



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		2025-00005026				
COUNTY* 29		LOCALITY* 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook		NCIC* 02905		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Vineyards		ROAD TYPE W A		LATITUDE DECIMAL DEGREES 39.640760
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Chablis		ROAD TYPE C T		LONGITUDE DECIMAL DEGREES -84.082792
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 30		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY PL - PLACE		ROADWAY <input type="checkbox"/> 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		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		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 (ANY TYPE) 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 3		CONDITIONS 1		SURFACE 2
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		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		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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		1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
NARRATIVE On 5/26/2025 at 2037, Unit 1 was negotiating a left curve on Vineyards Way and struck a mail box at house number 3828. Unit 1 continued south on the curve and left the roadway to the right and struck a fire hydrant near Chablis Court and came to a rest. The driver was arrested for OVI and open containers. Additionally cited for reasonable control. BWC ON										
See OH2										
CRASH REPORTED DATE / TIME 05262025 2037		DISPATCH DATE / TIME 05262025 2044		ARRIVAL DATE / TIME 05262025 2048		SCENE CLEARED DATE / TIME 05262025 2115		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 RD557)		
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 60		TOTAL MINUTES 97		OFFICER'S NAME* Johnston		CHECKED BY OFFICER'S NAME* Vetter		
						OFFICER'S BADGE NUMBER* B B 4 3		CHECKED BY OFFICER'S BADGE NUMBER* B B 3 3		

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Lawrence, Philip T.E.	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 2538205812
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 2060 Cabernet Bellbrook, OH 45305-		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE OH	LICENSE PLATE # KMR5154	VEHICLE IDENTIFICATION # 5YFB4MDE6RP092213
	INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY USAA	INSURANCE POLICY # CIC 034042314 7101
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2024
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	#OCCUPANTS 01		TOWED BY: COMPANY NAME Moormans Towing
	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID #		VEHICLE MAKE Toyota
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE MODEL Corolla
	UNIT TYPE 01		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 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 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS 00		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2
	AUTONOMOUS MODE LEVEL 0		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 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN	
CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	
ACTION 2		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 11		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 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 IMPROPER ACTION	
SEQUENCE OF EVENTS		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	
EVENTS		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	
COLLISION WITH FIXED OBJECT - STRUCK		1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 2	

LOCAL REPORT NUMBER 2025-00005026	
DAMAGE DAMAGE SCALE 4 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 2 1 - ONE-WAY 2 - TWO-WAY # OF THROUGH LANES ON ROAD 2	
TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 25 POSTED SPEED 25	
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EOR 3 - UNDETERMINED	



