

|                                                                                                                                                      |  |                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> PRIVATE PROPERTY |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER                                     |  | LOCAL INFORMATION                                                                                                                                                                                                                                                              |  | 2025-00009121                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                             |  |                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                                                   |  |
| COUNTY*<br>29                                                                                                                                        |  | LOCALITY*<br>1<br>1-CITY<br>2-VILLAGE<br>3-TOWNSHIP                                                                                              |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Bellbrook                                                                                                                                                                                                                                |  | REPORTING AGENCY NAME*<br>Bellbrook Police                                                                                                                                                                                                                                                                                   |  | NCIC*<br>02905                                                                                                                                                                                              |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED                                                                                                                                                 |  | NUMBER OF UNITS<br>01                                                                                                                                           |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN                                                                                                      |  |
| ROUTE TYPE<br>LOCATION                                                                                                                               |  | ROUTE NUMBER                                                                                                                                     |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                       |  | LOCATION ROAD NAME<br>WILMINGTON DAYTON                                                                                                                                                                                                                                                                                      |  | ROAD TYPE<br>R D                                                                                                                                                                                            |  | LATITUDE DECIMAL DEGREES<br>39.633244                                                                                                                                                  |  | CRASH DATE / TIME*<br>11042025 1637                                                                                                                             |  | CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |
| ROUTE TYPE<br>REFERENCE                                                                                                                              |  | ROUTE NUMBER                                                                                                                                     |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                       |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>7270                                                                                                                                                                                                                                                                        |  | ROAD TYPE                                                                                                                                                                                                   |  | LONGITUDE DECIMAL DEGREES<br>-84.110384                                                                                                                                                |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                               |  |
| REFERENCE POINT<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #                                                                             |  | DIRECTION FROM REFERENCE<br>1<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                             |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>PL - PLACE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                       |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |                                                                                                                                                                 |  |                                                                                                                                                   |  |
| DISTANCE FROM REFERENCE<br>21                                                                                                                        |  | DISTANCE UNIT OF MEASURE<br>2<br>1 - MILES<br>2 - FEET<br>3 - YARDS                                                                              |  | MANNER OF CRASH COLLISION/IMPACT<br>1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                                  |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                                                                                         |  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                     |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN                |  |                                                                                                                                                   |  |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE                                                                |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  | WEATHER<br>01<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                    |  | LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                                                                                                          |  | NARRATIVE<br>Unit 1 was traveling northbound on Wilmington Dayton Road. In the area of 7270 Wilmington-Dayton Rd. Unit 1 proceeded to leave the right side of the roadway, striking two mailboxes.          |  | Indicate the north direction with an "N" on the compass diagram.                                                                                                                       |  |                                                                                                                                                                 |  |                                                                                                                                                   |  |
| CRASH REPORTED DATE / TIME<br>11042025 1637                                                                                                          |  | DISPATCH DATE / TIME<br>11042025 1637                                                                                                            |  | ARRIVAL DATE / TIME<br>11042025 1644                                                                                                                                                                                                                                           |  | SCENE CLEARED DATE / TIME<br>11042025 1731                                                                                                                                                                                                                                                                                   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HQS) |  |                                                                                                                                                                                        |  |                                                                                                                                                                 |  |                                                                                                                                                   |  |
| TOTAL TIME ROADWAY CLOSED<br>10                                                                                                                      |  | OTHER INVESTIGATION TIME<br>60                                                                                                                   |  | TOTAL MINUTES<br>124                                                                                                                                                                                                                                                           |  | OFFICER'S NAME*<br>Waller                                                                                                                                                                                                                                                                                                    |  | CHECKED BY OFFICER'S NAME*<br>Vetter                                                                                                                                                                        |  | OFFICER'S BADGE NUMBER*<br>B B 4 9                                                                                                                                                     |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>B B 3 3                                                                                                                   |  |                                                                                                                                                   |  |



