
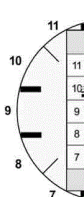
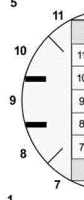

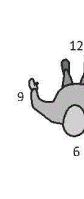

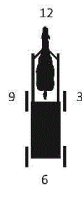
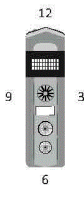


<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> PRIVATE PROPERTY		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION		2025-00008128					
REPORTING AGENCY NAME* Bellbrook Police				NCIC* 02905		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 02		UNIT IN ERROR 1 - FATAL 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 29		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook		CRASH DATE / TIME* 09242025 1517		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME FRANKLIN		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 39.636697	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 118		ROAD TYPE		LONGITUDE DECIMAL DEGREES -84.074869	
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 PL - PLACE 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS									
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 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 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		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	
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							
NARRATIVE Unit 1 and Unit 2 were parked next to each other in the parking lot of 118 W. Franklin St., Bellbrook, Ohio. (Dots Market) Unit 1 pulled forward out of the parking spot to make a right turn. When making the right turn, Unit 1 struck Unit 2, causing front driver-side damage. Unit 1 then left the scene. Investigation revealed Unit 1 was likely unaware the crash had occurred until he was contacted by police. Mrs. Andrea Starkey had parked the vehicle at Dot's and was inside the store when the crash occurred.											
CRASH REPORTED DATE / TIME 09242025 1517		DISPATCH DATE / TIME 09242025 1520		ARRIVAL DATE / TIME 09242025 1522		SCENE CLEARED DATE / TIME 09242025 1558		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 HQS)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 68		OFFICER'S NAME* Cox		CHECKED BY OFFICER'S NAME* Lane			
						OFFICER'S BADGE NUMBER* B B 5 2		CHECKED BY OFFICER'S BADGE NUMBER* B B 4 8			

LOCAL REPORT NUMBER <div style="display: flex; justify-content: space-between; align-items: center;"> 2 0 2 5 - 0 0 0 8 1 2 8 </div>	
DAMAGE	
DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE </div> </div>	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: grid; grid-template-columns: 1fr 1fr; gap: 20px;">         </div>	
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> - NO DAMAGE [0] </div> <div style="text-align: center;"> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> - TOP [13] </div> <div style="text-align: center;"> <input type="checkbox"/> - ALL AREAS [15] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>	
INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div>	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">2</div>	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">2</div>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> FROM 4 TO 2 </div> <div style="width: 45%;"> 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div>	
UNIT SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">3</div>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%; height: 10px;"></div> </div>	

