

TRAFFIC CRASH REPORT


*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Bellbrook Police		NCIC* 02905		2026-00002688		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 1 01		NUMBER OF UNITS 01		UNIT IN ERROR 98 - ANIMAL SUSPECTED 99 - UNKNOWN 01		
COUNTY* 29		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook		CRASH DATE / TIME* 03202026 1231		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5							
ROUTE TYPE LOCATION		ROUTE NUMBER PREFIX		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		LOCATION ROAD NAME State Route 725		ROAD TYPE		LATITUDE DECIMAL DEGREES 39.381581		LONGITUDE DECIMAL DEGREES -84.063903			
ROUTE TYPE REFERENCE		ROUTE NUMBER PREFIX		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4491		ROAD TYPE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 1		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		DISTANCE FROM REFERENCE 78		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 1		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON CORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 06		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN 1									
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1		CONDITIONS 1		SURFACE 1					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 01		CONTOUR 1		CONDITIONS 1		SURFACE 1							

NARRATIVE

Unit 1 was parked at the gas pump number 1 at the Marathon Gas Station located at 4491 SR 725. Unit 1 began to pull forward when striking a concert pole. Unit 1 backed up after striking the pole and left the scene without reporting the crash.



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

SEE OH-2

CRASH REPORTED DATE / TIME 03202026 1231		DISPATCH DATE / TIME 03272026 1244		ARRIVAL DATE / TIME 03272026 1258		SCENE CLEARED DATE / TIME 03272026 1345		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0 60		OTHER INVESTIGATION TIME 121		OFFICER'S NAME* Cox		CHECKED BY OFFICER'S NAME* Vetter		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO HSPS)	
OFFICER'S BADGE NUMBER* B B 5 2		CHECKED BY OFFICER'S BADGE NUMBER* B B 3 3							

OWNER

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
Everdry Waterproofing,

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
 5138747200

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 9814 Harwood CT Court Fairfield, OH 45014

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 Everdry Waterproofing
 9814 Harwood CT Court Fairfield, OH 45014

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
 5138747200

LP STATE OH **LICENSE PLATE #** PNU4120 **VEHICLE IDENTIFICATION #** 3C7WRNF18RG368310 **VEHICLE YEAR** 2024 **VEHICLE MAKE** RAM

INSURANCE VERIFIED INSURANCE COMPANY **Motor Mutual** **INSURANCE POLICY #** 500091469 **COLOR** WHI **VEHICLE MODEL** Other Unknown

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DDT #** **HAZARDOUS MATERIAL**
 MATERIAL RELEASED CLASS # PLACARD ID #

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

TOWED BY: COMPANY NAME

UNIT TYPE 14

OF TRAILING UNITS 00

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS 99

NON-MOTORIST LOCATION AT IMPACT

ACTION 3

CONTRIBUTING CIRCUMSTANCES 99

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

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

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT

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 0

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 **TO** 1

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

UNIT SPEED 5

POSTED SPEED

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



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2026-00002688

UNIT # 01	NAME: LAST, FIRST, MIDDLE Rosario, FRANCISCO		DATE OF BIRTH 09282001		AGE 24	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 5109 PLEASANT AV Avenue Apt 302 FAIRFIELD, OH 45014					CONTACT PHONE - INCLUDE AREA CODE 5136234377	
INJURIES TAKEN BY 5	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01
OL STATE 44	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4549.021 M1		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Hit Skip Priv Prop	
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9
				ALCOHOL TEST		DRUG TEST(S)
				STATUS 1 1 1		STATUS 1 1
				TYPE 1 1		TYPE 1 1
				VALUE 1 1		RESULT SELECT UP TO 4
					CITATION NUMBER 33869	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE	
INJURIES TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS 1 1 1
						TYPE 1 1
						VALUE 1 1
						RESULT SELECT UP TO 4
					CITATION NUMBER	