|                                                      |                                                                                                                                           |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| OWNER                                                | UNIT #<br><b>0 1</b>                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>COASH, ROWAN AIDAN</b> | OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>3 6 0 6 9 0 6 7 0 7</b> |                                                                                                                        |                               |
|                                                      | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>2704 POWHATTAN PL Place KETTERING, OH 45429</b> |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>_____                                                                              |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>_____ |                                                                                                                                           |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
| VEHICLE                                              | LP STATE<br><b>O H</b>                                                                                                                    | LICENSE PLATE #<br><b>KJE5921</b>                                                                                   | VEHICLE IDENTIFICATION #<br><b>4 T 1 B F 1 F K 0 G U 5 1 3 6 2 5</b>                                     | VEHICLE YEAR<br><b>2 0 1 6</b>                                                                                         | VEHICLE MAKE<br><b>Toyota</b> |
|                                                      | <input checked="" type="checkbox"/> INSURANCE VERIFIED                                                                                    | INSURANCE COMPANY<br><b>Geico</b>                                                                                   | INSURANCE POLICY #<br><b>6142132585</b>                                                                  | COLOR<br><b>BLK</b>                                                                                                    | VEHICLE MODEL<br><b>Camry</b> |
|                                                      | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                    | TYPE OF USE                                                                                                         |                                                                                                          | TOWED BY: COMPANY NAME<br><b>Parsons Hook Road Towing</b>                                                              |                               |
|                                                      | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                 | #OCCUPANTS<br><b>0 1</b>                                                                                            | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                      | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID # |                               |
|                                                      | UNIT TYPE<br><b>0 1</b>                                                                                                                   |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | # OF TRAILING UNITS<br><b>0 0</b>                                                                                                         |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL <b>0</b>       |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | SPECIAL FUNCTION<br><b>0 1</b>                                                                                                            |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | CARGO BODY TYPE<br><b>0 1</b>                                                                                                             |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | VEHICLE DEFECTS<br><b>0 1</b>                                                                                                             |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
| EVENT(S)                                             | NON-MOTORIST LOCATION AT IMPACT<br><b>0 7</b>                                                                                             |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | ACTION<br><b>3</b>                                                                                                                        |                                                                                                                     |                                                                                                          |                                                                                                                        |                               |
|                                                      | CONTRIBUTING CIRCUMSTANCES<br><b>1 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<br><b>2 0 2 5 - 0 0 0 0 9 1 2 1</b>                                                                                                                                                                                           |                                                                                                                     |
| DAMAGE                                                                                                                                                                                                                                            |                                                                                                                     |
| DAMAGE SCALE<br><b>4</b> 1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                                   |                                                                                                                     |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                                        |                                                                                                                     |
|                                                                                                                                                                                                                                                   |                                                                                                                     |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input checked="" type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |                                                                                                                     |
| INITIAL POINT OF CONTACT<br><b>1 2</b> 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                                        |                                                                                                                     |
| TRAFFIC                                                                                                                                                                                                                                           |                                                                                                                     |
| TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                            | TRAFFIC CONTROL<br><b>6</b> 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br><b>2</b>                                                                                                                                                                                                            | RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>2</b> TO <b>1</b>                                                                                                                                                                                        |                                                                                                                     |
| UNIT SPEED<br><b>3 5</b>                                                                                                                                                                                                                          | DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                 |
| POSTED SPEED<br><b>3 5</b>                                                                                                                                                                                                                        |                                                                                                                     |





