



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Bellbrook Police NCIC* 02905		2025-00005398			
COUNTY* 29	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP 1	LOCATION-CITY, VILLAGE, TOWNSHIP* Bellbrook		CRASH DATE / TIME* 06092025 1543		CRASH SEVERITY 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY 5		
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4	LOCATION ROAD NAME Little Sugarcreek		ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.636289		
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST 4	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Franklin		ROAD TYPE S T	LONGITUDE DECIMAL DEGREES -84.075806		
REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 1	DIRECTION FROM REFERENCE 1-NORTH 2-SOUTH 3-EAST 4-WEST 1	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		INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 4		
DISTANCE FROM REFERENCE 20	DISTANCE UNIT OF MEASURE 1-MILES 2-Feet 3-YARDS 2			ROADWAY ☐ 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 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		
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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	CONDITIONS 2 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
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		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 04						
NARRATIVE On 06/09/2025, Unit #2 (OH reg. JZD1102) was stopped on Little Sugarcreek (traveling Southbound) at the traffic light (intersection) of West Franklin. Unit #1 (OH reg. DBJ2699) was traveling Southbound on Little Sugarcreek. While approaching the intersection, Unit #1 did not safely come to a stop (assured clear distance) and made contact with the rear of Unit#2. Note: See additional narrative OH-2 for more details.								
Note: See OH-2								
CRASH REPORTED DATE / TIME 06092025 1543		DISPATCH DATE / TIME 06092025 1543		ARRIVAL DATE / TIME 06092025 1546		SCENE CLEARED DATE / TIME 06092025 1641		
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 88	OFFICER'S NAME* Ruble		CHECKED BY OFFICER'S NAME* Lane			
		OFFICER'S BADGE NUMBER* B B 1 3		CHECKED BY OFFICER'S BADGE NUMBER* B B 4 8		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ROPS)		



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

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) ALEXANDER, ELIZABETH R	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 9374263614
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 94 GRANGE HALL RD Road BEAVERCREEK, OH 45430		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE OH	LICENSE PLATE # DBJ2699	VEHICLE IDENTIFICATION # 1GCEC14ZXPZ206167
	INSURANCE VERIFIED ☒	INSURANCE COMPANY State Farm	INSURANCE POLICY # 2734113-SFP-35
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT #	COLOR WHI
	INTERLOCK DEVICE EQUIPPED ☐	HIT/SKIP UNIT ☐	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	TOWED BY: COMPANY NAME	
	UNIT TYPE 04	VEHICLE MAKE Chevrolet	
	VEHICLE MODEL C K 1500		
	# OF TRAILING UNITS 00		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0		
	AUTONOMOUS MODE LEVEL 0		
EVENT(S)	SPECIAL FUNCTION 01		
	CARGO BODY TYPE 01		
	VEHICLE DEFECTS 07		
	NON-MOTORIST LOCATION AT IMPACT 00		
	ACTION 4		
	CONTRIBUTING CIRCUMSTANCES 08		
	SEQUENCE OF EVENTS 120		
	EVENTS 1		
	COLLISION WITH FIXED OBJECT - STRUCK 1		
	FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1			

LOCAL REPORT NUMBER 2025-00005398	
DAMAGE DAMAGE SCALE 2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 11 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 2 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 15	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Palacios-Maya, Cesar	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 4052083250		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 3821 VINEYARDS WA Way BELLBROOK, OH 45305				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JZD1102	VEHICLE IDENTIFICATION # 4T1KZ1AK5RU096858	VEHICLE YEAR 2024	VEHICLE MAKE Toyota
	☒ INSURANCE VERIFIED	INSURANCE COMPANY USAA	INSURANCE POLICY # 0182478577105	COLOR WHI	VEHICLE MODEL Camry
	☐ COMMERCIAL	TYPE OF USE ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 01				
	# OF TRAILING UNITS 00				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0				
	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
VEHICLE DEFECTS					
NON-MOTORIST LOCATION AT IMPACT					
ACTION					
CONTRIBUTING CIRCUMSTANCES					
SEQUENCE OF EVENTS					
EVENTS					
COLLISION WITH FIXED OBJECT - STRUCK					
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1					

LOCAL REPORT NUMBER 2025-00005398	
DAMAGE	
DAMAGE SCALE 2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 05	
TRAFFIC	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2	
UNIT SPEED 0	
POSTED SPEED 25	
DETECTED SPEED 1	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2025-00005398

