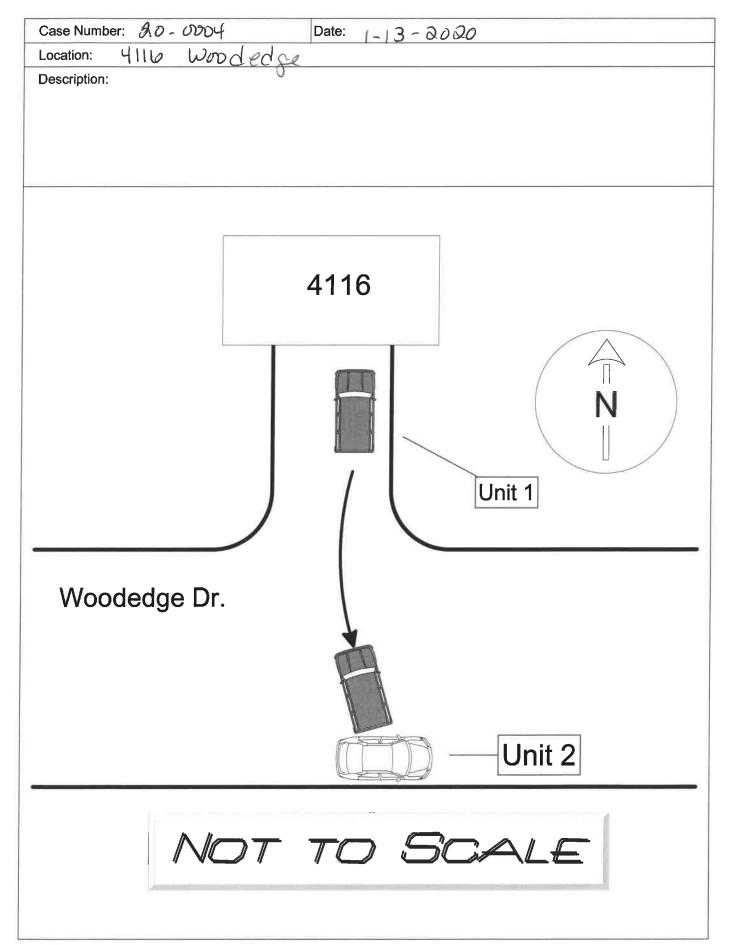
DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER											
PHOTOSTAKEN 0H-2																		
SECONDARY CRASH PRIVAT	OTHER E PROPERTY						5	1	T/SKIP - SOLVI		NUMBI	ER OF UNI	TS (8-ANI	MAL		
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP*							CR	- UNSO	TE/TI		T		ASH SEV		KNOWN			
2-YILLAGE 3-TOWNSHIP Bellbrook							01132020 1655 5 1- FATAL 2- SERIOUS INJURY						URY					
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH LOCATION ROAD NAME ROAD TYPE 2-SOUTH 3-EAST Woodedge DR								ATITU	3 2				SUSPE - MINOR	CTED				
ROUTE TYPE ROUTE NUMBER PREFT								33	NGITU	II	1 1	16		SUSPE	CTED			
N 3 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8							-84		94		2,9		- INJURY - PROPE ONLY					
REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE									IN	ITERS	ECTION	RELATE						
3 2-MILE POST 2-S	3 1-INTERSECTION 1-NORTH IR -INTERSTATE ROUTE(TP) AL -ALLEY AV -AVENUE					- HIGHW - LANE		- ROAD - SQUAR	E	☐ w	ITHIN I	INTERS	SECTIO)N OR ON	APPROA	CH .		
3 - HOUSE # 3 - EAST 4 - WEST SR - STATE ROUTE BL - BOULEVARD						- MILEPO - OVAL		- STREE		☐ w	ITHIN I	NTER	CHANG	E AREA	NUM	BER OF	APPRO	ACHES
FROM REFERENCE UNIT OF MEAS 1 - M	ILES TR-	NUMBERED COU	Neuro	CT - COURT DR - DRIVE		PK - PARKWAY TL - TRAIL PI - PIKE WA- WAY												
2-F		ROUTE		IE - HEIGHTS		- PLACE		NA.		R	ADWAY	/ DIVID	DED					
LOCATION OF FIRST HAI	RMFUL EVEN - CROSSOVER		1 NO	NNER OF CRAS				Г		DIRECTIO					MEDIAN			
1 2 ON SHOULDER 10	DRIVEWAY	ALLEY ACCESS	5 BE	TWEEN O MOTOR		CKING	LAN				L - NORT 2 - SOUT			. (<	4 FEET			
	2-SHARED US		TR	HICLES IN ANSPORT	7 - SI	DESWIP		IRECTION		3 - EAST 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)								
6 - OUTSIDE TRAFFIC WAY 13	B-BIKE LANE		2 - KE 3 - HE	AR-END AD-ON		HER/U		TE DIRECT	ION	3 - DIVIDED, DEPRES 4 - DIVIDED, RAISED (ANY TYPE)				AISED M				
/ VII IVAIII	OTHER / UN														HER/UNI			
WORK ZONE RELATED	, ,	WORK ZONE TYP	PE	LOCATI						CON	TOUR	Т	CO	NDITION	S	1	IRFACE	:
