

TRAFFIC CRASH REPORT



LOCAL REPORT #
 1 0 - 0 0 1

CRASH SEVERITY
 2 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 X IF YES

HIT/SKIP
 1 NOT HIT/SKIP
 2 SOLVED
 3 UNSOLVED

PHOTOS TAKEN
 YES

OH-2 OH-3 OH-1P OTHER

NOTICE #
 0 5 7 2 4

REPORTING AGENCY*
 BUTLER TOWNSHIP POLICE DEPT.

UNITS
 0 1

UNIT ERROR
 0 1 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH*
 0 1 0 3 2 0 1 0

TIME OF CRASH: 1 0 1 5 DAY OF WEEK: S U N CITY: [] VILLAGE: [] TWP: [X] NAME (OF CITY, VILLAGE OR TOWNSHIP): BUTLER (TOWNSHIP OF) COUNTY #: 5 7 LATITUDE: [] LONGITUDE: []

CRASH OCCURRED ON: PREFIX: MEEKER ROAD TYPE LOC: 1 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL IDENTIFICATION: 10-003-150 BUTLER TOWNSHIP

AT REFERENCE: DIST REFERENCE DR: 25 PREFIX: E REFERENCE: 8100 REF POINT: 0 4 REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 06 MILE POST 03 COUNTY LINE 04 HOUSE NUMBER 06 PLACE NAME 08 REFERENCE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 10 STREET OR ROUTE LOG REFERENCE 07 CORPORATION LINE

DRIVER: UNIT # 0 1 # OF ODD: 0 1 NAME (LAST, FIRST, MIDDLE): TEPLITSKI LISA ENGLEWOOD OH 45322 NMN

ADDRESS (STREET, CITY, STATE, ZIP CODE): 6801 TAYWOOD ROAD ENGLEWOOD OH 45322 SOCIAL SECURITY NUMBER: [] DATE OF BIRTH: 0 6 2 4 1 9 5 2 AGE: 5 7 SEX: F HOME PHONE #: 937-771-3976

DL STATE: OH DL#: [] LP STATE: OH LP#: CUE8906 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: [] INJURED TAKEN TO: []

OWNER NAME (IF SAME, WRITE "SAME"): TEPLITSKY, ALEXANDER ADDRESS (STREET, CITY, STATE, ZIP CODE): 6801 TAYWOOD ROAD ENGLEWOOD OH 45322

YEAR: 1 9 9 5 MAKE: NISSAN MODEL: SX200 COLOR: SILVER INSURANCE COMPANY: GEICO TOWING SERVICE: CHARLIE'S OWNER PHONE #: 937-771-3976

OFFENSE CHARGED: 4511.202 OFFENSE DESCRIPTION: FAILURE TO CONTROL CITATION #: 3 8 6 3 2 LOCAL CODE: []

UNIT # [] # OF ODD [] NAME (LAST, FIRST, MIDDLE) [] ADDRESS (STREET, CITY, STATE, ZIP CODE) []

SOCIAL SECURITY NUMBER [] DATE OF BIRTH [] AGE [] SEX [] HOME PHONE # [] WORK PHONE # []

DL STATE [] DL# [] LP STATE [] LP # [] INJURED TAKEN BY [] TRANSPORTED BY [] INJURED TAKEN TO []

OWNER NAME (IF SAME, WRITE "SAME") [] ADDRESS (STREET, CITY, STATE, ZIP CODE) []

YEAR [] MAKE [] MODEL [] COLOR [] INSURANCE COMPANY [] TOWING SERVICE [] OWNER PHONE # []

OFFENSE CHARGED [] OFFENSE DESCRIPTION [] CITATION # [] LOCAL CODE []

UNIT # [] NAME (LAST, FIRST, MIDDLE) [] HOME PHONE # [] DATE OF BIRTH [] AGE [] SEX []

ADDRESS (STREET, CITY, STATE, ZIP CODE) [] INJURED TAKEN BY [] TRANSPORTED BY [] INJURED TAKEN TO []

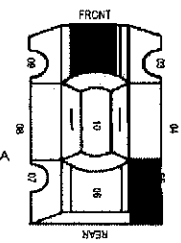
UNIT # [] NAME (LAST, FIRST, MIDDLE) [] HOME PHONE # [] DATE OF BIRTH [] AGE [] SEX []

