



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

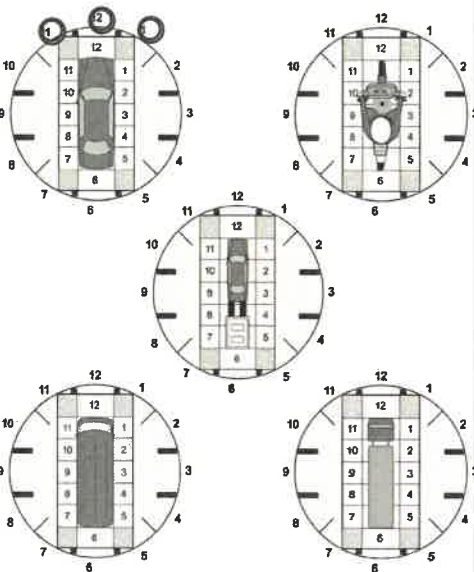
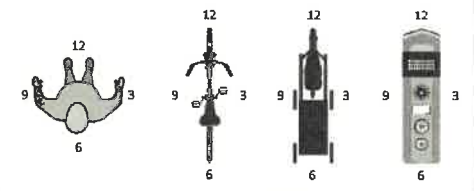
LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		2025-00003725	
COUNTY* 29		LOCALITY* 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook		CRASH DATE / TIME* 04152025 2040	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4		LOCATION ROAD NAME Franklin	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Little Sugarcreek	
REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 1		DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 4		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
DISTANCE FROM REFERENCE 150		DISTANCE UNIT OF MEASURE 1-MILES 2- FEET 3-YARDS 2		IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3	
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		MANNER OF CRASH COLLISION/IMPACT 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION 8- SIDESWIPE, OPPOSITE DIRECTION 9- OTHER / UNKNOWN 2		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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 2 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 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 3		WEATHER 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE 4- RAIN 5- SLEET, HAIL 6- SNOW 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SNOW 9- FREEZING RAIN OR FREEZING DRIZZLE 99- OTHER / UNKNOWN 02		CONDITIONS 1 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN		SURFACE 2 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER/UNKNOWN	
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 SEE OH-2							
CRASH REPORTED DATE / TIME 04152025 2040		DISPATCH DATE / TIME 04152025 2041		ARRIVAL DATE / TIME 04152025 2042		SCENE CLEARED DATE / TIME 04152025 2140	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 150		OFFICER'S NAME* Johnston	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 150		OFFICER'S BADGE NUMBER* B B 4 3	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 150		CHECKED BY OFFICER'S NAME* Vetter	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 150		CHECKED BY OFFICER'S BADGE NUMBER* B B 3 3	
TOTAL TIME ROADWAY CLOSED 30		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 150		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO BUREAU)	



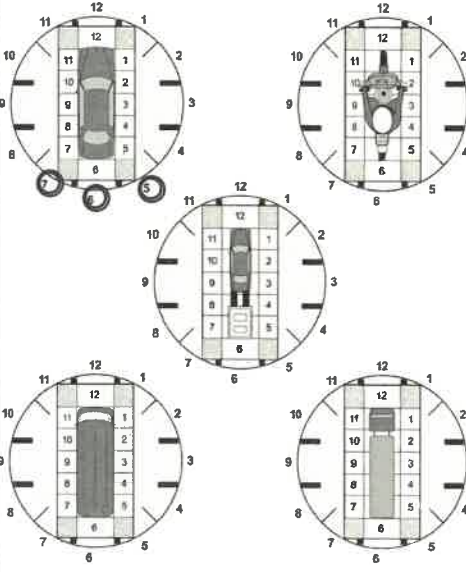
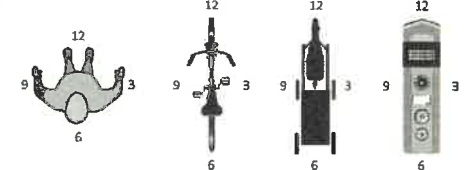
Indicate the north direction with an "N" on the compass diagram.

