

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                          |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>Bellbrook Police</b>  |  | NCIC*<br><b>02905</b>   |  | <b>2026-00003316</b>  |  |
| COUNTY*<br><b>29</b>   |  | LOCALITY*<br><b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Bellbrook</b>  |  | CRASH DATE / TIME*<br><b>04262026 1259</b>  |  | CRASH SEVERITY<br><b>5</b>  |  |
| ROUTE TYPE<br><b>R D</b>   |  | ROUTE NUMBER<br><b>39640577</b>  |  | PREFIX<br><b>1-NORTH</b>  |  | LOCATION ROAD NAME<br><b>RIDGEWAY</b>   |  | LATITUDE DECIMAL DEGREES<br><b>39.640577</b>  |  |
| ROUTE TYPE<br><b>D R</b>   |  | ROUTE NUMBER<br><b>84071622</b>  |  | PREFIX<br><b>1-NORTH</b>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>SHORE</b>   |  | LONGITUDE DECIMAL DEGREES<br><b>-84.071622</b>  |  |
| REFERENCE POINT<br><b>1</b>  |  | DIRECTION FROM REFERENCE<br><b>1</b>   |  | 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 |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                 |  |
| DISTANCE FROM REFERENCE<br><b>20</b>   |  | DISTANCE UNIT OF MEASURE<br><b>2</b>   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                     |  | NUMBER OF APPROACHES<br><b>1</b>  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  |
| LOCATION OF FIRST HARMFUL EVENT<br><b>01</b>   |  | MANNER OF CRASH COLLISION/IMPACT<br><b>7</b>   |  | DIRECTION OF TRAVEL<br><b>1</b>   |  | MEDIAN TYPE<br><b>1</b>   |  | SURFACE<br><b>2</b>   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> 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 |  | 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><b>1</b>   |  | CONDITIONS<br><b>1</b>  |  |
| LIGHT CONDITION<br><b>1</b>  |  | WEATHER<br><b>01</b>   |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN                                 |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN                 |  | 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 |  |
| NARRATIVE<br><b>Unit 1 was traveling westbound on Ridgeway Drive near Shore Drive. Unit 1 continued west on Ridgeway Drive and struck the open door of Unit 2 parked on the right side of Ridgeway Drive causing minor damage.</b> |  |  |  |   |  |   |  |   |  |
| See OH-2   |  |  |  |   |  |   |  |   |  |
| CRASH REPORTED DATE / TIME<br><b>04262026 1259</b>   |  | DISPATCH DATE / TIME<br><b>04262026 1300</b>   |  | ARRIVAL DATE / TIME<br><b>04262026 1300</b>   |  | SCENE CLEARED DATE / TIME<br><b>04262026 1327</b>   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                       |  |
| TOTAL TIME ROADWAY CLOSED<br><b>00</b>   |  | OTHER INVESTIGATION TIME<br><b>10</b>  |  | TOTAL MINUTES<br><b>37</b>  |  | OFFICER'S NAME*<br><b>McKeever</b>  |  | CHECKED BY OFFICER'S NAME*<br><b>Vetter</b>   |  |
| <b>00</b>  |  | <b>10</b>  |  | <b>37</b>   |  | OFFICER'S BADGE NUMBER*<br><b>B B 5 3</b>   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>B B 3 3</b>  |  |



**OWNER**

UNIT # **01** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**BLED SOE, REBECCA SHAEFER**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**3264 STREAMVIEW CT Court BELLBROOK, OH 45305**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

LP STATE **OH** LICENSE PLATE # **KRE1702** VEHICLE IDENTIFICATION # **5TDA C A B 5 8 S S 0 5 4 6 2 5** VEHICLE YEAR **2025** VEHICLE MAKE **Toyota**

INSURANCE VERIFIED INSURANCE COMPANY **AUTO OWNERS** INSURANCE POLICY # **5477195800** COLOR **GRY** VEHICLE MODEL **Highlander**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **01** VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD \_\_\_\_\_

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

UNIT TYPE **03**

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HITS/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL **0**

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION **01**

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE **01**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION **3**

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING **01** PRE-CRASH ACTIONS 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

**02** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES **10**

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

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

SEQUENCE OF EVENTS

1 **21** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD **2**

RAIL GRADE CROSSING **1** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

**1** FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED \_\_\_\_\_

POSTED SPEED **25**

DETECTED SPEED **3** 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

**OWNER**

UNIT # **02** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**R. BUICK GMC INC,**

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**9374707379**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**161 SALEM AV Avenue DAYTON, OH 45406**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

**2** 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **0657241** VEHICLE IDENTIFICATION # **2GCG4KPEY3S1114729** VEHICLE YEAR **2025** VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **ZURICH AMERICA** INSURANCE POLICY # **ADP319748300** COLOR **SIL** VEHICLE MODEL **Silverado**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS **00** VEHICLE WEIGHT GVWR/GCWR  
1 - ≤10K LBS.  
2 - 10,001 - 26K LBS.  
3 - >26K LBS.