# MOTORIST / Non-MOTORIST

|                                                                                  |  |                                                 |  |                                          |  |                                |  |                                                                                     |  |                                                 |  |                                                  |  |                        |  |                                         |  |               |                                                   |              |  |  |
|----------------------------------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------|--|--------------------------------|--|-------------------------------------------------------------------------------------|--|-------------------------------------------------|--|--------------------------------------------------|--|------------------------|--|-----------------------------------------|--|---------------|---------------------------------------------------|--------------|--|--|
|                                                                                  |  |                                                 |  |                                          |  |                                |  |                                                                                     |  | LOCAL REPORT NUMBER<br>2025-00009121            |  |                                                  |  |                        |  |                                         |  |               |                                                   |              |  |  |
| UNIT #<br>01                                                                     |  | NAME: LAST, FIRST, MIDDLE<br>COASH, ROWAN AIDAN |  |                                          |  |                                |  |                                                                                     |  |                                                 |  | DATE OF BIRTH<br>08301986                        |  |                        |  | AGE<br>39                               |  | GENDER<br>M   |                                                   |              |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>2704 POWHATTAN PL Place KETTERING, OH 45429 |  |                                                 |  |                                          |  |                                |  |                                                                                     |  | CONTACT PHONE - INCLUDE AREA CODE<br>3606906707 |  |                                                  |  |                        |  |                                         |  |               |                                                   |              |  |  |
| INJURIES<br>4                                                                    |  | INJURED TAKEN BY<br>2                           |  | EMS AGENCY (NAME)<br>Bellbrook FD        |  |                                |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MIAMI VALLEY SOUTH HEALTH CENTER |  |                                                 |  | SAFETY EQUIPMENT USED<br>DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>01 |  | AIR BAG USAGE<br>1                      |  | EJECTION<br>1 |                                                   | TRAPPED<br>1 |  |  |
| OL STATE<br>OH                                                                   |  | OPERATOR LICENSE NUMBER<br>[REDACTED]           |  |                                          |  | OFFENSE CHARGED<br>4511.202 MM |  |                                                                                     |  | LOCAL CODE<br>[REDACTED]                        |  | OFFENSE DESCRIPTION<br>Reasonable Control        |  |                        |  | CITATION NUMBER<br>33387                |  |               |                                                   |              |  |  |
| OL CLASS<br>[REDACTED]                                                           |  | ENDORSEMENT<br>[REDACTED]                       |  | RESTRICTION SELECT UP TO 3<br>[REDACTED] |  |                                |  | DRIVER DISTRACTED BY<br>9                                                           |  | ALCOHOL / DRUG SUSPECTED<br>[REDACTED]          |  |                                                  |  | CONDITION<br>5         |  | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE . |  |               | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT [REDACTED] |              |  |  |

|                                   |  |                           |  |                            |  |                 |  |                                                 |  |                                   |  |                       |  |                         |  |                  |  |               |              |          |  |         |  |
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| 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 |  | SEATING POSITION |  | AIR BAG USAGE |              | EJECTION |  | TRAPPED |  |
| OL STATE                          |  | OPERATOR LICENSE NUMBER   |  |                            |  | OFFENSE CHARGED |  |                                                 |  | LOCAL CODE                        |  | OFFENSE DESCRIPTION   |  |                         |  | CITATION NUMBER  |  |               |              |          |  |         |  |
| OL CLASS                          |  | ENDORSEMENT               |  | RESTRICTION SELECT UP TO 3 |  |                 |  | DRIVER DISTRACTED BY                            |  | ALCOHOL / DRUG SUSPECTED          |  |                       |  | CONDITION               |  | ALCOHOL TEST     |  |               | DRUG TEST(S) |          |  |         |  |

|                                   |  |                           |  |                            |  |                 |  |                                                 |  |                                   |  |                       |  |                         |  |                  |  |               |              |          |  |         |  |
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| 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 |  | SEATING POSITION |  | AIR BAG USAGE |              | EJECTION |  | TRAPPED |  |
| OL STATE                          |  | OPERATOR LICENSE NUMBER   |  |                            |  | OFFENSE CHARGED |  |                                                 |  | LOCAL CODE                        |  | OFFENSE DESCRIPTION   |  |                         |  | CITATION NUMBER  |  |               |              |          |  |         |  |
| OL CLASS                          |  | ENDORSEMENT               |  | RESTRICTION SELECT UP TO 3 |  |                 |  | DRIVER DISTRACTED BY                            |  | ALCOHOL / DRUG SUSPECTED          |  |                       |  | CONDITION               |  | ALCOHOL TEST     |  |               | DRUG TEST(S) |          |  |         |  |

|                                               |  |                                                                                        |  |                                |  |                              |  |                                                                                    |  |                                                                                      |  |                                               |  |
|-----------------------------------------------|--|----------------------------------------------------------------------------------------|--|--------------------------------|--|------------------------------|--|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-----------------------------------------------|--|
| 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                          |  |

