

TRAFFIC CRASH REPORT



LOCAL REPORT #
1 0 - 0 0 4

CRASH SEVERITY
3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

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

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER

N.C.I.C.#
0 5 7 2 4

REPORTING AGENCY
BUTLER TOWNSHIP

UNITS
0 1

UNIT ERROR
0 1 98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH
0 1 0 7 2 0 1 0

TIME OF CRASH
1 0 0 7

DAY OF WEEK
T H U

CITY
BUTLER (TOWNSHIP OF)

VILLAGE

TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)

COUNTY #
5 7

LATITUDE

LONGITUDE

CRASH OCCURRENCE
PREFIX CRASH LOCATION
E MARTINDALE ROAD

TYPE LOC
1

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

CRASH INFORMATION
10-007-167

DIST REFERENCE DR
@

REFERENCE
651

REF POINT
0 4

REFERENCE POINT USED
01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

CRASH INFORMATION
04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATE LIMIT 08 DRIVEWAY 09 RAMP 10 STREET OR ROUTE END REFERENCE

UNIT #
0 1

OF OCC
0 1

NAME (LAST, FIRST, MIDDLE)
SMITH THOMAS L

ADDRESS (STREET, CITY, STATE, ZIP CODE)
7169 MONTAGUE ROAD HUBER HEIGHTS OH 45424

SOCIAL SECURITY NUMBER

DATE OF BIRTH
0 9 2 5 1 9 3 5

AGE
7 4

SEX
M

HOME PHONE #
937-233-7169

DL STATE
OH

DL#

LP STATE
OH

LP#
EEJ7595

INJURED TAKEN BY
1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
JOHNS AUTO PART

ADDRESS (STREET, CITY, STATE, ZIP CODE)
7557 BRANDT PIKE HUBER HEIGHTS OH 45424

YEAR
2 0 0 7

MAKE
TOYOTA

MODEL
YARIS

COLOR
WHITE

INSURANCE COMPANY
FEDERAL MUTUAL

TOWING SERVICE
WOODS

OWNER PHONE #
937-236-0100

OFFENSE CHARGED
4511.202

OFFENSE DESCRIPTION
FAILURE TO CONTROL

CITATION #
3 8 7 0 9

LOCAL CODE #
IF YES

UNIT #

OF OCC

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 #
IF YES

UNIT #

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY
1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

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
1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

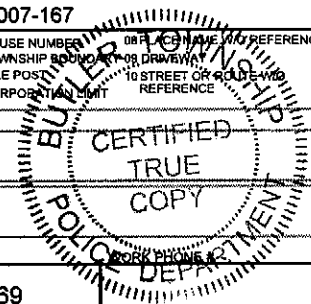
TRANSPORTED BY

INJURED TAKEN TO

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

BLANK FOR WITNESS

SUPPLEMENT #
IF YES



MOTORIST/MOTORIST

Occupant

Narrative

UNIT #1 WAS TRAVELING WESTBOUND ON EAST MARTINDALE ROAD IN THE RIGHT LANE AND WHEN AT THE 651 BLOCK, UNIT #1 LOST CONTROL OF THE VEHICLE AND RAN OFF THE RIGHT SIDE OF THE ROADWAY STRIKING A DITCH AND A LARGE ROCK.

Diagram

**SEE OH-2
FOR DIAGRAM**

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 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 <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 6 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="checkbox"/> 1 SECONDARY: <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT/MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN

Truck/Bus VEHICLE # <input type="checkbox"/> <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A 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 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
	COMPANY (FROM SHIPPING PAPERS) ADDRESS (STREET, CITY, ST, ZIP CODE)	COMPANY PHONE

US DOT	IGC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DLS
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001-26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL Class <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

