

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ OTHER	☒ OH-3 ☐ PRIVATE PROPERTY	LOCAL INFORMATION REPORTING AGENCY NAME* Bellbrook Police NCIC* 02905		2026-00004416 HIT/SKIP 1 - SOLVED 2 - UNSOLVED NUMBER OF UNITS 02 UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01	
COUNTY* 29	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Bellbrook		CRASH DATE / TIME* 07052026 1741		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5	
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	LOCATION ROAD NAME PLANTATION	ROAD TYPE T L	LATITUDE DECIMAL DEGREES 39.632435	INTERSECTION RELATED ☒ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 3 ROADWAY ☐ ROADWAY DIVIDED	
ROUTE TYPE 1	ROUTE NUMBER 1	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Knob Hill	ROAD TYPE D R	LONGITUDE DECIMAL DEGREES -84.109315		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	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 01 DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 01			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 01		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 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	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 01		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 01		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN 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		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN 2	
NARRATIVE Unit 1 was traveling southbound on Plantation Trail in Bellbrook, Ohio. Unit 1 drove off the right side of the roadway and traveled through the front yards of 2195 and 2203 Plantation Trail. While driving through the yard, Unit 1's vehicle bottomed out and ripped a piece of the vehicle off. Unit 1 then struck Unit 2, which was parked on the roadway, and came to a final stop at 2195 Plantation Trail.							
See OH-2							
CRASH REPORTED DATE / TIME 07052026 1741		DISPATCH DATE / TIME 07052026 1745		ARRIVAL DATE / TIME 07052026 1751		SCENE CLEARED DATE / TIME 07052026 2038	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 120		TOTAL MINUTES 293		OFFICER'S NAME* Cox	
OFFICER'S BADGE NUMBER* B B 5 2		CHECKED BY OFFICER'S NAME* Lane		CHECKED BY OFFICER'S BADGE NUMBER* B B 4 8		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 6092)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) COPAS, CHRISTOPHER MICHAEL	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 9373904045		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 2195 PLANTATION TL Trail BELLBROOK, OH 45305				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # 109ZZQ	VEHICLE IDENTIFICATION # 1VWDT7A30HC061091	VEHICLE YEAR 2017	VEHICLE MAKE Volkswagen
	☐ INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 247859-SFP-35	COLOR GRY	VEHICLE MODEL Passat
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 01	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED CLASS # ☐ PLACARD ID #	
	US DOT #				
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 01				
	# OF TRAILING UNITS 00				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0				
	AUTONOMOUS MODE LEVEL 0				
EVENT(S)	SPECIAL FUNCTION 01				
	CARGO BODY TYPE 01				
	VEHICLE DEFECTS				
	NON-MOTORIST LOCATION AT IMPACT				
	ACTION 01				
	CONTRIBUTING CIRCUMSTANCES 11				
	SEQUENCE OF EVENTS 08				
	EVENTS 08				
	COLLISION WITH FIXED OBJECT - STRUCK 08				
	FIRST HARMFUL EVENT 2				
MOST HARMFUL EVENT 3					

