

<div><div><div><div><div><div></div><div></div></div><div><div><div></div></div></div><div><div><div></div><div></div></div><div><div><div></div></div></div><div><div><div></div></div></div></div><div>OHIO DEPARTMENT OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION</div></div><div>TRAFFIC CRASH REPORT</div><div>*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT</div></div></div></div>		LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<div><div><div><div><input checked="" type="checkbox"/> PHOTOS TAKEN</div><div><input type="checkbox"/> SECONDARY CRASH</div></div><div><div><input checked="" type="checkbox"/> OH-2</div><div><input type="checkbox"/> OH-3</div><div><input type="checkbox"/> OH-1P</div><div><input type="checkbox"/> OTHER</div><div><input checked="" type="checkbox"/> PRIVATE PROPERTY</div></div></div><div>REPORTING AGENCY NAME*</div><div>Bellbrook Police</div><div>NCIC*</div><div>02905</div></div>		<div><div><div>HIT/SKIP</div><div>1 - SOLVED</div><div>2 - UNSOLVED</div></div><div>NUMBER OF UNITS</div><div>01</div><div>UNIT IN ERROR</div><div>98 - ANIMAL</div><div>99 - UNKNOWN</div><div>01</div></div>		2025 - 00004395			
<div><div>COUNTY*</div><div>29</div><div>LOCALITY*</div><div>1</div><div>LOCATION: CITY, VILLAGE, TOWNSHIP*</div><div>Bellbrook</div></div>		<div><div>CRASH DATE / TIME*</div><div>05062025 1800</div><div>CRASH SEVERITY</div><div>1 - FATAL</div><div>2 - SERIOUS INJURY SUSPECTED</div><div>3 - MINOR INJURY SUSPECTED</div><div>4 - INJURY POSSIBLE</div><div>5 - PROPERTY DAMAGE ONLY</div><div>5</div></div>					
<div><div>ROUTE TYPE</div><div></div><div>ROUTE NUMBER</div><div></div><div>PREFIX</div><div>1</div><div>LOCATION ROAD NAME</div><div>Bellevue</div><div>ROAD TYPE</div><div>DR</div></div>		<div><div>LATITUDE DECIMAL DEGREES</div><div>39.643196</div><div>LONGITUDE DECIMAL DEGREES</div><div>-84.095127</div></div>					
<div><div>REFERENCE POINT</div><div>1 - INTERSECTION</div><div>2 - MILE POST</div><div>3 - HOUSE #</div><div>3</div><div>DIRECTION FROM REFERENCE</div><div>1 - NORTH</div><div>2 - SOUTH</div><div>3 - EAST</div><div>4 - WEST</div><div>4</div><div>ROUTE TYPE</div><div>IR - INTERSTATE ROUTE(TP)</div><div>US - FEDERAL US ROUTE</div><div>SR - STATE ROUTE</div><div>CR - NUMBERED COUNTY ROUTE</div><div>TR - NUMBERED TOWNSHIP ROUTE</div><div>2</div><div>ROAD TYPE</div><div>AL - ALLEY</div><div>AV - AVENUE</div><div>BL - BOULEVARD</div><div>CR - CIRCLE</div><div>CT - COURT</div><div>DR - DRIVE</div><div>HE - HEIGHTS</div><div>HW - HIGHWAY</div><div>LA - LANE</div><div>MP - MILEPOST</div><div>OV - OVAL</div><div>PK - PARKWAY</div><div>PI - PIKE</div><div>PL - PLACE</div><div>RD - ROAD</div><div>SQ - SQUARE</div><div>ST - STREET</div><div>TE - TERRACE</div><div>TL - TRAIL</div><div>WA - WAY</div></div>		<div><div>INTERSECTION RELATED</div><div><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH</div><div><input type="checkbox"/> WITHIN INTERCHANGE AREA</div><div>NUMBER OF APPROACHES</div><div></div><div>ROADWAY</div><div><input type="checkbox"/> ROADWAY DIVIDED</div></div>					
<div><div>LOCATION OF FIRST HARMFUL EVENT</div><div>1 - ON ROADWAY</div><div>2 - ON SHOULDER</div><div>3 - IN MEDIAN</div><div>4 - ON ROADSIDE</div><div>5 - ON GORE</div><div>6 - OUTSIDE TRAFFIC WAY</div><div>7 - ON RAMP</div><div>8 - OFF RAMP</div><div>02</div><div>MANNER OF CRASH COLLISION/IMPACT</div><div>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT</div><div>2 - REAR-END</div><div>3 - HEAD-ON</div><div>4 - REAR-TO-REAR</div><div>5 - BACKING</div><div>6 - ANGLE</div><div>7 - SIDESWIPE, SAME DIRECTION</div><div>8 - SIDESWIPE, OPPOSITE DIRECTION</div><div>9 - OTHER / UNKNOWN</div><div>1</div></div>		<div><div>DIRECTION OF TRAVEL</div><div>1 - NORTH</div><div>2 - SOUTH</div><div>3 - EAST</div><div>4 - WEST</div><div></div><div>MEDIAN TYPE</div><div>1 - DIVIDED FLUSH MEDIAN (<4 FEET)</div><div>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)</div><div>3 - DIVIDED, DEPRESSED MEDIAN</div><div>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)</div><div>9 - OTHER/UNKNOWN</div></div>					