OWNER	<div>UNIT # 02</div>							<div>OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) STARKEY, JEFFREY R</div>								<div>OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (9) (3) (7) (7) (8) (9) (4) (6) (5) (0)</div>								
	<div>OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2074 ROSECREST DR Drive BELLBROOK, OH 45305</div>																							
	<div>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP </div>														<div>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE </div>									
VEHICLE	<div>LP STATE OH</div>		<div>LICENSE PLATE # KPU9747</div>		<div>VEHICLE IDENTIFICATION # JTDFR320820046287</div>							<div>VEHICLE YEAR 2002</div>		<div>VEHICLE MAKE Toyota</div>										
	<div><input checked="" type="checkbox"/> INSURANCE VERIFIED</div>		<div>INSURANCE COMPANY Geico</div>				<div>INSURANCE POLICY # 4508052430</div>				<div>COLOR RED</div>		<div>VEHICLE MODEL MR2</div>											
	<div><input type="checkbox"/> COMMERCIAL</div>		<div><input type="checkbox"/> GOVERNMENT</div>		<div><input type="checkbox"/> IN EMERGENCY RESPONSE</div>		<div>US DOT # </div>				<div>TOWED BY: COMPANY NAME </div>													
	<div><input type="checkbox"/> INTERLOCK DEVICE EQUIPPED</div>		<div><input type="checkbox"/> HIT/SKIP UNIT</div>		<div>#OCCUPANTS 00</div>		<div>VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.</div>				<div>HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD</div>													
	<div>01</div>		<div>1-PASSENGER CAR 2- PASSENGER VAN (MINIVAN) 3-SPORT UTILITY VEHICLE 4- PICK UP 5-CARGO VAN 6-VAN (9-15 SEATS)</div>		<div>7-MOTORCYCLE 2-WHEELED 8-MOTORCYCLE 3-WHEELED 9-AUTOCYCLE 10-MOPED OR MOTORIZED BICYCLE 11-ALL TERRAIN VEHICLE (ATV / UTV)</div>		<div>12-GOLF CART 13-SNOWMOBILE 14-SINGLE UNIT TRUCK 15-SEMI-TRACTOR 16-FARM EQUIPMENT 17-MOTORHOME</div>				<div>18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-H EAVY EQUIPMENT 22- ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</div>					<div>23-PEDESTRIAN / SKATER 24-WHEELCHAIR (ANY TYPE) 25- OTHER NON-MOTORIST 26-BICYCLE 27-TRAIN 99- UNKNOWN OR HIT/SKIP</div>								
	<div>00</div>		<div># OF TRAILING UNITS</div>																					
	<div>2</div>		<div>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1-YES 2- NO 9- OTHER / UNKNOWN</div>						<div>AUTONOMOUS MODE LEVEL 0</div>				<div>NO AUTOMATION 1- DRIVER ASSISTANCE 2- PARTIAL AUTOMATION</div>		<div>CONDITIONAL AUTOMATION 3- CONDITIONAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION</div>			<div>UNKNOWN 9- UNKNOWN</div>						
	<div>01</div>		<div>SPECIAL FUNCTION</div>		<div>1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS-TRANSIT/COMMUTER</div>		<div>6-BUS-CHARTER/TOUR 7-BUS-INTERCITY 8-BUS-SHUTTLE 9-BUS-OTHER 10-AMBULANCE</div>		<div>11-FIRE 12-MILITARY 13-POLICE 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT</div>				<div>16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SA FETY SERVICE PATROL</div>			<div>21-MAIL CARRIER 99-OTHER / UNKNOWN</div>								
	<div>01</div>		<div>CARGO BODY TYPE</div>		<div>1- NO CARGO BODYTYPE / NOT APPLICABLE 2-BUS</div>		<div>3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4- LOGGING</div>		<div>5-INTERMODAL CONTAINER CHASSIS 6-CARGO VAN/ENCLOSED BOX 7-GRAIN/CHIPS GRAVEL</div>				<div>8-POLE 9-CARGOTANK 10-FLAT BED 11-DUMP</div>			<div>12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER / UNKNOWN</div>								
	<div>VEHICLE DEFECTS</div>		<div>1-TURN SIGNALS 2-HEADLAMPS 3-TAIL LAMPS</div>		<div>4-BRA KES 5-STEE RING 6-TIRE BLOWOUT</div>		<div>7-WORN OR SLICK TIRES 8-TRAILER EQUIPMENT DEFECTIVE</div>				<div>9-MOTOR TROUBLE 10-D ISAB LED FROM PRIOR ACCIDENT</div>			<div>99-OTHER / UNKNOWN</div>										