OWNER	UNIT # <b>0, 1</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>PROSSER, MATTHEW BRIAN</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) <b>9 3 7 4 7 0 3 6 7 8</b>
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>152 LOWER HILLSIDE DR Drive BELLBROOK, OH 45305</b>		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE <b>O, H</b>	LICENSE PLATE # <b>HHV4204</b>	VEHICLE IDENTIFICATION # <b>1C4R DJ AG3 E C5 2 4 6 4 8</b>
	INSURANCE COMPANY <b>GEICO</b>		INSURANCE POLICY # <b>6008612787</b>
	TYPE OF USE <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		COLOR <b>GRY</b>
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <input type="checkbox"/>		VEHICLE MODEL <b>Durango</b>
	#OCCUPANTS <b>0, 1</b>		TOWED BY: COMPANY NAME <b>Parsons Hook Road Towing</b>
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
	UNIT TYPE <b>0, 3</b>		
	# OF TRAILING UNITS <b>00</b>		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER/ UNKNOWN		
	AUTONOMOUS MODE LEVEL <b>0</b>		
SPECIAL FUNCTION <b>0, 1</b>			
CARGO BODY TYPE <b>0, 1</b>			
VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT			
ACTION <b>3</b>			
CONTRIBUTING CIRCUMSTANCES <b>0, 8</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>2, 0, 2, 5 - 0, 0, 0, 3, 7, 2, 5</b>	
DAMAGE DAMAGE SCALE <b>4</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 <b>1, 2</b> 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>2</b> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 6 - NORTHWEST 3 - FLASHER 5 - YIELD SIGN 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>4</b> TO <b>3</b> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <b>2, 5</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>2, 5</b>	



OWNER	UNIT # <b>0 2</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>ROUNDHOUSE ROOFING LLC,</b>	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) <b>9 3 7 4 7 9 9 7 0 8</b>		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) <b>1704 SUTTS TL Trail XENIA, OH 45385</b>				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <b>O H</b>	LICENSE PLATE # <b>PNC4199</b>	VEHICLE IDENTIFICATION # <b>1GT12TEY7JF135733</b>	VEHICLE YEAR <b>2 0 1 8</b>	VEHICLE MAKE <b>GMC</b>
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>ERIE INSURANCE</b>	INSURANCE POLICY # <b>Q117030319</b>	COLOR <b>WHI</b>	VEHICLE MODEL <b>Sierra</b>
	<input checked="" type="checkbox"/> COMMERCIAL	TYPE OF USE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <b>0 2</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. <b>1</b>				
EVENT(S)	UNIT TYPE <b>0 4</b>				
	# OF TRAILING UNITS <b>00</b>				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN				
	AUTONOMOUS MODE LEVEL <b>0</b>				
	SPECIAL FUNCTION <b>0 1</b>				
EVENT(S)	CARGO BODY TYPE <b>0 1</b>				
	VEHICLE DEFECTS				
	NON-MOTORIST LOCATION AT IMPACT				
	ACTION <b>4</b>				
	CONTRIBUTING CIRCUMSTANCES <b>0 1</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>2 0 2 5 - 0 0 0 0 3 7 2 5</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 <b>0 6</b> 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>2</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>4</b> TO <b>3</b>	
UNIT SPEED <b>0</b>	DETECTED SPEED <b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <b>2 5</b>	



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2025-00003725

<b>UNIT #</b> 01		<b>NAME: LAST, FIRST, MIDDLE</b> PROSSER, GRACELYN AVERY		<b>DATE OF BIRTH</b> 01092008		<b>AGE</b> 17	<b>GENDER</b> F			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 152 LOWER HILLSIDE DR Drive BELLBROOK, OH 45305				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9373055764						
<b>INJURIES</b> 3	<b>INJURED TAKEN BY</b> 2	<b>EMS AGENCY (NAME)</b> Bellbrook FD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> MIAMI VALLEY SOUTH HEALTH CENTER	<b>SAFETY EQUIPMENT USED</b> <input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 2	<b>EJECTION</b> 1	<b>TRAPPED</b> 1		
<b>OL STATE</b> [ ]	<b>OPERATOR LICENSE NUMBER</b> [ ]		<b>OFFENSE CHARGED</b> 4511.21 MM	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Speed		<b>CITATION NUMBER</b> 32955			
<b>OL CLASS</b> [ ]	<b>ENDORSEMENT SELECT UP TO 2</b> [ ]	<b>RESTRICTION SELECT UP TO 3</b> [ ]	<b>DRIVER DISTRACTED BY</b> 9	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1	