ADDRESS (STREET, CITY, STATE, ZIP CODE) [] INJURED TAKEN BY [] TRANSPORTED BY [] INJURED TAKEN TO []

SEATING POSITION 0 1 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT 0 4 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 2 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT * X IF YES
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MOTORIST - MOTORIST

Occupant

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	SEQUENCE OF EVENTS <input type="text" value="0"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	POSTED SPEED <input type="text" value="3"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTURNE 11 DOWNHILL RUNAWAY 12 OTHER NON COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 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 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORKZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DIRECTION FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> FROM TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK: 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK: 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/WHIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCURRENCE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAMAGE SCALE <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1 - 4) MOST HARMFUL EVENT <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 STATED 2 ESTIMATED SPEED	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4) SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	ROAD CONDITIONS PRIMARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> SECONDARY <input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>
			SPEED <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text"/>	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/ DRUGS SUSPECTED 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
			SUPPLEMENTAL "X" IF YES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS ** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY
			LEGAL REPORT # * <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	

Narrative

UNIT #1 WAS TRAVELING EASTBOUND ON MEEKER ROAD IN THE EASTBOUND LANE AND WHEN AT 1/4 MILE EAST OF 8100 MEEKER ROAD, UNIT #1 LOST CONTROL OF THE VEHICLE, DROVE OFF THE LEFT SIDE OF THE ROAD, STRUCK A DITCH, AND STRUCK A LARGE ROCK.

MANNER OF COLLISION OR IMPACT

1

1 NOT COLLISION BETWEEN TWO 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 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

WEATHER

0 1

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY 1 SECONDARY

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

Diagram

SEE OH-2 FOR DIAGRAM

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

A
 N
 D

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER

UNIT #

1 1

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT ICG MC PUCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DSA

CARGO BODY TYPE: 01 NOT APPLICABLE, 02 BUS (9-15 INCLUDING DRIVER), 03 VAN/ENCLOSED BOX, 04 GRAIN/CHIPS/GRAVEL, 05 POLE, 06 CARGO TANK, 07 FLATBED, 08 DUMP, 09 CONCRETE MIXER, 10 AUTO TRANSPORTER, 11 GARBAGE/REFUSE, 12 OTHER, 13 UNKNOWN

Weight (GVWR): 1 LESS/EQUAL 10,000, 2 10,001-26,000, 3 MORE THAN 26,000

CDL Class: 1 CLASS A, 2 CLASS B, 3 CLASS C, 4 CLASS M, 5 CLASS D

Hazardous Materials Placard: 1 NO, 2 YES, 3 UNKNOWN

Hazardous Materials Released: 1 NO, 2 YES, 3 NOT APPLICABLE, 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 0 1 0 3 2 0 1 0 TIME REC CALL: 1 1 3 4 DISPATCH: 1 1 3 4 ARRIVED: 1 1 4 1 CLEARED: 1 2 5 7 OTHER: TOTAL MINUTES: 8 3