LOCAL REPORT NUMBER 2026-00004416	
DAMAGE DAMAGE SCALE 3	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 01	
TRAFFIC TRAFFICWAY FLOW 2	
TRAFFIC CONTROL 6	
# OF THROUGH LANES ON ROAD 2	
RAIL GRADE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3	
UNIT SPEED 12	
DETECTED SPEED 1	
POSTED SPEED 25	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) LEVECK, LINDA SUE	OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) 9376717249		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 831 ROCKCREEK DR Drive DAYTON, OH 45458				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # MAZZOOM	VEHICLE IDENTIFICATION # J1M3KFA DM9K1634079	VEHICLE YEAR 2019	VEHICLE MAKE Mazda
	☐ INSURANCE VERIFIED	INSURANCE COMPANY Liberty Mutual	INSURANCE POLICY # AOV-281-530428-40-28	COLOR WHI	VEHICLE MODEL CX-5
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS 00	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	TYPE OF USE		US DOT #	VEHICLE WEIGHT GVWR/GCWR	
	☐ PASSENGER CAR		☐ MOTORCYCLE 2-WHEELED	☐ GOLF CART	
	☐ PASSENGER VAN (MINIVAN)		☐ MOTORCYCLE 3-WHEELED	☐ SNOWMOBILE	
	☐ SPORT UTILITY VEHICLE		☐ AUTOCYCLE	☐ SINGLE UNIT TRUCK	
	☐ PICK UP		☐ MOPED OR MOTORIZED BICYCLE	☐ SEMI-TRACTOR	
	☐ CARGO VAN		☐ ALL TERRAIN VEHICLE (ATV/UTV)	☐ FARM EQUIPMENT	
☐ VAN (9-15 SEATS)			☐ MOTORHOME		
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?					
1 - YES 2 - NO 9 - OTHER/UNKNOWN					
AUTONOMOUS MODE LEVEL					
0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN					
SPECIAL FUNCTION					
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTER-CITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN					
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAINCHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN					
VEHICLE DEFECTS					
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN					
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN					
ACTION					
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER/UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN					
CONTRIBUTING CIRCUMSTANCES					
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION					
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDAL CYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT					
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINAIRES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER/UNKNOWN					
FIRST HARMFUL EVENT MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2026-00004416	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
25	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2026-00004416

MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE COPAS, CHRISTOPHER MICHAEL				DATE OF BIRTH 09071959		AGE 66	GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 2195 PLANTATION TL Trail BELLBROOK, OH 45305					CONTACT PHONE - INCLUDE AREA CODE 9373904045						
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
	OL STATE 1	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.202 MM		LOCAL CODE ☐	OFFENSE DESCRIPTION Reasonable Control		CITATION NUMBER 33525			
MOTORIST / NON-MOTORIST	OL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☒ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS 5 TYPE 3 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
	UNIT # 02					NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
MOTORIST / NON-MOTORIST	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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
	UNIT #					NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ 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 ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
	UNIT #					NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
MOTORIST / NON-MOTORIST	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	☐ 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 ☐ ALCOHOL ☐ MARIJUANA ☐ 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	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	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	1 - NONE
2 - EMS	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		3 - URINE
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT		4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	CONDITION	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	1 - APPARENTLY NORMAL	1 - NONE
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	2 - PHYSICAL IMPAIRMENT	2 - BLOOD
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			17 - PROSTHETIC AID	4 - ILLNESS	4 - OTHER
7 - BOOSTER SEAT			GENDER	18 - OTHER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	DRUG TEST RESULT(S)
8 - HELMET USED			F - FEMALE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	1 - AMPHETAMINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			M - MALE		9 - OTHER / UNKNOWN	2 - BARBITURATES
10 - REFLECTIVE CLOTHING			U - OTHER / UNKNOWN			3 - BENZODIAZEPINES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS
99 - OTHER / UNKNOWN						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OH-2 (Rev. 1/82)

2195

Unit 1

Unit 1

Unit 1

Unit 1

Unit 1

Unit 2

2203

Plantation Trl.

Knob Hill Dr.

Not To Scale

OFFICERS SIGNATURE
BB52\ Cox, Dakota, C,

BADGE NO.
BB52

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	26-4416	REPORTING AGENCY	Bellbrook Police	DATE OF CRASH	M 7 10 5 14 26
---------------------------	---------	---------------------	------------------	---------------	----------------

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

I, <u>Linda LeVeck</u> (PRINTED)	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Cox</u> (OFFICERS NAME)	AT <u>2203 Plantation Tr.</u> <u>Bellbrook OH 45305</u> (LOCATION)

I was @ back patio and heard a "Crash" sound (my car ~~to~~ now has right rear damages).

When I went out front to investigate, next-door neighbor (in yard) was apologizing for hitting my vehicle.

2019 Mazda CX-5

Vehicle I.D. # JM3KFADM9K1634079

ADDRESS OF WITNESS	831 Rockcreek Dr, Dayton OH 45458	PHONE	937-671-2249
SIGNATURE OF WITNESS	<u>Linda LeVeck</u>	OFFICERS SIGNATURE	<u>OFF. [Signature] #66</u>

OH-3 REV 1/82

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

1. TURNED RT INTO DRIVE.
BROKE WHEN D.T.

HSY 7003 1/82