WORKERS PRESENT	2-1	.ANE CLOSURE .ANE SHIFT/CROS			WAF	RNING S	IGN	ORK ZON	- 1	لے			- L			-	2_	- 1
LAW ENFORCEMENT PRESENT OR MEDIAN					-TRAI	ANCE W	AREA	AKEA	ш.	- STRAIG - STRAIG			- DRY - WET			1 - CONC 2 - BLAC		
ACTIVE SCHOOL ZONE		NTERMITTENT OF THER	MOVING WOR	1		IVITY AF MINATIO			- 1	3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT					s,			
LIGHT CONDITION			WEATH	IER					- 1	- CURVE - OTHER/		- 1		, MUD, D1	RT,	3 - BRIC 4 - SLAG		- 1
1 - DAYLIGHT 2 - DAWN/DUSK		1 - CLE 2 - CLO		6 - SNOW 7 - SEVERE	CROS	SWINDS	;			6 - WATER (STANDING,				EL,				
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLO			E 8-BLOWIN 9-FREEZII					F	MOVING) 7 - SLUSH 9 - OTHER/O				:R/UNKI	NOWN				
5 - DARK – UNKNOWN ROADWA' 9 - OTHER / UNKNOWN	Y LIGHTING	5 - SLE	ET, HAIL	99 - OTHER										R/UNKNO	wn			
NARRATIVE							T	1 1	╅		, t	+	1		$\overline{}$	Indies	te the	north
Unit 1 was backing (southward)	out of a dr	veway at 4116	6 Woodedge	e Dr. and				+	+							> directi an "N"	ion witi 'on the	h
struck Unit 2 on the driver side r Woodedge Dr. and was unoccu	pied at the	time of the cra	ash. Unit 2 v	vas moved		\vdash	+	-	+	-				-	~	compa	ss diag	ram.
from it's original location by app	oximately	1 foot as a res	ult of the cr	ash.		-	+		+	-					+	-	-	-1
SEE ATTACHED DRAWING								-	+					-	+			-1
BWC ON									+						-			
						\vdash	-		-			\dashv					-	
						\vdash		+	+			4			-			
									+			-			-	1		
							-								+			
-																		
									-		-	-	-					_
CRASH REPORTED DATE / TIME	DI	SPATCH DATE/TI	ME	APR	IVAL	DATE / T	IME	1	L	SCENE C	LEADE	D DATE	/TIME	E	pen	ORT TAK	(EN DA	
01132020,1655, 01132020,1655, 01132								4		132		_	174		_	OLICE A		- 1
TOTAL TIME OTHER TOTAL OFFICER'S NAME*							ED BY OFF	ICER	'S NAME			1_1		=	OTORIST		\Box	
50 30 75 OFFICER'S BADGE NUMBER*					Jor	CHECKED	BY OFFICER'S BADGE NUMBER* SUPPLEMENT COURSECTION OF ADDITION TO AM COSTING REPORT SEXT TO GOES)											
30 /5 STILLY SAUGE NOTICE 4 3								1		5								