<div><div><input type="checkbox"/> WORK ZONE RELATED</div><div><input type="checkbox"/> WORKERS PRESENT</div><div><input type="checkbox"/> LAW ENFORCEMENT PRESENT</div><div><input type="checkbox"/> ACTIVE SCHOOL ZONE</div></div>		<div><div>WORK ZONE TYPE</div><div>1 - LANE CLOSURE</div><div>2 - LANE SHIFT/CROSSOVER</div><div>3 - WORK ON SHOULDER OR MEDIAN</div><div>4 - INTERMITTENT OR MOVING WORK</div><div>5 - OTHER</div></div>		<div><div>LOCATION OF CRASH IN WORK ZONE</div><div>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN</div><div>2 - ADVANCE WARNING AREA</div><div>3 - TRANSITION AREA</div><div>4 - ACTIVITY AREA</div><div>5 - TERMINATION AREA</div></div>		<div><div>CONTOUR</div><div>1</div><div>1 - STRAIGHT LEVEL</div><div>2 - STRAIGHT GRADE</div><div>3 - CURVE LEVEL</div><div>4 - CURVE GRADE</div><div>9 - OTHER/UNKNOWN</div><div>CONDITIONS</div><div>1</div><div>1 - DRY</div><div>2 - WET</div><div>3 - SNOW</div><div>4 - ICE</div><div>5 - SAND, MUD, DIRT, OIL, GRAVEL</div><div>6 - WATER (STANDING, MOVING)</div><div>7 - SLUSH</div><div>9 - OTHER/UNKNOWN</div><div>SURFACE</div><div>2</div><div>1 - CONCRETE</div><div>2 - BLACKTOP, BITUMINOUS, ASPHALT</div><div>3 - BRICK/BLOCK</div><div>4 - SLAG, GRAVEL, STONE</div><div>5 - DIRT</div><div>9 - OTHER/UNKNOWN</div></div>	
<div><div>LIGHT CONDITION</div><div>1 - DAYLIGHT</div><div>2 - DAWN/DUSK</div><div>3 - DARK - LIGHTED ROADWAY</div><div>4 - DARK - ROADWAY NOT LIGHTED</div><div>5 - DARK - UNKNOWN ROADWAY LIGHTING</div><div>9 - OTHER / UNKNOWN</div><div>1</div><div>WEATHER</div><div>1 - CLEAR</div><div>2 - CLOUDY</div><div>3 - FOG, SMOG, SMOKE</div><div>4 - RAIN</div><div>5 - SLEET, HAIL</div><div>6 - SNOW</div><div>7 - SEVERE CROSSWINDS</div><div>8 - BLOWING SAND, SOIL, DIRT, SNOW</div><div>9 - FREEZING RAIN OR FREEZING DRIZZLE</div><div>99 - OTHER / UNKNOWN</div><div>01</div></div>							
<div><div>NARRATIVE</div><div>On 5/6/2025 at 1800 hours, Unit 1 was traveling north on North Bellevue Drive. The driver of Unit 1 advised he was trying to avoid a man hole cover in the road and the passenger side tires left the roadway. This action pulled his vehicle approximately 1.5 feet off the east side of the road and it struck a small culvert.</div><div>BWC ON</div></div>		<div><div>Indicate the north direction with an "N" on the compass diagram.</div><div></div></div>					
<div><div>CRASH REPORTED DATE / TIME</div><div>05062025 1800</div><div>DISPATCH DATE / TIME</div><div>05062025 1808</div><div>ARRIVAL DATE / TIME</div><div>05062025 1808</div><div>SCENE CLEARED DATE / TIME</div><div>05062025 1834</div></div>		<div><div>REPORT TAKEN BY</div><div><input checked="" type="checkbox"/> POLICE AGENCY</div><div><input type="checkbox"/> MOTORIST</div><div><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HDPS)</div></div>					
<div><div>TOTAL TIME ROADWAY CLOSED</div><div>0</div><div>OTHER INVESTIGATION TIME</div><div>60</div><div>TOTAL MINUTES</div><div>94</div><div>OFFICER'S NAME*</div><div>Johnston</div><div>OFFICER'S BADGE NUMBER*</div><div>BB43</div><div>CHECKED BY OFFICER'S NAME*</div><div>Vetter</div><div>CHECKED BY OFFICER'S BADGE NUMBER*</div><div>BB33</div></div>							