HAZARDOUS MATERIAL  
 MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**UNIT TYPE**

**04** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
**00** 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**AUTONOMOUS MODE**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **2** 1 - YES 2 - NO 9 - OTHER / UNKNOWN

**0** AUTONOMOUS MODE LEVEL  
0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**SPECIAL FUNCTION**

**01** 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**CARGO BODY TYPE**

**01** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
7 - GRAIN/CHIPS/GRAVEL 11 - DUMP

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**VEHICLE DEFECTS**

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

**NON-MOTORIST LOCATION AT IMPACT**

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**INITIAL POINT OF CONTACT**

**09** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**ACTION**

**4** 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
**10** 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**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

**CONTRIBUTING CIRCUMSTANCES**

**01** 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCRIMINABLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

**# OF THROUGH LANES ON ROAD**  
**2**

**RAIL GRADE CROSSING**  
**1** 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**SEQUENCE OF EVENTS**

**20** 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**UNIT / NON-MOTORIST DIRECTION**

FROM **3** TO **4**

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED**  
**0**

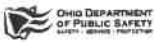
**POSTED SPEED**  
**25**

**DETECTED SPEED**  
**1** 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE  
49 - FIRE HYDRANT

**1** FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**2026-00003316**

|   |  |                                   |  |   |   |                                      |                                  |                             |                            |                         |                              |
|---|--|-----------------------------------|--|---|---|--------------------------------------|----------------------------------|-----------------------------|----------------------------|-------------------------|------------------------------|
| <b>UNIT #</b><br><b>01</b>  | <b>NAME: LAST, FIRST, MIDDLE</b><br><b>BLEDSE, REBECCA SHAEFER</b> |                                   | <b>DATE OF BIRTH</b><br><b>05041976</b>                |   | <b>AGE</b><br><b>49</b>                                       | <b>GENDER</b><br><b>F</b>            |                                  |                             |                            |                         |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br><b>3264 STREAMVIEW CT Court BELLBROOK, OH 45305</b> |  |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br><b>8149357453</b> |                                      |                                  |                             |                            |                         |                              |
| <b>INJURIES</b><br><b>5</b>   | <b>INJURED TAKEN BY</b>  | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br><b>04</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET              | <b>SEATING POSITION</b><br><b>01</b> | <b>AIR BAG USAGE</b><br><b>1</b> | <b>EJECTION</b><br><b>1</b> | <b>TRAPPED</b><br><b>1</b> |                         |                              |
| <b>OL STATE</b>   | <b>OPERATOR LICENSE NUMBER</b>                                     | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>  |   | <b>CITATION NUMBER</b>               |                                  |                             |                            |                         |                              |
| <b>OL CLASS</b><br><b>4</b>   | <b>ENDORSEMENT SELECT UP TO 2</b>                                  | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b><br><b>1</b>                | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br><b>1</b>         | <b>ALCOHOL TEST</b>              |                             | <b>DRUG TEST(S)</b>        |                         |                              |
|   |  |                                   |  |   |   | <b>STATUS</b><br><b>1</b>            | <b>TYPE</b><br><b>1</b>          | <b>VALUE</b>                | <b>STATUS</b><br><b>1</b>  | <b>TYPE</b><br><b>1</b> | <b>RESULT SELECT UP TO 4</b> |

|  |                                   |                                   |  |   |  |                         |                      |                 |                     |             |                              |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|----------------------|-----------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b><br><b>02</b>               | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <b>GENDER</b>           |                      |                 |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                     |             |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b>      |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>  |                      |                 |                     |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                 | <b>DRUG TEST(S)</b> |             |                              |
|  |                                   |                                   |  |   |  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>    | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |

|  |                                   |                                   |  |   |  |                         |                      |                 |                     |             |                              |
|--|-----------------------------------|-----------------------------------|--|---|--|-------------------------|----------------------|-----------------|---------------------|-------------|------------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>  |                                   | <b>DATE OF BIRTH</b>                                   |   | <b>AGE</b>                                       | <b>GENDER</b>           |                      |                 |                     |             |                              |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                   |                                   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>         |                         |                      |                 |                     |             |                              |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>           | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b>      |             |                              |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>    | <b>OFFENSE CHARGED</b>            | <b>LOCAL CODE</b>                                      | <b>OFFENSE DESCRIPTION</b>  |  | <b>CITATION NUMBER</b>  |                      |                 |                     |             |                              |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT SELECT UP TO 2</b> | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b>  |                 | <b>DRUG TEST(S)</b> |             |                              |
|  |                                   |                                   |  |   |  | <b>STATUS</b>           | <b>TYPE</b>          | <b>VALUE</b>    | <b>STATUS</b>       | <b>TYPE</b> | <b>RESULT SELECT UP TO 4</b> |