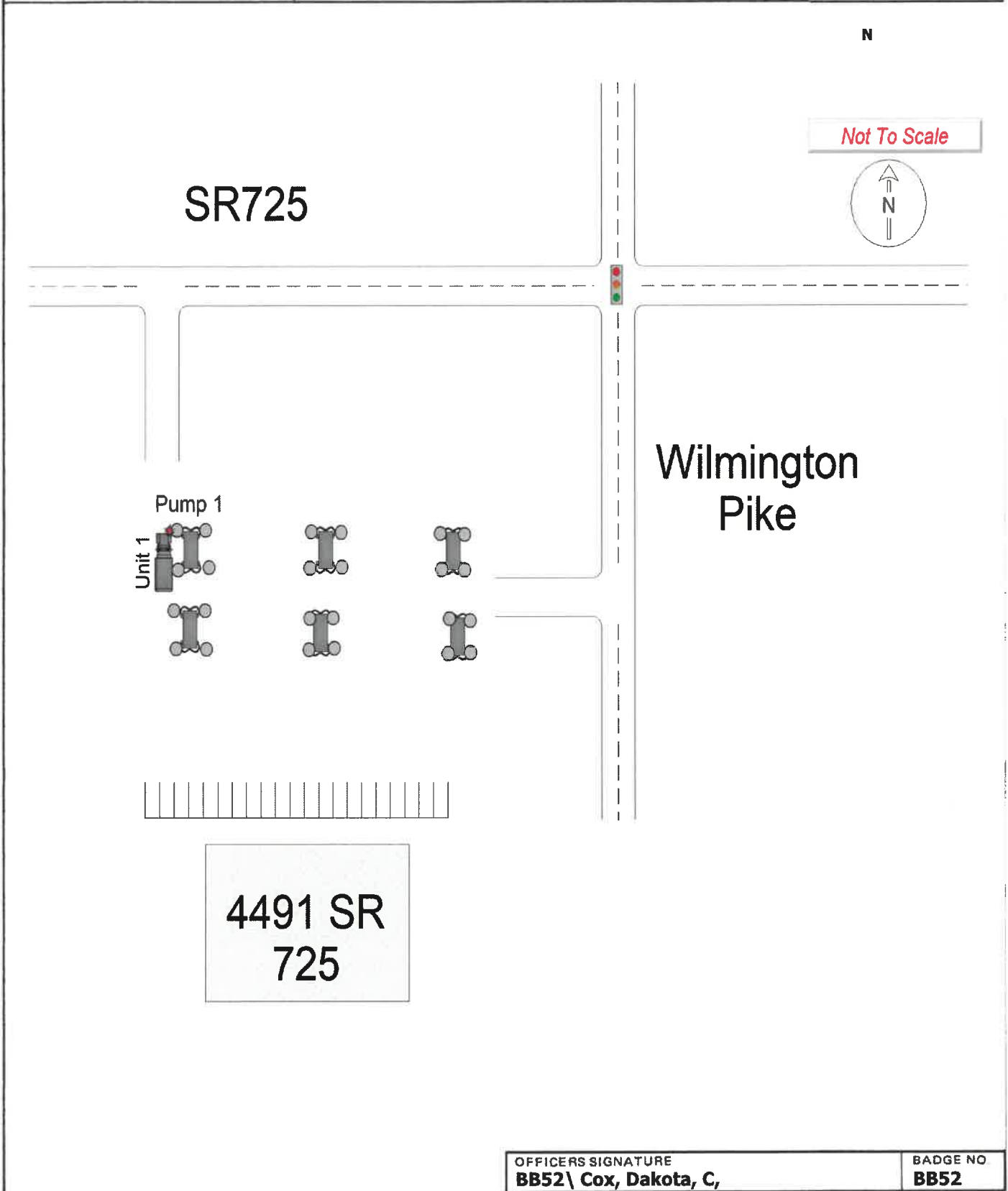
UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE	
INJURIES TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS 1 1 1
						TYPE 1 1
						VALUE 1 1
						RESULT SELECT UP TO 4
					CITATION NUMBER	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
2 - EMS	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
9 - OTHER / UNKNOWN	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
SAFETY EQUIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE
1 - NONE 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
2 - SHOULDER 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
3 - LAP BELT ONLY 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
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			GENDER	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE	18 - OTHER		1 - AMPHETAMINES
7 - BOOSTER SEAT			M - MALE			2 - BARBITURATES
8 - HELMET USED			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING						5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN						7 - OTHER
						8 - NEGATIVE RESULTS