EVENT(S)	<div>NON-MOTORIST LOCATION AT IMPACT</div>		<div>1-INTERSECTION – MARKED CROSSWALK 2-INTERSECTION – UNMARKED CROSSWALK</div>		<div>3-INTERSECTION – OTHER 4-MIDBLOCK – MARKED CROSSWALK 5-TRA VEL LA NE – Other Location</div>		<div>6-BICYCLE LANE 7-SHO ULDER / ROADSIDE 8-SIDE WALK</div>				<div>9-M EDIAN/CROSSING ISLAND 10-DRIVEWAY ACCESS 11-S HARED USE PATHS OR TRAILS</div>			<div>12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER / UNKNOWN</div>										
	<div>4</div>		<div>ACTION</div>		<div>10</div>		<div>PRE-CRASH ACTIONS</div>		<div>1-NON-CONTACT 2-N ON-COLLISION 3-STRIK ING 4-STRUC K 5-BOTH STRIKING & STRUCK 9-O THE R / UNKNOWN</div>				<div>1-STRAIGHT AHEAD 2-BACKIN G 3-CHAN GING LANES 4-OVERTAKING/PASSING 5-MAKING RIGHT TURN 6-MAKING LEFT TURN</div>		<div>7-MAKING U-TURN 8-ENTERING TRAFFIC LANE 9-LEAVING TRAFFIC LANE 10-PARKED 11-SLOWING OR STOPPED IN TRAFFIC 12-DRIVERLESS</div>				<div>13-NEG OTIATING A CURVE 14-ENTERING OR CROSSING SPECIFIED LOCATION 15-WALKING, RUNNING, JOGGING, PLAYING 16-WORKING 17-PUSHING VEHICLE</div>			<div>18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN</div>		
	<div>01</div>		<div>CONTRIBUTING CIRCUMSTANCES</div>		<div>1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-I MPROPER TUR N</div>		<div>7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE / ACDA 9-I MPROPER LA NE CHANGE 10-I MPROPER PASSING 11-DRO VE OFF RO AD 12-I MPROPER BACKING</div>		<div>13-I MPROPER START FROM A PARKED POSITION 14-S TOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID 16-WRONG WAY</div>				<div>17-V ISION OBSTRU CTION 18-O PERATING DEFE CTIVE EQUIPME NT 19-L OAD SHIFTING/FALLING/ SPILLING 20-I MPROPER CROSSING</div>			<div>21-LYING IN ROADWAY 22-N OT DISCRIB E 23-O PENING DOOR INTO ROADWAY 99-O THE R I MPROPER ACTION</div>								
	<div>SEQUENCE OF EVENTS</div>																							
	<div>EVENTS</div>																							
	<div>1</div>		<div>20</div>		<div>1-OVERTURN/R OLLOVER 2-FIRE/E XPLOSIO N 3-I MMERSION</div>		<div>6-EQUIPMENT FAILURE 7-S EPARATION OF UN ITS 8-RAN OFF ROAD RI GH T 9-RAN OFF ROAD LE FT 10-CROSS ME DIAN</div>		<div>11-CROSS CENTERLINE — OPPOSITE DIRECTION OF TRA VEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-P EDESTRIAN 15-PEDA LCYCLES</div>				<div>16-RAILWAY VEH ICLE 17-ANI MAL – FA RM 18-ANI MAL – DE ER 19-ANI MAL – OT HER 20-MOTO R VEHIC LE IN TRANSPOR T 21-P ARKED MOT OR VEH ICLE</div>			<div>22-WORK ZONE MAINTENANCE EQUIPMENT 23-S TRUCK BY FALLING, S HIFTING CA RG O OR ANYTHI NG SET I N MOTI ON BY A MO TOR VEH ICLE 24-O THER MOV ABLE OBJECT</div>								
	<div>4</div>		<div>26</div>		<div>25-I MPACT ATTENUATOR / CRA SH CU SHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER or ABUTME NT 28-BRIDGE PARAPET 29-BRIDGE RA IL 30-GUARDRAIL FACE</div>		<div>31-GUARDRAIL END 32-POR TABLE BA RRIER 33-MEDIA N CABLE BA RRIER 34-MEDIA N GUARDRAIL BA RRIER 35-MEDIA N CONCRE TE BA RRIER 36-MEDIA N OTHER BA RRIER</div>		<div>37-TA FFIC SI GN POST 38-O VERHEAD SI GN POS T 39-LIGH T / LU MINARI ES SUPPORT 40-U TILITY POLE 41-OT HER POS T, POLE OR SUPPOR T 42-CULVERT</div>				<div>43-CURB 44-DITCH 45-E MBANKM ENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT</div>			<div>50-WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OT HER FI XED OBJEC T 99-O THE R / UNKNOWN</div>								
<div>1</div>		<div>FIRST HARMFUL EVENT</div>															<div>1</div>		<div>MOST HARMFUL EVENT</div>					