| INJURIES                                      | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                    | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - MC MOPED ONLY            | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                              |  |                                    | F - FEMALE                   | 18 - OTHER   |  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                               |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    | U - OTHER / UNKNOWN          |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2026-00003316**

|                 |  |  |   |   |                                     |  |
|-----------------|--|--|---|---|-------------------------------------|--|
| <b>OCCUPANT</b> | UNIT #<br><b>02</b>  | NAME: LAST, FIRST, MIDDLE<br><b>REICHARD, RHETT ELLIOT</b> | DATE OF BIRTH<br><b>0 6 2 6 1 9 8 9</b> | AGE<br><b>3 6</b>   | GENDER<br><b>M</b>                  |  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br><b>3887 US ROUTE 68 S XENIA, OH 45385</b> |  |   | CONTACT PHONE - INCLUDE AREA CODE<br><b>9 3 7 4 7 0 4 3 7 9</b> |                                     |  |
|                 | INJURIES<br><b>5</b>   | INJURED TAKEN BY   | EMS AGENCY (NAME)                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)                 | SAFETY EQUIPMENT USED<br><b>0 1</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br><b>0 1</b><br>AIR BAG USAGE<br><b>1</b><br>EJECTION<br><b>1</b><br>TRAPPED<br><b>1</b> |

|                 |                                   |                           |                   |   |                       |  |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|
| <b>OCCUPANT</b> | 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<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

|                 |                                   |                           |                   |   |                       |  |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|
| <b>OCCUPANT</b> | 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<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

|                 |                                   |                           |                   |   |                       |  |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|
| <b>OCCUPANT</b> | 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<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |

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

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

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

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

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

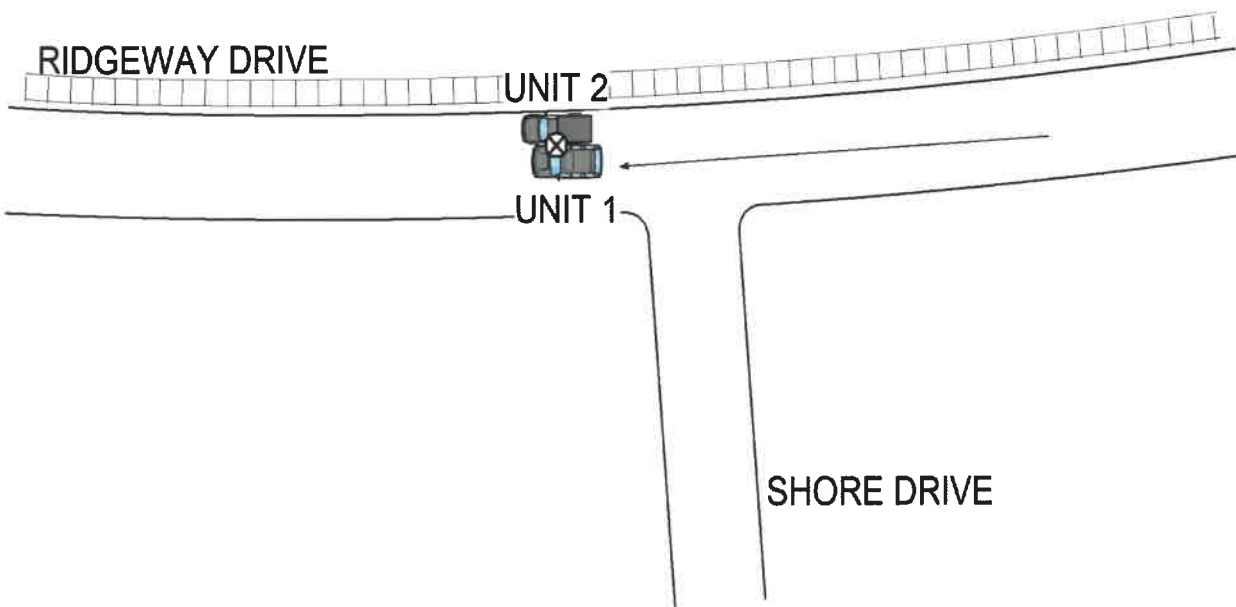
OH-2 (Rev. 1/82)

|   |   |   |
|---|---|---|
| LOCAL REPORT NUMBER<br><b>2026-00003316</b> | REPORTING AGENCY<br><b>Bellbrook Police</b>   | DATE OF ACCIDENT<br>M <b>04</b>   D <b>26</b>   Y <b>2026</b> |
| IN COUNTY OF<br><b>29 Greene</b>            | ACCIDENT LOCATION<br><b>RIDGEWAY DR Drive</b> |   |

