN BY	ENG MERCI (MAINE)		INJURED TAKEN TO, MEDICAL PR	LILITY (NAME, CITY)	USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	1	1	1
UNIT #	NAME: LAS	ST, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDE
Annpess	: STREET, CITY	CTATE 7ID					CONTACT PHONE				
ADDILEGO.	. Ji KEEI, GII I	JINIC, ZIF					CONTACT PHONE	- INCLUDE AREA CO	J. J.	E 19	11
NJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Fa	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPE	
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER
										1 1 1	L
ADDRESS:	STREET, CITY	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE		
INJURIES	INJURED	EMS AGENCY (NAME)		IN HIDEOTAKEN TO Manuary E.		CAPPTY PAULDUPAT		PEATINA RACITIAN	Tarn nag ugaan	I numerou	1
MJURIES	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPEL
UNIT #	NAME: LAS	T, FIRST, MIDDLE				di	DAT	E OF BIRTH		AGE	GENDER
ADDDEEC	STREET, CITY	PTATE 715								لسلسل	L
AUDRESS:	: 31 KEE1, 6(1 Y,	STAIL, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE T		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FA	CILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPE
WEV 5		JRIES	CAFETY	Y EQUIPMENT USED	District Control	SEATING POS			AIR BAG U		
3 - SUSF 4 - POSS 5 - NO A 1 - NOT'/TRE 2 - EMS 3 - POLI 9 - OTHE F - FEMA M - MALE U - OTHE	PECTED MI SIBLE INJU PPARENT I INJURED TRANSPOR EATED AT S CE ER / UNKNO GEN LE	TAKEN BY TED CENE OWN HDER	2 - SHOULDE 3 - LAP BEL' 4 - SHOULDE 5 - CHILD RE FORWARE 6 - CHILD RE REAR FAI 7 - BOOSTER 8 - HELMET 9 - PROTECT (ELBOW, 10 - REFLECT	SEAT USED IVE PADS USED KNEES, ETC.) IVE CLOTHING G – PEDESTRIAN E ONLY	2 - FROM 3 - FROM 4 - SECO (MOT 5 - SECO 6 - SECO 7 - THIR (MOT 8 - THIR 10 - SLEE 11 - PASS CARG BUS, I 12 - PASS CARG 13 - TRAI 14 - RIDIN (NON- 15 - NON-	ORCYCLE DRIV IT - MIDDLE IT - RIGHT SIDE IND - LEFT SIDE ORCYCLE PASS IND - MIDDLE IND - RIGHT SIDE ORCYCLE SIDE ORCYCLE SIDE O- MIDDLE D - MIDDLE D - MIDDLE D - RIGHT SIDE IND - MIDDLE IN - MIDDLE	E E E E E E E E E E E E E E E E E E E	NOWN DN ED CHANICA	ΛL		
MAME: LAS	i, First, MIDD	LE					DATI	OF BIRTH		AGE	GENDER
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	• INCLUDE AREA CO	DE .		
NAME: LAS	T, FIRST, MIDD	LE					DATE	OF BIRTH		AGE	GENDER
ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE L	الللل	<u> </u>
NAME: LAS	T, FIRST, MIDD	LE					DATE	OF BIRTH		AGE	GENDER
	STREET, CITY,						CONTACT PHONE				
NE 90;	~*************************************	viril ly fall					DOMINGI PHUNE	- INCLUDE AREA COI	r. I II II	-	42 - 24
8355 OH1	P 3/19 [760-1	5001								AGE 5	0F 5

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)





HSY 7003 12/19 [760-1500]

TRAFFIC CRASH WITNESS STATEMENT

LOCAL DEPOST NUMBER	TWO AGENOY			
(30%)	Ilbrook PD			M 4 D 5 Y 25
FOR LOCAL USE ONLY - DO NOT				M DS FAC
			- TORTALAE (
I, Alisa Taylor PRINTED	HEREB	Y MAKE THIS VO	DLUNTARY ST	FATEMENT TO
R Solanston	۸Τ	little Sum	AN (MOON +	M Evanklin
OFFICER'S NAME	^	Title Sol	LOCATION	W Franklin
MO MOVE Stronged 14 Star	alight A+ +	Mic anter co	Oction	
at rad light + 10	+ VOAL end	1113 ellion 31	in Ma	May 1 Krown
We were stopped at Stop at red light + go reat.	I TOUR VIIA	ea I VVIO	111 120003	riger / +rori+
V ENT.				
<u> </u>				
ADDRESS OF WITNESS	Verion Pl	\widetilde{p}	0127.4	79-10107
ADDRESS OF WITNESS SIGNATURE OF WITNESS X ADDRESS OF WITNESS X	X X	R'S SIGNATURE	#47	1 1 (((()+



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
25-3725	Bellbrook PD	M 4 015 1725

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

1, Tage Taggari	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
A. Johnston	AT W. Franklin St. / Little Sugar maked
OFFICER'S NAME Was Headel COST	an 1-186+ Franklin and
Little Sugar creek By	on West Franklin St. / Little Sugarcreek Rd. on West Franklin and sopped at the Stop light and
we got rear ended.	opped on the stop light and
)	
ADDRESS OF WITNESS 3602 VIllanova Or /Cottogin	01. 9211-179-97-0
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE X
X AGILL	X