

TRAFFIC CRASH REPORT



LOCAL REPORT # 1 0 - 0 0 6

CRASH SEVERITY 3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

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

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

NOTICE # 0 5 7 2 4

REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.

UNITS 0 2

UNIT ERROR 0 1 98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH 0 1 1 1 2 0 1 0

TIME OF CRASH 1 5 4 5 DAY OF WEEK M O N CITY * VILLAGE * TWP * BUTLER (TOWNSHIP OF) COUNTY # 5 7

CRASH OCCURRENCE PREFIX CRASH LOCATION LITTLE YORK ROAD TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET 10-011-242

AT REFERENCE DIST REFERENCE DR PREFIX REFERENCE @ 3542 REF POINT 0 4 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 06 MILE POST 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 08 DRIVEWAY 09 RAILROAD 10 STREET OR ROUTE TWO REFERENCE 07 CORPORATION LIMIT

UNIT # 0 1 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) RACHEL B ADDRESS (STREET, CITY, STATE, ZIP CODE) 7395 YORKSHIRE DRIVE DAYTON OH 45414

SOCIAL SECURITY NUMBER DATE OF BIRTH 0 1 2 7 1 9 9 1 AGE 1 8 SEX F HOME PHONE # 937-269-2304

DL STATE OH DL# LP STATE OH LP# ECU6143 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") GENSLER, LOIS J. ADDRESS (STREET, CITY, STATE, ZIP CODE) 7395 YORKSHIRE DRIVE DAYTON OH 45414

YEAR 2 0 0 4 MAKE SATURN MODEL ION COLOR BLUE INSURANCE COMPANY ALLSTATE TOWING SERVICE BUSY BEE OWNER PHONE # 937-269-2304

OFFENSE CHARGED 4511.21A OFFENSE DESCRIPTION ACDA CITATION # 3 8 5 4 5 LOCAL CODE? * IF YES

UNIT # 0 2 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) JACKSON L ADDRESS (STREET, CITY, STATE, ZIP CODE) 1810 OLD SPRINGFIELD ROAD VANDALIA OH 45377

SOCIAL SECURITY NUMBER DATE OF BIRTH 0 5 0 2 1 9 5 4 AGE 5 5 SEX F HOME PHONE # 937-689-3016 WORK PHONE #

DL STATE OH DL# LP STATE OH LP# CP56WQ INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") JACKSON, RONALD E. ADDRESS (STREET, CITY, STATE, ZIP CODE) 1810 OLD SPRINGFIELD ROAD VANDALIA OH 45377

YEAR 2 0 0 0 MAKE CADILLAC MODEL 4 DOOR COLOR WHITE INSURANCE COMPANY NATIONWIDE TOWING SERVICE OWNER PHONE # 937-689-3016

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? * IF YES

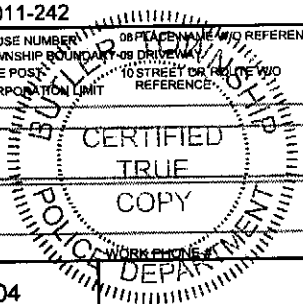
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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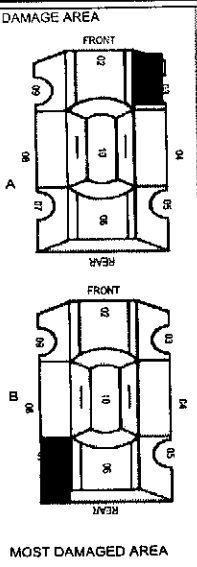
MOTORIST/NON-MOTORIST

Occupant

UNIT NUMBERS

NON-MOTORIST LOCATION

01 MARKED CROSSWALK AT INTERSECTION
 02 INTERSECTION/NO CROSSWALK
 03 NON-INTERSECTION CROSSWALK
 04 DRIVEWAY ACCESS CROSSWALK
 05 IN ROADWAY
 06 NOT IN ROADWAY
 07 MEDIAN (BUT NOT SHOULDER)
 08 ISLAND
 09 SHOULDER
 10 SIDEWALK
 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
 13 OUTSIDE TRAFFICWAY
 14 SHARED USE PATHS OR TRAILS
 15 UNKNOWN



PRE-CRASH ACTIONS

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

SEQUENCE OF EVENTS

<input type="text" value="2"/> <input type="text" value="0"/>	<input type="text" value="2"/> <input type="text" value="0"/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

NON-COLLISION
 01 OVERTURN/RULLOVER
 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/CENTERLINE
 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 LIGHTS/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

POSTED SPEED

TRAFFIC CONTROL

01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBUCKS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 POLICE OFFICER
 12 PAVEMENT MARKINGS
 13 CROSSWALK LINES
 14 WALKDON'T WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED

DIRECTION
 FROM TO FROM TO

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

DRUG TEST STATUS

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

DRUG TEST TYPE

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT

TYPE OF UNIT

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/DRIVER
 36 ANIMAL W/BUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER NON-MOTORIST
 42 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

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/ACCA
 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

POINT OF IMPACT

01 NONE
 02 CENTER FRONT
 03 RIGHT FRONT
 04 RIGHT SIDE
 05 RIGHT REAR
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT SIDE
 09 LEFT FRONT
 10 TOP AND WINDOWS
 11 UNDERCARRIAGE
 12 LOAD/TRAILER
 13 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