<b>UNIT #</b> 02		<b>NAME: LAST, FIRST, MIDDLE</b> TARGGART, TATE MICHAEL		<b>DATE OF BIRTH</b> 10281999		<b>AGE</b> 25	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 3802 VILLANOVA DR Drive KETTERING, OH 45429				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 9374799708						
<b>INJURIES</b> 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> 04	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1		
<b>OL STATE</b> [ ]	<b>OPERATOR LICENSE NUMBER</b> [ ]		<b>OFFENSE CHARGED</b> [ ]	<b>LOCAL CODE</b> <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> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE 1 1 .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 1 1	

<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> [ ]	<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> <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> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> [ ]	<b>ALCOHOL TEST</b> STATUS TYPE VALUE [ ] [ ] .		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4 [ ] [ ]	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MIC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>EJECTION</b>	<b>OL ENDORSEMENT</b>	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	<b>CONDITION</b>	4 - BREATH
<b>SAFETY EQUIPMENT</b>	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	<b>TRAPPED</b>	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

<b>GENDER</b>	
F - FEMALE	
M - MALE	
U - OTHER / UNKNOWN	





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2025-00003725**

OCCUPANT		OCCUPANT		OCCUPANT		OCCUPANT			
UNIT # <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>TAYLOR, ALISA RENEE</b>			DATE OF BIRTH <b>07031999</b>		AGE <b>25</b>	GENDER <b>F</b>		
ADDRESS: STREET, CITY, STATE, ZIP <b>3802 VILLANOVA DR Drive KETTERING, OH 45429</b>				CONTACT PHONE - INCLUDE AREA CODE <b>9374796607</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>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	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
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - 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)		EJECTION			
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			
GENDER		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		TRAPPED			
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		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					

## OHIO TRAFFIC ACCIDENT — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <b>2025-00003725</b>	REPORTING AGENCY <b>Bellbrook Police</b>	DATE OF ACCIDENT M <b>04</b> D <b>15</b> Y <b>2025</b>
IN COUNTY OF <b>29 Greene</b>	ACCIDENT LOCATION <b>West Franklin ST Street</b>	

N

*Not To Scale*Little Sugarcreek  
Road

West Franklin Street



Unit 1

Unit 2

OFFICERS SIGNATURE  
**BB43\ Johnston, Ryan, M,**BADGE NO.  
**BB43**



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 25-3725	REPORTING AGENCY Bellbrook PD	DATE OF CRASH M 4 D 5 Y 25
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Alisa Taylor</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>R. Johnston</u> <small>OFFICER'S NAME</small>	AT <u>little Sugarcreek + W Franklin</u> <small>LOCATION</small>

We were stopped at stoplight at this enter section  
at red light + got rear-ended - I was in passenger/front  
seat.

ADDRESS OF WITNESS 3802 Villanova Drive Ketten	Phone number 937-479-0607
SIGNATURE OF WITNESS X <u>Alisa Taylor</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #43

LOCAL REPORT NUMBER 25-3725	REPORTING AGENCY Bellbrook PD	DATE OF CRASH M 4 D 15 Y 25
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Tate Targers HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

R. Johnston AT W. Franklin St. / Little Sugar Creek Rd.  
OFFICER'S NAME LOCATION

I was headed east on West Franklin and  
Little Sugar Creek stopped at the stop light and  
we got rear ended.

ADDRESS OF WITNESS  
3602 Villanova Dr / Letting Phone number 937-477-9708

SIGNATURE OF WITNESS  
X [Signature]

OFFICER'S SIGNATURE  
X [Signature] #415