DAMAGE	
DAMAGE SCALE	
2 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> - NO DAMAGE [0] </div> <div> <input type="checkbox"/> - UNDERCARRIAGE [14] </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> - TOP [13] </div> <div> <input type="checkbox"/> - ALL AREAS [15] </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div>	
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 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> POSTED SPEED <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div>	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER											
2025-00008128											

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE Fritz, Paul H II					DATE OF BIRTH 09281946				AGE 78		GENDER M						
	ADDRESS: STREET, CITY, STATE, ZIP 9136 Old Stage RD Road Waynesville, OH 45068							CONTACT PHONE - INCLUDE AREA CODE 9374744386												
	INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME) 		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
	OL STATE 		OPERATOR LICENSE NUMBER 			OFFENSE CHARGED 			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION 				CITATION NUMBER 					
MOTORIST / NON-MOTORIST	OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 					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 	
MOTORIST / NON-MOTORIST	OL STATE 		OPERATOR LICENSE NUMBER 			OFFENSE CHARGED 			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION 				CITATION NUMBER 					
	OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 			DRIVER DISTRACTED BY 		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 		ALCOHOL TEST STATUS TYPE VALUE 		DRUG TEST(S) STATUS TYPE 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 												
MOTORIST / NON-MOTORIST	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 	
	OL STATE 		OPERATOR LICENSE NUMBER 			OFFENSE CHARGED 			LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION 				CITATION NUMBER 					
	OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 			DRIVER DISTRACTED BY 		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 / UNSABLE								
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		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)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE								
2 - EMS		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD								
3 - POLICE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE								
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY				4 - BREATH								
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT				5 - OTHER								
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER		CONDITION		DRUG TEST TYPE								
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL		1 - NONE								
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		2 - BLOOD								
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)		3 - URINE								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR		4 - ILLNESS		4 - OTHER								
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.										
7 - BOOSTER SEAT								18 - OTHER		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		DRUG TEST RESULT(S)								
8 - HELMET USED										9 - OTHER / UNKNOWN		1 - AMPHETAMINES								
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												2 - BARBITURATES								
10 - REFLECTIVE CLOTHING												3 - BENZODIAZEPINES								
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												4 - CANNABINOIDS								
99 - OTHER / UNKNOWN												5 - COCAINE								
												6 - OPIATES / OPIOIDS								
												7 - OTHER								
												8 - NEGATIVE RESULTS								



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2025 - 00008128									

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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

OCCUPANT	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			EJECTION
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
GENDER			TRAPPED
F - FEMALE M - MALE U - OTHER / UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

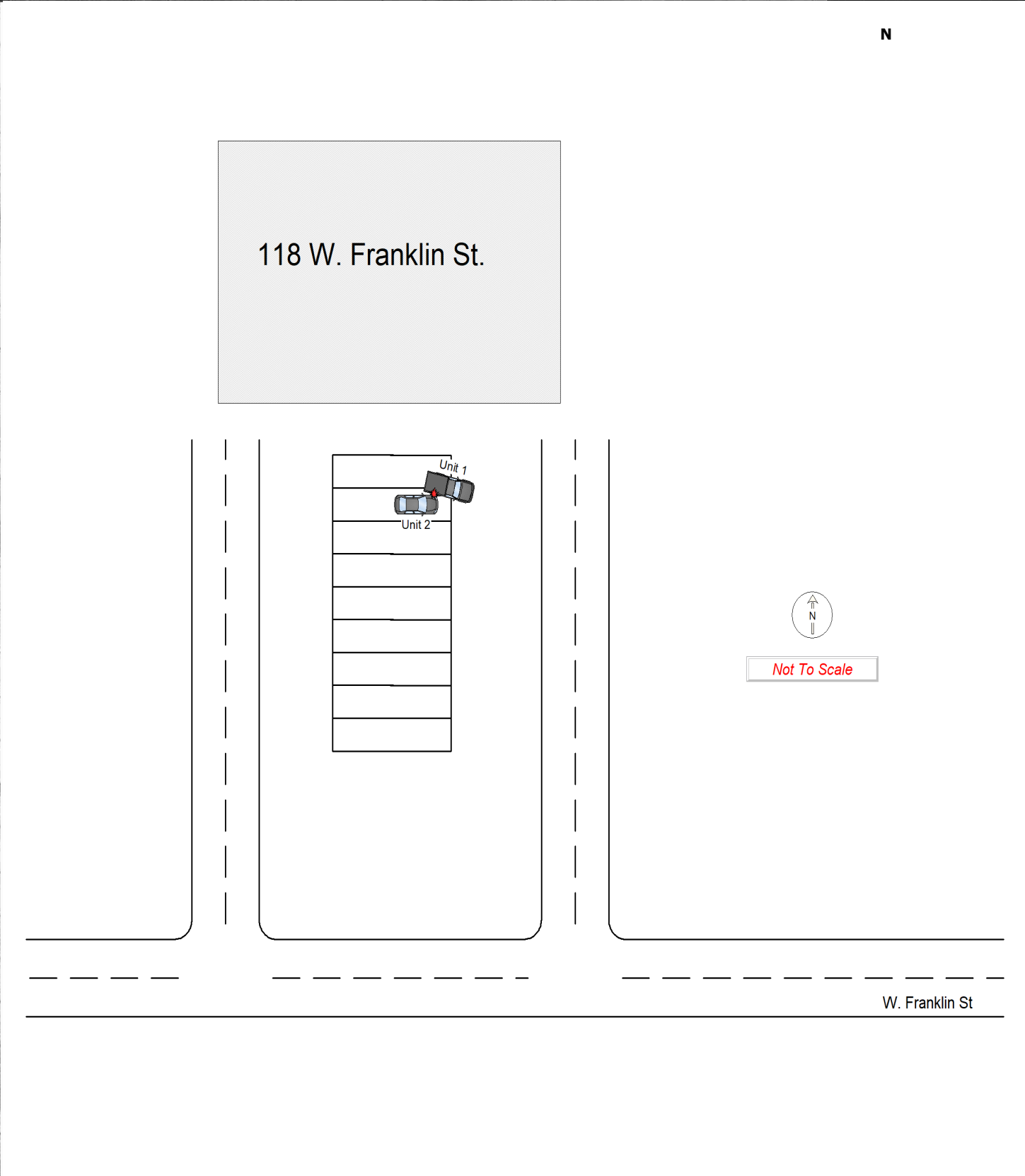
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
	DORN, JAMES JOSEPH	06281970			55	M
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
	2683 CENTER CREEK CR Circle SPRING VALLEY, OH 45370	9374783673				