N



*Not To Scale*



|  |                         |
|--|-------------------------|
| OFFICERS SIGNATURE<br><b>BB53 \ McKeever, Nathan, A,</b> | BADGE NO<br><b>BB53</b> |
|--|-------------------------|

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                |                                  |                              |
|--------------------------------|----------------------------------|------------------------------|
| LOCAL REPORT NUMBER<br>26-3316 | REPORTING AGENCY<br>Bellbrook PD | DATE OF CRASH<br>M4 10/26/26 |
|--------------------------------|----------------------------------|------------------------------|

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

I, Rhett Reichard (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
McKeever (OFFICERS NAME) AT Ridgeway Rd (LOCATION)

RR I was parked on Ridge way Rd ~~at~~<sup>RR</sup>  
~~a blue toyota~~ and exiting my vehicle  
with my driver door open when a Blue  
Toyota drove around my truck from behind  
and hit my driver door with their passenger  
mirror just before I was about to  
step out of my truck.

|  |  |  |
|--|--|--|
| ADDRESS OF WITNESS<br>SIGNATURE OF WITNESS | 1370 W. Alex Bell Rd. Dayton OH 45459<br> | PHONE<br>937-470-7379<br>OFFICERS SIGNATURE<br>Nae Moh #53 |
|--|--|--|

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                |                                  |                               |
|--------------------------------|----------------------------------|-------------------------------|
| LOCAL REPORT NUMBER<br>26-3316 | REPORTING AGENCY<br>Bellbrook PD | DATE OF CRASH<br>M4 1026 1974 |
|--------------------------------|----------------------------------|-------------------------------|

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

I, Rebecca Bledsoe (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Cox (OFFICERS NAME) AT Ridgeway & Shore (LOCATION)

I was driving on the right side of Ridgeway as another car was coming the opposite direction. A parked car open their door into my and got my mirror. Mirror, camera, etc. is damaged. No damage to truck.

|  |                                   |
|--|-----------------------------------|
| ADDRESS OF WITNESS<br>32124 Streamview Court Bellbrook | PHONE<br>8149357453               |
| SIGNATURE OF WITNESS<br>Rebecca Bledsoe                | OFFICERS SIGNATURE<br>New Adm #53 |

## Christine Florea

---

**From:** Rebecca Bledsoe <rlsst45@gmail.com>  
**Sent:** Thursday, April 30, 2026 11:53 AM  
**To:** Christine Florea  
**Subject:** Supplemental Statement and Evidence for Incident Report 2026-3316 - Bledsoe



Incident Report 2026-3316

**Dear Ms. Florea,**

I am writing to submit a supplemental statement and photographic evidence to be officially appended to incident report **2026-3316**, which Officer Cox handled on **April 26, 2026**.

I am submitting this statement to ensure the physical evidence from the scene and the exact point of impact are fully documented in the official file. The initial narrative suggested I should have "waited" for oncoming traffic to pass before proceeding, but the attached photos demonstrate the physical timeline of the incident:

- **Pristine Front End:** My photos show that the front bumper and front quarter panel of my vehicle are completely untouched. The hazard did not exist as I approached the vehicle.
- **Point of Impact:** The impact occurred halfway down the side of my vehicle, isolated to the side mirror and the trim immediately next to it. This physically proves my vehicle was already alongside the driver's seat when the door opened.
- **Truck Door Edge Damage:** The scuff marks on the other vehicle are on the extreme outer edge of the door, confirming the door was pushed outward into the side of my passing vehicle, rather than my vehicle sideswiping an already-open door.
- **No Evasive Route:** As shown in the street view photo, I was traveling in my legal lane on a two-lane road. Veering left to avoid a door that suddenly opened would have directed me straight into the oncoming traffic lane.

The physical evidence confirms that the door opened directly into my vehicle as I was passing it, leaving me zero time or space to stop or yield.

Please find the photos of the mirror strike, the other driver's door edge, and the street layout attached. I respectfully request that this email and the attached photos be added to the official file as a supplemental record.

Thank you for your time and assistance.

Sincerely,

**Rebecca Bledsoe**

**Mobile: 814.935.7453**

**Address: 3264 Streamview Court Bellbrook, OH 45305**

**CAUTION:** This email originated from outside The City of Bellbrook E-Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.