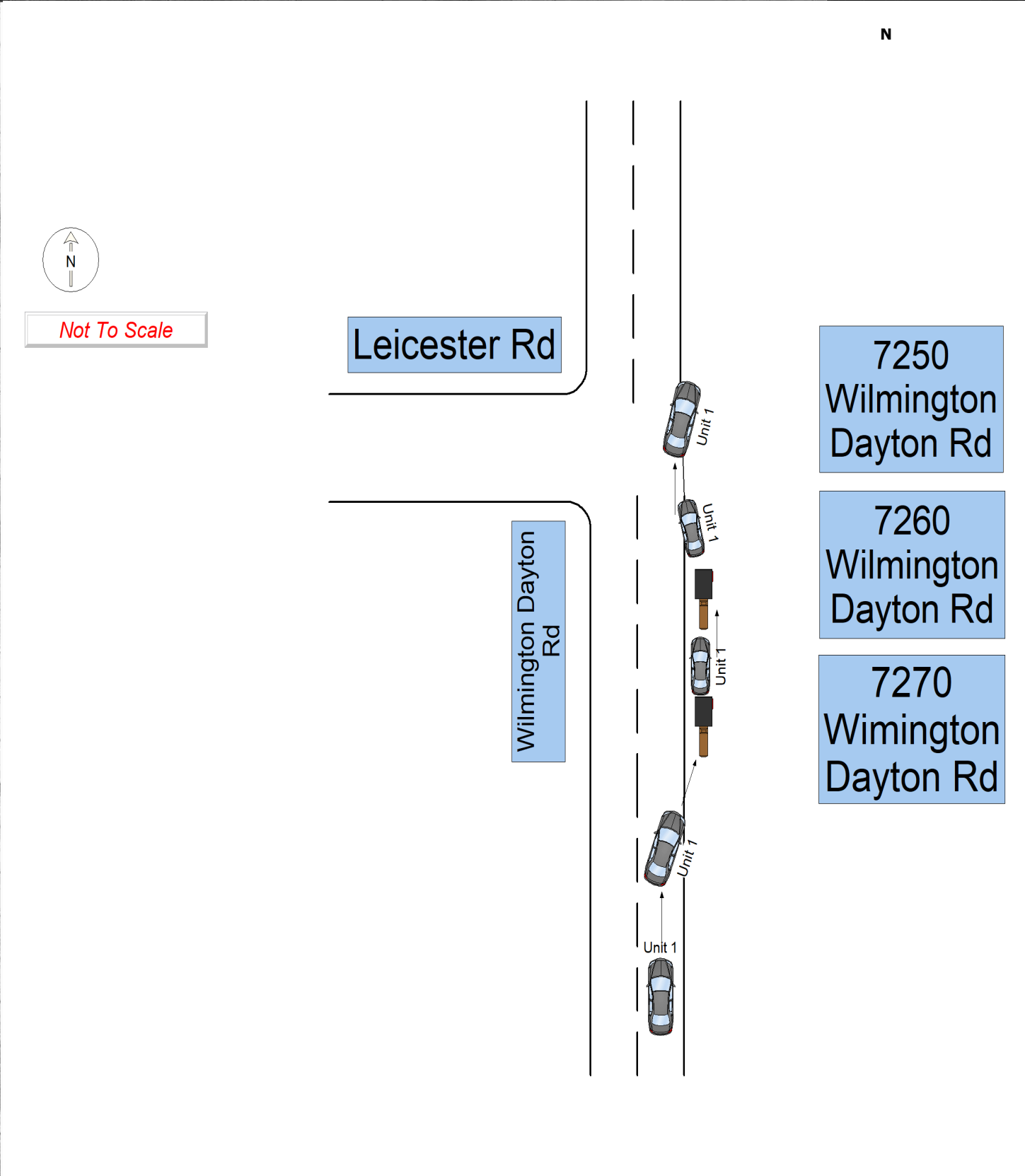




**2025 - 00009121**

|         |                                                    |                                   |     |        |
|---------|----------------------------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE                          | DATE OF BIRTH                     | AGE | GENDER |
|         | Brown, Jessica                                     | 0 1 1 9 1 9 8 4                   | 4 1 | F      |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP                  | CONTACT PHONE - INCLUDE AREA CODE |     |        |
|         | 7250 Wilmington Dayton RD Road Bellbrook, OH 45305 | 9 3 7 2 6 7 4 8 7 4               |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE                          | DATE OF BIRTH                     | AGE | GENDER |
|         |                                                    |                                   |     |        |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP                  | CONTACT PHONE - INCLUDE AREA CODE |     |        |
|         |                                                    |                                   |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE                          | DATE OF BIRTH                     | AGE | GENDER |
|         |                                                    |                                   |     |        |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP                  | CONTACT PHONE - INCLUDE AREA CODE |     |        |
|         |                                                    |                                   |     |        |