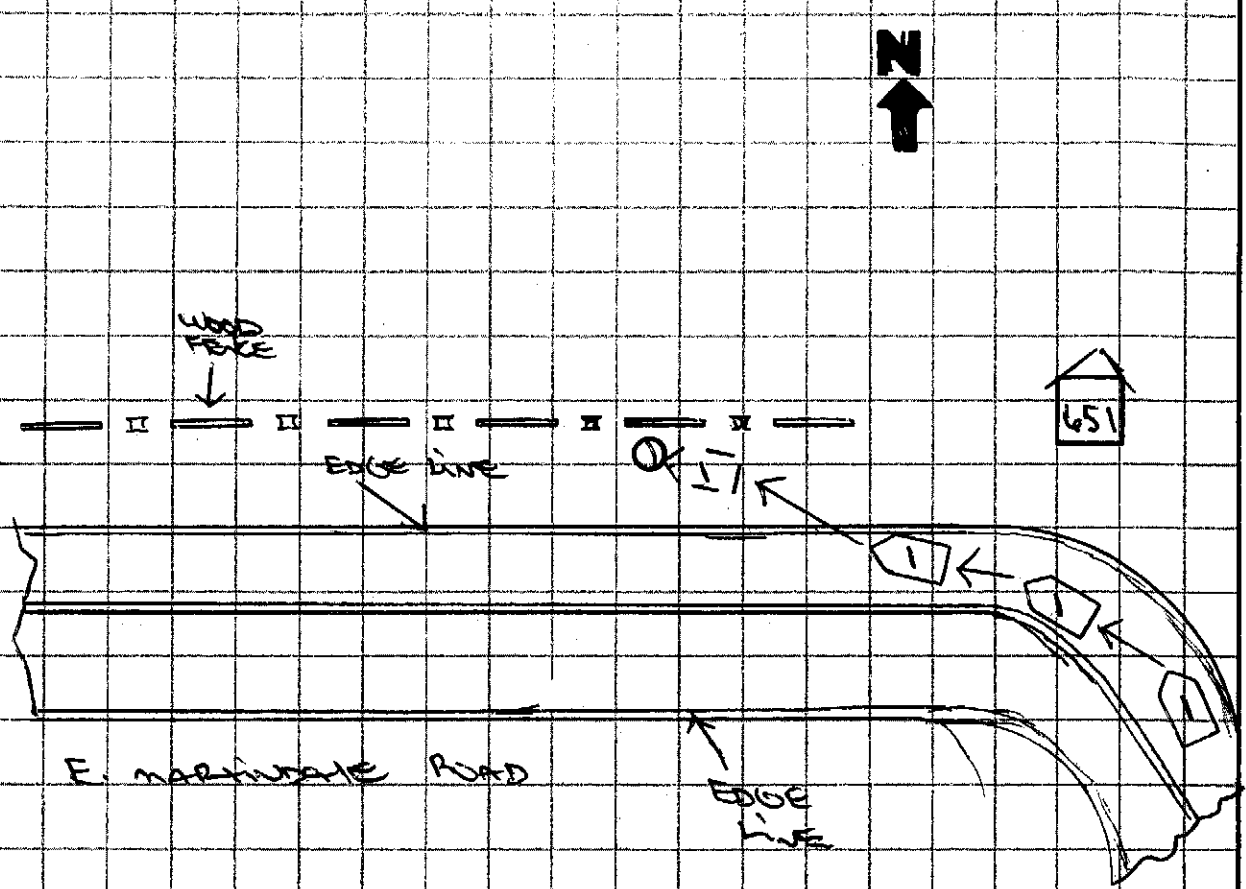
Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 1 0 7 2 0 1 0	1 0 0 7	1 0 0 7	1 0 1 6	1 1 2 9		8 2
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
OFFICER J. CARTER	1 5	SERGEANT T. STANLEY	0 1 0 8 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * (X IF YES)	LOCAL REPORTS *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER		1 0 - 0 0 4			

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 10-004	REPORTING AGENCY BUTLER TWP. POLICE DEPT	DATE OF CRASH M 1 10 7 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION 651 E. MARSHDALE RD. DALTON, OH 45414	



- LEGEND
- ROCK
 - HOUSE
 - ROAD MARKINGS

DRAWING IS NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 15
--------------------------------------	--------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-004	REPORTING AGENCY BUTLER TWP. POLICE DEPT	DATE OF CRASH M 1 / D 7 / Y 10
-------------------------------	---	-----------------------------------

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

I, THOMAS W. SMITH (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

J. CARRER (OFFICERS NAME) AT 651 E. MARTINDALE (LOCATION)

I WAS DRIVING WEST BOUND ON MARTINDALE RD IN BUTLER TWP, DESCENDING DOWN HILL TOWARD UNION WHEN A SNOW PLOW MET ME AT BOTTOM OF HILL AT A ~~THE~~ BEND IN THE ROAD. I VEER RIGHT TO MISS SNOW PLOW & GOT OVER ON THE BERM OF THE ROAD & COULDN'T CORRECT & HIT A ROCK.

ADDRESS OF WITNESS 7169 MONTAGUE RD. HYPER HEIGHTS, OHIO 45424	PHONE 233-7169
SIGNATURE OF WITNESS <i>Thomas W. Smith</i>	OFFICERS SIGNATURE <i>John A. Carrer #15</i>