99 - OTHER / UNKNOWN

49 - FIRE HYDRANT

30-GUARDRAIL FACE

J FIRST HARMFUL EVENT

36 - MEDIAN OTHER BARRIER

42-CULVERT

	Motorist / Non-Motorist					20-	20-000004					
UNIT # NAME: LAST, FIRST, MIDDLE HURR, CARLOTTA JANE						04111941 AGE GEN 78 F						
ADDRESS: STREET, CITY, STATE, ZIP 8711 NORMANDY CREEK DR DAYTON OH 45458 3403					CONTACT PHON		L_L_ L_	9 .				
			DAYTO							90- 0 Y	1 1	
- 1430KI	ES INJURE TAKEN BY	D EMS AGENCY (NAME)		INJURED TA	KENTO: MEDICAL FACI	LITY (NAME,	USED O	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE EJE	CTION TR	
OL STAT	E OPERA	TOR LICENSE NUMBER		AFFRAGE	CHARGED			MC HELMET	01	1		
OF				4511.		COD		Starting Or Ba	acking	31006	ER	
OL CLAS	SELECT UP	MENT RESTRICTION	SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SE	U spected Marijuan		ALCOHOL STATUS TYPE		DRUG TES	ST(S) ESULT SELEC	
UNIT #	NAME: I	AST, FIRST, MIDDLE			OTHER DRUG					<u> </u>		
		AOT, THOI, MIDDLE						DATI	E OF BIRTH	AGE	E GEN	
ADDRES	S: STREET, CIT	ry, state, zip						CONTACT PHONE	INCLUDE AREA CON			
Tal ##1 ##2	. 1							E F F	I I I		r - r	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKE	NTO: MEDICAL FACILI	TY (NAME, CIT	SAFETY EQUIPMEN	DOT-COMPLIANT S	EATING POSITION	AIR BAG USAGE EJECT	TION TRAI	
OL STATE	OPERATO	R LICENSE NUMBER		OFFENSE C	HARGED	LOCAL		CRIPTION		CITATION NUMBER	<u> </u> R	
OL CLASS	ENDORSEM!	ENT RESTRICTION S		RIVER A	LCOHOL / DRUG SUS	PECTED	CONDITION	ALCOHOL TE	ST	DRUG TEST	((5)	
			B	ISTRACTED	ALCOHOL M	ARIJUANA		STATUS TYPE		TUS TYPE RES	ULT SELECTU	
UNIT#	NAME: LAS	ST, FIRST, MIDDLE		<u> </u>	OTHER DRUG						الـــالــــا	
		,						DATE	DF BIRTH	AGE	GEND	
ADDRESS:	STREET, CITY,	STATE, ZIP						CONTACT PHONE - I	HCI HDF AREA CODE			
Mune								L L 1 1	The same and the same	F 8 37		
INJUNIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN	TO: MEDICAL FACILITY	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DUT-COMPLIANT	ATING POSITION AL	R BAG USAGE EJECTIO	N TRAPP	
DL STATE	OPERATOR	LICENSE NUMBER		OFFENSE CH	ARGED	LOCAL	OFFENSE DESCR	MC HELMET		ITATION NUMBER		
L CLASS	ENDORSEMEN					CODE						
200,33	SELECT UP TO 2			TRACTED		ECTED RIJUANA	CONDITION	ALCOHOL TES	ALUE STATE	US TYPE RESUL	S) LT SELECTUPT	
1 N J U F	RIES	SEATING POSITION		IR BAG	OTHER DRUG			•				
FATAL	ERIOUS INJURY	1 - FRONT LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP	LOYED	1-CLASSA	5	0 L RESTRICTI		DISTRACTION RACTED	TEST ST/	ATUS	
SUSPECTED M	INOR INJURY	2 - FRONT - MIDDLE	2-DEPLOYE 3-DEPLOYE		2 - CLASS B 3 - CLASS C		2 - COL INTRASTATE C 3 - CORRECTIVE LENS	#4 # cons	LY OPERATING AN NIC COMMUNICATION	2 - TEST REFUSED		
OSSIBLE INJ O APPARENT		3- FRONT - RIGHT SIDE 4- SECOND - LEFT SIDE		D BOTH FRONT/SIDE	4-REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	DEVICE (1 DIALING)	TEXTING, TYPING,	SAMPLE / UNUS	ABLE	
NJURED TA	A VEN DV	(MOTORCYCLE PASSENGER) 5 - SECOND MIDDLE	5 - NOT APPL 9 - DEPLOYN	ENT UNKNOWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS A B	3-TALKING	ON HANDS-FREE CATION DEVICE	4 - TEST GIVEN, RES 5 - TEST GIVEN, RES		
OTTRANSPOR	TED	6 - SECOND - RIGHT SIDE	FI THE		6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR-T	4 - TALKING (ON HAND-HELD CATION DEVICE	UNKNOWN		
TREATED AT S MS	GENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION	OL ENDORSEM	TENT	8-INTERMEDIATE LIC	ENSE 5-OTHER AC	TIVITY WITH AN	ALCOHOLTES 1-NONE	STTYPE	
DLICE		B-THIRD - MIDDLE	2 - PARTIALL		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9-LEARNER'S PERMIT		IC DEVICE	2-BLOOD		
HER/UNKNO	WN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3-TOTALLY E		P - PASSENGER		RESTRICTIONS	7 - OTHER DIS		3 - URINE		
FETY EQU	IPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER	4 - NOT APPLE	CABLE	N - TANKER Q - MOTOR SCOOTER		10 - LIMITED TO DAYLIGI 11 - LIMITED TO EMPLOY		TRACTION OUTSIDE	4 - BREATH 5 - OTHER		
INE USED IOULDER BELT	ONLY USED	ENCLOSED CARGO AREA		APPED	R - THREE-WHEEL MOTO	ONGIGEE	L2 - LIMITED - OTHER	THE VEHIC			TYDE	
HILD RESTRAINT SYSTEM - ORWARD FACING		PICK-UP WITH CAP 2 - EXTRICATED BY			S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT ICAL MEANS 14			ES 7-GINERY ON	C O N D I T I O N 1 - APPARENTLY NORMAL LY 2 - PHYSICAL IMPAIRMENT		DRUG TEST TYPE 1-NONE 2-BLOOD 3-URINE	
				AL MEANS								
				ANICAL MEANS				ONLY 2 - PHYSICAL II				
								THOUT 3 - EMOTIONAL ANGRY, DISTUR		4-OTHER		
OSTER SEAT		15 - NON-MOTORIST			M - MALE		6 - OUTSIDE MIRROR	4-ILLNESS		DRUG TEST RES	SULT(S)	
LMET USED OTECTIVE PAD		99 - OTHER / UNKNOWN			U - OTHER / UNKNOWN		7 - PROSTHETIC AID 3 - OTHER	5- FELL ASLEEI FATIGUED, ET		2 - BARBITURATES		
BOW, KNEES, I	ETC.)					10	,- UTHER	6- UNDER THE I	NFLUENCE	3 - BENZODIAZEPINES	S	
FLECTIVE CLOT								OF MEDICATI	ONS / DRUGS	4 - CANNABINOIDS 5 - COCAINE		
HTING – PEDE Cycle only								9- OTHER / UNK	10WN	6-OPIATES/OPIOIDS		
IER/UNKNOWI	N									7 - OTHER		
16 OH1M 1/	19 [760-1500]							La de la constante de la const		8 - NEGATIVE RESULTS	S	