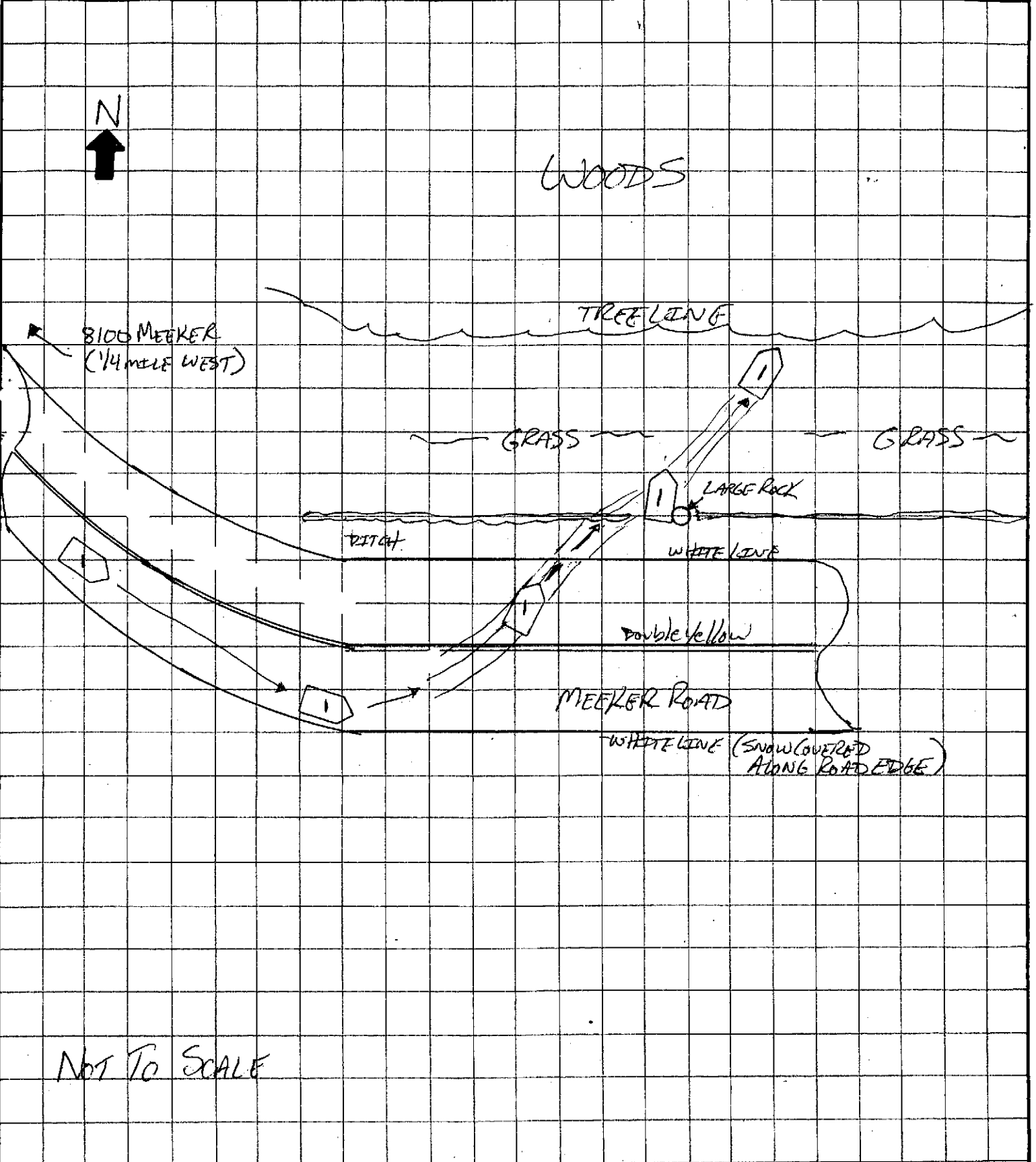
OFFICER'S NAME: SERGEANT M. MORGAN BADGE #: 5 CHECKED BY: OFFICER K. SINK DATE REPORT FILED: 0 1 0 3 2 0 1 0

REPORT TAKEN BY: 1 1 POLICE AGENCY, 2 MOTORIST REPORT TAKEN AT: 1 1 SCENE, 2 STATION, 3 OTHER SUPPLEMENT * X IF YES LOCAL REPORTS: 1 0 - 0 0 1

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-001	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.	DATE OF ACCIDENT M 01 10 03 11 10
IN COUNTY OF MONTGOMERY	ACCIDENT LOCATION MEEKER RD @ 1/4 MILE EAST OF 8100 MEEKER RD.	



NOT TO SCALE

OFFICERS SIGNATURE
SGT. M. D. Morgan #5

BADGE NO.
5

LOCAL REPORT NUMBER 10-001	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.	DATE OF CRASH M 01 10 03 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Liza Teplitsky (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Morgan (OFFICERS NAME) AT 100 MICK (8100 MECKER RD.) (LOCATION)

I was driving on Meeker Rd. East.
It was 01.03.10, around 10:15 a.m. On a turn
I hit a black ice spot and slid from the
road.

ADDRESS OF WITNESS 6801 Taywood Rd ENGLEWOOD, OH 45322	PHONE 937-771-3776
SIGNATURE OF WITNESS Liza Teplitsky	OFFICERS SIGNATURE Sgt. M.D. Morgan #5