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
	STARKEY, ANDREA LEE	08031967			58	F
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE				
	2074 ROSECREST DR Drive BELLBROOK, OH 45305	9377894650				

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH			AGE	GENDER
	CONTACT PHONE - INCLUDE AREA CODE					
	ADDRESS: STREET, CITY, STATE, ZIP					

Mr. Dorn was walking out of Dot's at the time of the crash. He heard the crash and saw Unit 1 drive away. Mr. Dorn provided police with Unit 1's license plate number.

LOCAL REPORT NUMBER	2025-00008128	REPORTING AGENCY	Bellbrook Police	DATE OF ACCIDENT	M 09 D 24 Y 2025
IN COUNTY OF	29 Greene	ACCIDENT LOCATION	FRANKLIN ST Street		



OFFICERS SIGNATURE	BADGE NO.
BB52\ Cox, Dakota, C,	BB52

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	2025-8128	REPORTING AGENCY	Bellbrook PD	DATE OF CRASH	09/24/25
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>James J. Dorn</u> (PRINTED)	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Cox</u> (OFFICER'S NAME)	AT <u>Dot's Market</u> (LOCATION)
<p>As I was loading groceries in my vehicle I witness a P/u truck impact a red vehicle in the parking. Driver did not appear to notice or acknowledge he hit the red car.</p> <p>P/u truck license was EM57UW. I believe it was black in color.</p>	
<p>ADDRESS OF WITNESS: <u>2683 Center Creek Cir, Spring Valley</u></p> <p>SIGNATURE OF WITNESS: <u>[Signature]</u></p> <p>OFFICER'S SIGNATURE: <u>[Signature]</u> #52</p> <p>PHONE: <u>937-478-3673</u></p>	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL
REPORT
NUMBER

2025-8128

REPORTING
AGENCY

Bellbrook PD

DATE OF CRASH

M 9 10 24/25

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

I, Paul Fritz

(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Cox

(OFFICER'S NAME)

AT

9136 Old Stage Rd.

(LOCATION)

WENT TO JOTS MARKET IN BELLBROOK
WED 9.24.2025 ON ON AUGUST 3⁰⁰ - 4⁰⁰ PM
PULLED OUT & ACCIDENTAL TO
OFFICER COX I STRUCK A CAR.
I HAVE NO RECOLLECTION OF THIS
STATEMENT BY OFFICER COX. MY
TRUCK SHOWS NO DAMAGE!

937-476-4386

ADDRESS

9136 Old Stage Rd

PHONE

WITNESS

SIGNATURE

OF

WITNESS

WILMINGTON, OH

OFFICER'S SIGNATURE

OFF- J. CO #52