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER						
LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH				
20-000004	Bellbrook Police Department	M 01 13 2020				

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

I, HURR, CARLOTTA JANE PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Johnston, Ryan	AT Woodedge DR
OFFICER'S NAME	LOCATION
See OH3	
RESS OF WITNESS 3711 NORMANDY CREEK DR DAYTON OH 45458 3403	PHONE
ATURE OF WITNESS HURR, CARLOTTA JANE	OFFICER'S SIGNATURE
7003 4/07	X Johnston, Ryan



SIGNATURE C

HSY 7003 8/13 [760-0820]

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	Bellbrook P.D.	DATE OF CRASH
0,0000		M D B Y 8
TOR LOCAL USE ONLY - D	O NOT SUBMIT TO THE STATE EXCEP	T FOR FATAL CRASHES
Michele L. Kaslk	HEREBY MAKE THIS \	OLUNTARY STATEMENT TO
Johnston #43 OFFICER'S NAME	AT 41296	booledge Bollb
My 2006 Vo	sho wagan was r	sailed on
the Street a	LIDA Libbled	
The Guardon	A	soodedop.
backed on-	t of the dure	Lucy hitting
the back d	iverside door	and back
panel of m	y car By une	aurated
look the a	cor, handle a	nd back
panel are o	tammaged. TV	e loge end
of my car	was mailed so	real Sept
into Die o	youss.	0
The Vehicle	was vacable a	+ He timo.
⊗		
	10 -10 MA OU	



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0004	Bellbrook P.D.	M / D / 47 05
FOR LOCAL USE ONL	Y – DO NOT SUBMIT TO THE STATE EXC	CEPT FOR FATAL CRASHES
1. Carlotta J Har PRINTED Johnston #43 OFFICER'S NAM	HEREBY MAKE TH	IS VOLUNTARY STATEMENT TO
Johnston #43 OFFICER'S NAM	AT 4129	Woodedge Or
Pulling out o		
Woodedge Rr	and back into Car of	that was Barked on
sude of the	Noold.	
RESS OF WITNESS ATURE OF MITNESS	An. Danton chio 45458	PHONE
Carlota of fun	OFFICER'S SIGNATURE X	1
7003 8/13 [760-0820]		