MOTORIST / Non-MOTORIST

UNIT #										NAME: LAST, FIRST, MIDDLE										LOCAL REPORT NUMBER																																																																																									
01										Lawrence, Philip T.E.										2025-00005026																																																																																									
ADDRESS: STREET, CITY, STATE, ZIP										2060 Cabernet Bellbrook, OH 45305-										DATE OF BIRTH																																																																																									
																				03161997																																																																																									
CONTACT PHONE - INCLUDE AREA CODE										2538205812										AGE																																																																																									
																				28																																																																																									
CONTACT PHONE - INCLUDE AREA CODE										2538205812										GENDER																																																																																									
																				M																																																																																									
INJURIES										INJURED TAKEN BY										EMS AGENCY (NAME)										INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)										SAFETY EQUIPMENT USED										DOT-COMPLIANT MC HELMET										SEATING POSITION										AIR BAG USAGE										EJECTION										TRAPPED																			
3										2										Bellbrook FD										MIAMI VALLEY SOUTH HEALTH CENTER										CEN										01										4										1										1																													
OL STATE										OPERATOR LICENSE NUMBER										OFFENSE CHARGED										LOCAL CODE										OFFENSE DESCRIPTION										CITATION NUMBER																																																											
																				4511.202 MM																				Reasonable Control										32960																																																											
OL CLASS										ENDORSEMENT SELECT UP TO 2										RESTRICTION SELECT UP TO 3										DRIVER DISTRACTED BY										ALCOHOL / DRUG SUSPECTED										CONDITION										ALCOHOL TEST										DRUG TEST(S)																																							
																														9										<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG										6										53										11																																							
UNIT #										NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH										AGE										GENDER																																																																					
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OL STATE										OPERATOR LICENSE NUMBER										OFFENSE CHARGED										LOCAL CODE										OFFENSE DESCRIPTION										CITATION NUMBER																																																											
OL CLASS										ENDORSEMENT SELECT UP TO 2										RESTRICTION SELECT UP TO 3										DRIVER DISTRACTED BY										ALCOHOL / DRUG SUSPECTED										CONDITION										ALCOHOL TEST										DRUG TEST(S)																																							
																																								<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG																				STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4																																																	
UNIT #										NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH										AGE										GENDER																																																																					
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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										5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE										5 - TEST GIVEN, RESULTS UNKNOWN																																																	
INJURED TAKEN BY										6 - SECOND - RIGHT SIDE										9 - DEPLOYMENT UNKNOWN										6 - NO VALID OL										7 - EXCEPT TRACTOR-TRAILER										6 - PASSENGER										ALCOHOL TEST TYPE																																																	
1 - NOT TRANSPORTED / TREATED AT SCENE										7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)										EJECTION										OL ENDORSEMENT										8 - INTERMEDIATE LICENSE RESTRICTIONS										7 - OTHER DISTRACTION INSIDE THE VEHICLE										1 - NONE																																																	
2 - EMS										8 - THIRD - MIDDLE										1 - NOT EJECTED										H - HAZMAT										9 - LIMITED TO DAYLIGHT ONLY										8 - OTHER DISTRACTION OUTSIDE THE VEHICLE										2 - BLOOD																																																	
3 - POLICE										9 - THIRD - RIGHT SIDE										2 - PARTIALLY EJECTED										M - MOTORCYCLE										12 - LIMITED - OTHER										9 - OTHER / UNKNOWN										3 - URINE																																																	
9 - OTHER / UNKNOWN										10 - SLEEPER SECTION OF TRUCK CAB										3 - TOTALLY EJECTED										P - PASSENGER										13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)										4 - BREATH																																																											
SAFETY EQUIPMENT										11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)										4 - NOT APPLICABLE										N - TANKER										14 - MILITARY VEHICLES ONLY										5 - OTHER																																																											
1 - NONE USED										12 - PASSENGER IN UNENCLOSED CARGO AREA										TRAPPED										Q - MOTOR SCOOTER										15 - MOTOR VEHICLES WITHOUT AIR BRAKES										DRUG TEST TYPE																																																											
2 - SHOULDER BELT ONLY USED										13 - TRAILING UNIT										1 - NOT TRAPPED										R - THREE-WHEEL MOTORCYCLE										16 - OUTSIDE MIRROR										1 - NONE																																																											
3 - LAP BELT ONLY USED										14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										2 - EXTRICATED BY MECHANICAL MEANS										S - SCHOOL BUS										17 - PROSTHETIC AID										2 - BLOOD																																																											
4 - SHOULDER & LAP BELT USED										15 - NON-MOTORIST										3 - FREED BY NON-MECHANICAL MEANS										T - DOUBLE & TRIPLE TRAILERS										18 - OTHER										3 - URINE																																																											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING										99 - OTHER / UNKNOWN																				X - TANKER / HAZMAT																				4 - OTHER																																																											
6 - CHILD RESTRAINT SYSTEM - REAR FACING																																																		DRUG TEST RESULT(S)																																																											
7 - BOOSTER SEAT																																																		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																																																											