|                           |               |                      |                           |                  |                      |
|---------------------------|---------------|----------------------|---------------------------|------------------|----------------------|
| LOCAL<br>REPORT<br>NUMBER | 2025-00009121 | REPORTING<br>AGENCY  | Bellbrook Police          | DATE OF ACCIDENT | M 11   D 04   Y 2025 |
| IN COUNTY OF              | 29 Greene     | ACCIDENT<br>LOCATION | WILMINGTON DAYTON RD Road |                  |                      |



|                         |           |
|-------------------------|-----------|
| OFFICERS SIGNATURE      | BADGE NO. |
| BB49\ Waller, Travis, , | BB49      |

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL  
REPORT  
NUMBER

25-9121

REPORTING  
AGENCY

BELLBROOK POLICE DEPARTMENT

DATE OF CRASH

MAY 10 04 1/2005

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

I, Jessica A. Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
T. WALLER AT 7250 WILMINGTON DAYTON RD  
(OFFICERS NAME) (LOCATION)

I was in my driveway at 7250 Wilmington Pike getting ready to back out when I turned around & saw a black sedan come through our neighbor's yard & take out their mailbox & then come to stop at 7240 Wilmington Pike's driveway.

ADDRESS  
OF  
WITNESS  
SIGNATURE  
OF  
WITNESS

7250 Wilmington Pike Dayton, OH 45459

OFFICERS SIGNATURE

Off. Waller #49

PHONE

937-267-4874



## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                      |                                                    |                              |
|--------------------------------------|----------------------------------------------------|------------------------------|
| LOCAL<br>REPORT<br>NUMBER<br>25-9121 | REPORTING<br>AGENCY<br>BELLBROOK POLICE DEPARTMENT | DATE OF CRASH<br>MAY 04 1988 |
|--------------------------------------|----------------------------------------------------|------------------------------|

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

I, Ana Jost (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
TRAVIS WALLER (OFFICERS NAME) AT 7260 Wilmington Pike (LOCATION)

I heard a loud thunderous noise emanating from inside my residence. I looked out the window and observed debris scattered across the front lawn. Upon stepping outside, I noticed traffic backing up and both my (3rd) mailbox and my neighbor's MAILBOXES dispersed across the area. I saw my other neighbor speaking with the individual inside a black vehicle that had stopped in the road. We both approached the gentleman, who did not appear to be injured. We advised him to park closer to the curb and observed that his front right wheel was misaligned. Shortly thereafter, police and ambulance service arrived.

|                                                                           |                      |                         |                                       |
|---------------------------------------------------------------------------|----------------------|-------------------------|---------------------------------------|
| ADDRESS<br>OF<br>WITNESS<br>SIGNATURE<br>OF<br>WITNESS<br><u>Ana Jost</u> | 7260 Wilmington Pike | PHONE<br>(937) 416-8902 | OFFICERS SIGNATURE<br>OFF. WALLER #49 |
|---------------------------------------------------------------------------|----------------------|-------------------------|---------------------------------------|

## OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                           |         |                     |                             |               |                  |
|---------------------------|---------|---------------------|-----------------------------|---------------|------------------|
| LOCAL<br>REPORT<br>NUMBER | 25-9121 | REPORTING<br>AGENCY | BELLBROOK POLICE DEPARTMENT | DATE OF CRASH | MAY 10/04 1/2025 |
|---------------------------|---------|---------------------|-----------------------------|---------------|------------------|

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

I, Ron Cummings (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
R. Johnston (OFFICERS NAME) AT 7250 WILMINGTON DAYTON RD (LOCATION)

Was in the House Heard it a crash  
Went out sid a car the mail Box was hit

|                            |                            |                    |                        |
|----------------------------|----------------------------|--------------------|------------------------|
| ADDRESS<br>OF<br>WITNESS   | 7270<br>7370 Wilmington Pk | PHONE              | 937 794-6718           |
| SIGNATURE<br>OF<br>WITNESS | <u>Ron Cummings</u>        | OFFICERS SIGNATURE | <u>[Signature]</u> #42 |