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SANDS, MICHAEL SHAWN	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 9 3 7 6 8 1 6 9 6 5		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1761 N BELLEVUE DR Drive BELLBROOK, OH 45305				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE O H	LICENSE PLATE # T3STME	VEHICLE IDENTIFICATION # J F 1 V A 2 M 6 4 H 9 8 3 2 4 6 6	VEHICLE YEAR 2 0 1 7	VEHICLE MAKE Subaru
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Geico	INSURANCE POLICY # 4491200335	COLOR BLK	VEHICLE MODEL RX
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Parsons Hook Road Towing	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 0 1 # OF TRAILING UNITS 0 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN AUTONOMOUS MODE LEVEL 0				
	SPECIAL FUNCTION 0 1				
	CARGO BODY TYPE 0 1				
	VEHICLE DEFECTS				
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT				
	ACTION 3				
	CONTRIBUTING CIRCUMSTANCES 1 1				
	SEQUENCE OF EVENTS				
	EVENTS				
	COLLISION WITH FIXED OBJECT - STRUCK				
	FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2				

LOCAL REPORT NUMBER 2 0 2 5 - 0 0 0 0 4 3 9 5	
DAMAGE	
DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1	
UNIT SPEED 3 0	DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	



MOTORIST / Non-MOTORIST

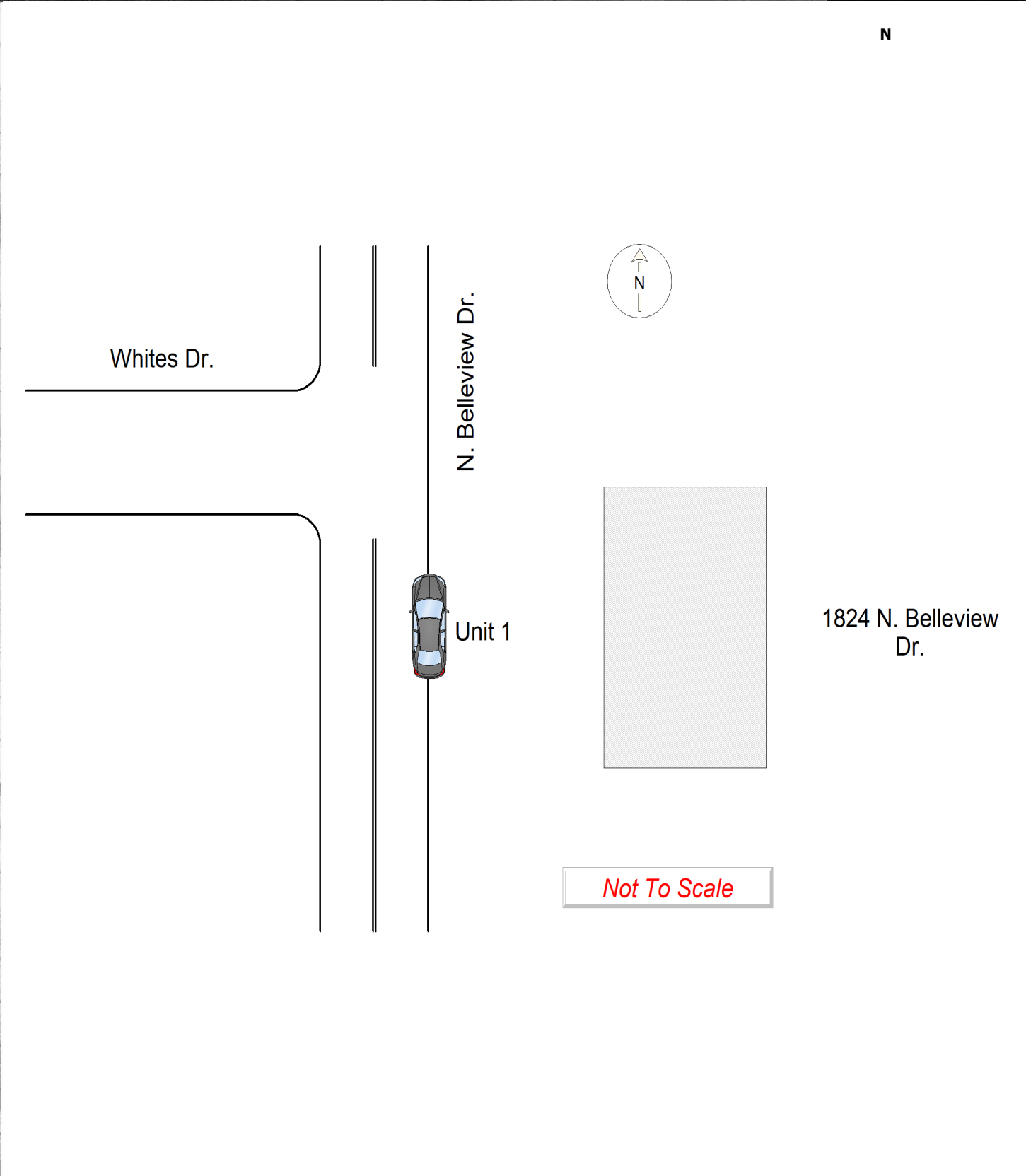
												LOCAL REPORT NUMBER 2025-00004395											
UNIT # 01		NAME: LAST, FIRST, MIDDLE SANDS, MICHAEL SHAWN										DATE OF BIRTH 1 2 0 6 1 9 8 4						AGE 40		GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1761 N BELLEVIEW DR Drive BELLBROOK, OH 45305												CONTACT PHONE - INCLUDE AREA CODE 9 3 7 6 8 1 6 9 6 5											
INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				SAFETY EQUIPMENT USED 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
OL STATE 1 1		OPERATOR LICENSE NUMBER [REDACTED]				OFFENSE CHARGED 4511.202 MM				LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION Reasonable Control						CITATION NUMBER 32957					
OL CLASS 1		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 TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1					

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	
OL STATE		OPERATOR LICENSE NUMBER				OFFENSE CHARGED				LOCAL CODE		OFFENSE DESCRIPTION						CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED <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											
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		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 / UNUSABLE	
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN	
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		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				DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				1 - NONE	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY				2 - BLOOD	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES				3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR				4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID				DRUG TEST RESULT(S)	
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES	
8 - HELMET USED												2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES	
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE	
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS	
												7 - OTHER	
												8 - NEGATIVE RESULTS	

LOCAL REPORT NUMBER	2025-00004395	REPORTING AGENCY	Bellbrook Police	DATE OF ACCIDENT	M 05 D 06 Y 2025
IN COUNTY OF	29 Greene	ACCIDENT LOCATION	North Belleview DR Drive		



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