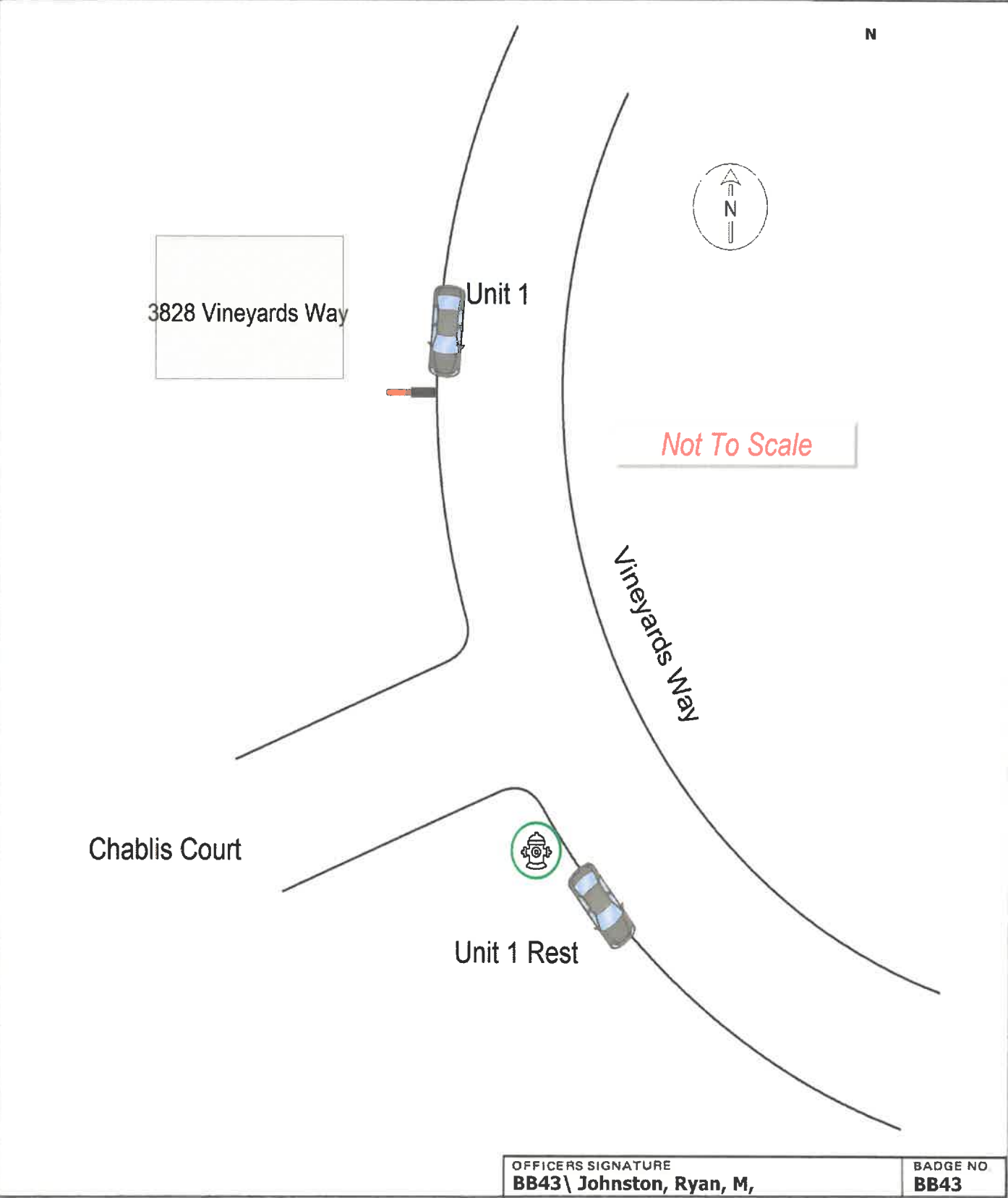
OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER					
UNIT # <input type="text"/> NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH			AGE	GENDER	
						<input type="text"/>			<input type="text"/>	<input type="text"/>	
INJURIES <input type="text"/> INJURED TAKEN BY <input type="text"/> EMS AGENCY (NAME) <input type="text"/> INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/> SAFETY EQUIPMENT USED <input type="text"/>						CONTACT PHONE - INCLUDE AREA CODE			<input type="text"/>		
						<input type="text"/>			<input type="text"/>		
UNIT # <input type="text"/> NAME: LAST, FIRST, MIDDLE ADDRESS: STREET, CITY, STATE, ZIP						DATE OF BIRTH			AGE	GENDER	
						<input type="text"/>			<input type="text"/>	<input type="text"/>	
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						<input type="text"/>			<input type="text"/>		
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					
GENDER		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED					
F - FEMALE		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE					
M - MALE		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED					
U - OTHER / UNKNOWN				13 - TRAILING UNIT		1 - NOT TRAPPED					
				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 PETERS, DEXTER ANDRE						DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 3828 VINEYARDS WA Way BELLBROOK, OH 45305						<input type="text"/>			<input type="text"/>	<input type="text"/>	
NAME: LAST, FIRST, MIDDLE TURCKES, ANDREW WILLIAM						DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP 3831 VINEYARDS WA Way BELLBROOK, OH 45305						<input type="text"/>			<input type="text"/>	<input type="text"/>	
NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						<input type="text"/>			<input type="text"/>	<input type="text"/>	

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2025-00005026	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 05 D 26 Y 2025
IN COUNTY OF 29 Greene	ACCIDENT LOCATION Vineyards WA Way	



OFFICERS SIGNATURE BB43 \ Johnston, Ryan, M,	BADGE NO. BB43
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	25-5026	REPORTING AGENCY	Bellbrook	DATE OF CRASH	M 5 / D 26 / Y 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Dexter Peters
(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME)

AT

3828 Vineyards Way, Bellbrook
(LOCATION)

I had just pulled in my driveway and exited my vehicle. As I turned to walk toward the tree in the front yard, I saw a car go by, followed by a bang, and then I saw my mailbox spin around. The next thing was the same car hit the curb and the fire hydrant. I walked over to the vehicle once it came to a stop and saw that all airbags were deployed and the driver was leaning down toward the floorboard. I called 911 as well as the neighbour. The driver also appeared to be on the phone with 911.

ADDRESS
OF
WITNESS 3828 Vineyards Way, Bellbrook, Ohio 45305
SIGNATURE
OF
WITNESS [Signature]PHONE
937-929-9578

OFFICERS SIGNATURE

[Signature] 43

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 25-5026	REPORTING AGENCY Bellbrook PD	DATE OF CRASH M 5 / 026 / 25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Andrew Turckes (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
R. Schnitzers (OFFICERS NAME) AT Vineyards Way @ Chablis Ct (LOCATION)

Security cameras picked up the crash. Will email security footage to officer.

ADDRESS OF WITNESS SIGNATURE OF WITNESS <u>Andrew Turckes</u>	3831 Vineyards Way, Bellbrook OH	PHONE 313-402-9569	OFFICERS SIGNATURE <u>[Signature]</u> 43
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