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2026-00002688	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 03 D 20 Y 2026
IN COUNTY OF 29 Greene	ACCIDENT LOCATION SR 725	



OFFICERS SIGNATURE BB52\ Cox, Dakota, C,	BADGE NO. BB52
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LOCAL REPORT NUMBER 2026-00002688	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 03 D 20 Y 2026
IN COUNTY OF 29 Greene	ACCIDENT LOCATION SR 725	
<p>On 03/27/26, I was dispatched to a property damage hit-skip crash located at 4491 SR 725. (Marathon Gas Station)</p> <p>Upon my arrival, I spoke with the manager, Christopher McCullough, who stated that on 03/20/26 at approximately 1231 hours, an Everdry Waterproofing dump truck (unit number 2403) was parked at a gas pump.</p> <p>A biracial male wearing glasses, a dark hoodie with the hood up, and ripped blue jeans walked into the store. The male was observed on security camera footage walking toward the restroom. He later exited the area, purchased a fountain drink, and paid with cash.</p> <p>The male then exited the store and walked to the white Everdry dump truck. He was observed entering the drivers side of the vehicle. Moments later, the vehicle began to move forward and struck a black pole next to the gas pump 1, bringing the truck to a stop.</p> <p>Security camera footage shows the truck then backing up and maneuvering around the pole. The driver did not stop to report the property damage crash as required.</p> <p>I took photographs of the damaged pole. Christopher stated the pole is estimated to be worth \$3,000-\$4,000. He also emailed me the security camera footage of the incident.</p> <p>The male was later identified as Francisco Rosario. A BMV photograph of Rosario matches the male observed driving the vehicle and entering the store on 03/20/26.</p> <p>Francisco Rosario is being charged under ORC 4549.021 (M1), Failure to Stop After Accident. Traffic citation #33869 will be issued.</p> <p>Officer D. Cox #52</p>		
OFFICERS SIGNATURE BB52\ Cox, Dakota, C,		BADGE NO BB52

LOCAL REPORT NUMBER 2026-00002688	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 03 D 20 Y 2026
IN COUNTY OF 29 Greene	ACCIDENT LOCATION SR 725	
<p>On 04/01/2026 at approximately 1439 hours, I spoke with Everdry Waterproofing HR department to gather insurance information and model of the dump truck.</p> <p>I spoke with Francisco Rosario at approximately 1452 hours via cellphone. Francisco stated he was unable to come to the Bellbrook Police Department today 04/01/2026 as scheduled on 03/31/2026.</p> <p>Francisco stated he would come to the Bellbrook Police Department on 04/02/2026 to pick up his citation.</p> <p>Officer D. Cox #52</p>		
OFFICERS SIGNATURE BB52\ Cox, Dakota, C,		BADGE NO BB52

LOCAL REPORT NUMBER 2026-00002688	REPORTING AGENCY Bellbrook Police	DATE OF ACCIDENT M 03 D 20 Y 2026
IN COUNTY OF 29 Greene	ACCIDENT LOCATION SR 725	
<p>On 04/02/2026 at approximately 0818 hours, Francisco Rosario came to the Bellbrook Police Department and filled out a voluntary witness statement and he was served his citation.</p> <p>Officer D. Cox #52</p>		
OFFICERS SIGNATURE BB52\ Cox, Dakota, C,		BADGE NO BB52

LOCAL REPORT NUMBER 2026-2688	REPORTING AGENCY Bellbrook PD	DATE OF CRASH M 03 D 20 Y 26
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Francisco Rosario PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
COX OFFICER'S NAME AT 15. E. Franklin St. LOCATION

Went to use bathroom got a drink then came out of the store got in the truck put it in neutral on accident truck moved forward a bit heard something rattle in truck bed thought nothing of it and didnt see no damage to anything so I left the gas pump and went back to work

ADDRESS OF WITNESS: 2018 thistle ct, 45231, Cincinnati, OH

SIGNATURE OF WITNESS: X Francisco Rosario

OFFICER'S SIGNATURE: X OFC. J. CO #52