UNIT # 01	NAME: LAST, FIRST, MIDDLE ALEXANDER, TIMOTHY R	DATE OF BIRTH 08311963		AGE 61	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 1521 ALAMEDA DR Drive XENIA, OK 45385		CONTACT PHONE - INCLUDE AREA CODE 9375323611			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	☐ DOT-COMPLIANT MC HELMET
OL STATE 01	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4511.21 MM	LOCAL CODE ☐	OFFENSE DESCRIPTION Speed	CITATION NUMBER 32879
OL CLASS 01	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	CONDITION 1
				ALCOHOL TEST STATUS 1 TYPE 1 VALUE	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE Palacios-Maya, Cesar	DATE OF BIRTH 06011974		AGE 51	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 3821 VINEYARDS WA Way BELLBROOK, OH 45305		CONTACT PHONE - INCLUDE AREA CODE 4052083250			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	☐ DOT-COMPLIANT MC HELMET
OL STATE 01	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE ☐	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS 01	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	CONDITION 1
				ALCOHOL TEST STATUS 1 TYPE 1 VALUE	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

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	☐ DOT-COMPLIANT MC HELMET
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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	CONDITION
				ALCOHOL TEST STATUS TYPE VALUE	DRUG TEST(S) 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 - MC 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	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	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	CONDITION	4 - BREATH
SAFETY EQUIPMENT	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	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
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, DISTRESSED)	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	GENDER	X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING		F - FEMALE		17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
7 - BOOSTER SEAT		M - MALE		18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED		U - OTHER / UNKNOWN				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

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	2025-00005398	REPORTING AGENCY	Bellbrook Police	DATE OF ACCIDENT	M 06	D 09	Y 2025
IN COUNTY OF	29 Greene	ACCIDENT LOCATION	Little Sugarcreek RD Road				

Note:

1. I observed unit#1 having a "bald/worn" front right tire.
2. Unit#1 driver could not state his speed at time of the accident. Based on the damage to both vehicles, I estimate Unit 1's speed somewhere between 10 and 20 mph.
3. Both Unit#1 driver and Unit#2 driver respectfully declined to give written witness statements.

Respectfully,

Ptl. A. Ruble

OFFICERS SIGNATURE
BB13\ Ruble, Tony, P,**BADGE NO**
BB13

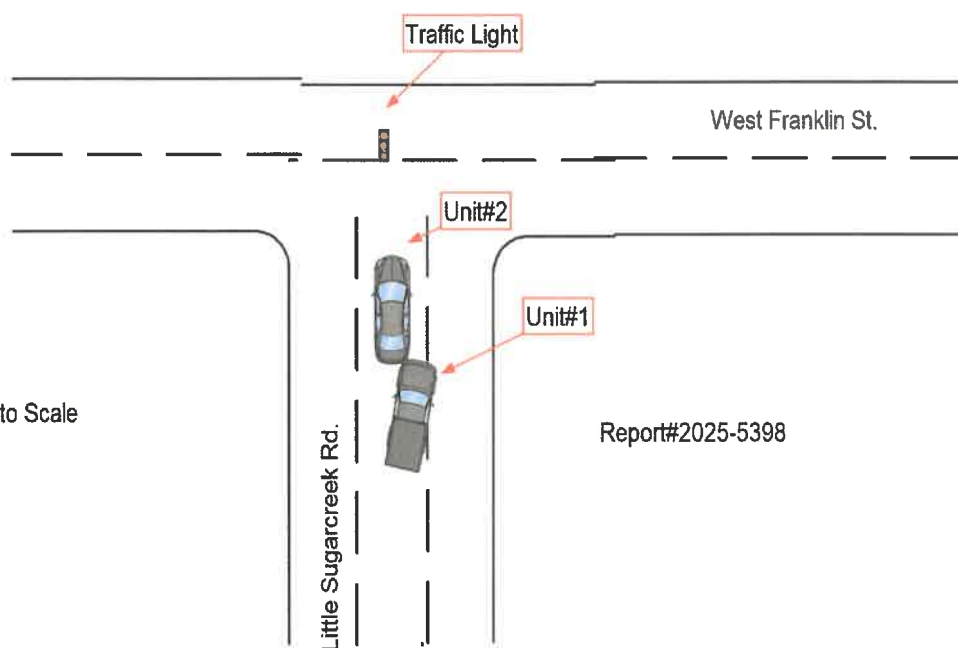
OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2025-00005398	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 06 D 09 Y 2025
IN COUNTY OF 29 Greene	ACCIDENT LOCATION Little Sugarcreek RD Road	

N

Note: Not to Scale



Report#2025-5398

OFFICERS SIGNATURE
BB13\ Ruble, Tony, P,BADGE NO
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