FIRST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1 - 4)

MOST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4)

SPEED DETECTED

1 STATED
 2 ESTIMATED SPEED

SPEED

CONDITION

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

ALCOHOL/DRUG SUSPECTED

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - HBD NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL/DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDOABOUT
 06 FIVE-POINT, OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY/ACCESS
 11 RAILWAY GRADE CROSSING
 12 SHARED-USE PATHS OR TRAILS
 13 UNKNOWN

OCCURRENCE

1 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE

ROAD CONDITIONS
 PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE

ACTION

1 NON-CONTACT
 2 NON-COLLISION
 3 STRIKING
 4 STRUCK
 5 BOTH STRIKING AND STRUCK
 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/UNDERRIDE

1 NO UNDERRIE OR OVERRIDE
 2 UNDERRIE, COMPARTMENT INTRUSION
 3 UNDERRIE, NO COMPARTMENT INTRUSION
 4 UNDERRIE, COMPARTMENT INTRUSION UNKNOWN
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
 6 OVERRIDE, OTHER VEHICLE
 7 UNKNOWN

DAMAGE SCALE

1 NONE
 2 NON-FUNCTIONAL DAMAGE
 3 FUNCTIONAL DAMAGE
 4 DISABLING DAMAGE
 5 SEVERE
 6 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

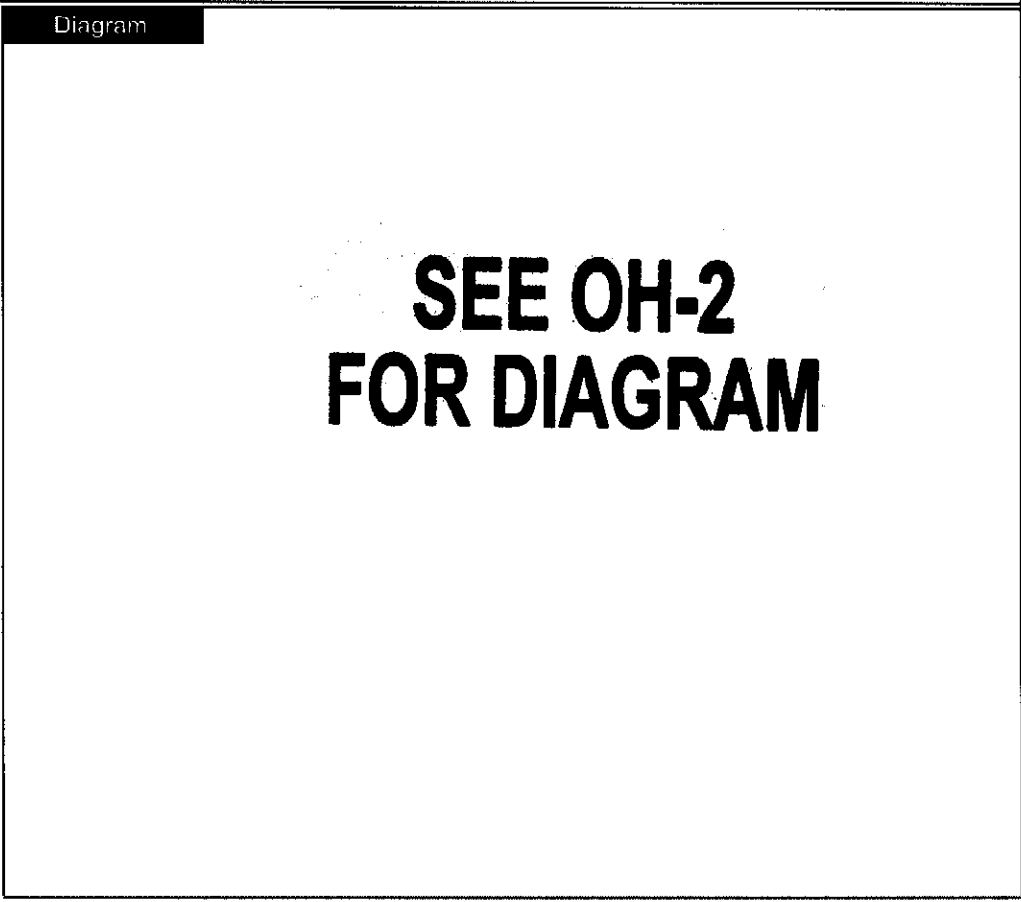
SUPPLEMENTARY NOTES

LOCAL PRESENT #
 -

Narrative

UNIT #1 WAS TRAVELING WEST ON LITTLE YORK ROAD IN THE RIGHT LANE AND WHEN AT 3542, FAILED TO STOP WITHIN THE ASSURED CLEAR DISTANCE AHEAD AND COLLIDED WITH THE REAR OF UNIT #2 WHICH WAS TRAVELING WEST ON LITTLE YORK ROAD IN THE RIGHT LANE AND WAS STOPPED IN TRAFFIC.

MANNER OF COLLISION OR IMPACT <input type="text" value="2"/> 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="text" value="1"/> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="text" value="0"/> <input type="text" value="4"/> 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="text" value="1"/> 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="text" value="1"/> SECONDARY: <input type="text" value="1"/> 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="text"/> 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 <input type="text"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="text"/> 1 NO 2 YES 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/> <input type="text"/> COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____ ADDRESS (STREET, CITY, ST, ZIP CODE) _____	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 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
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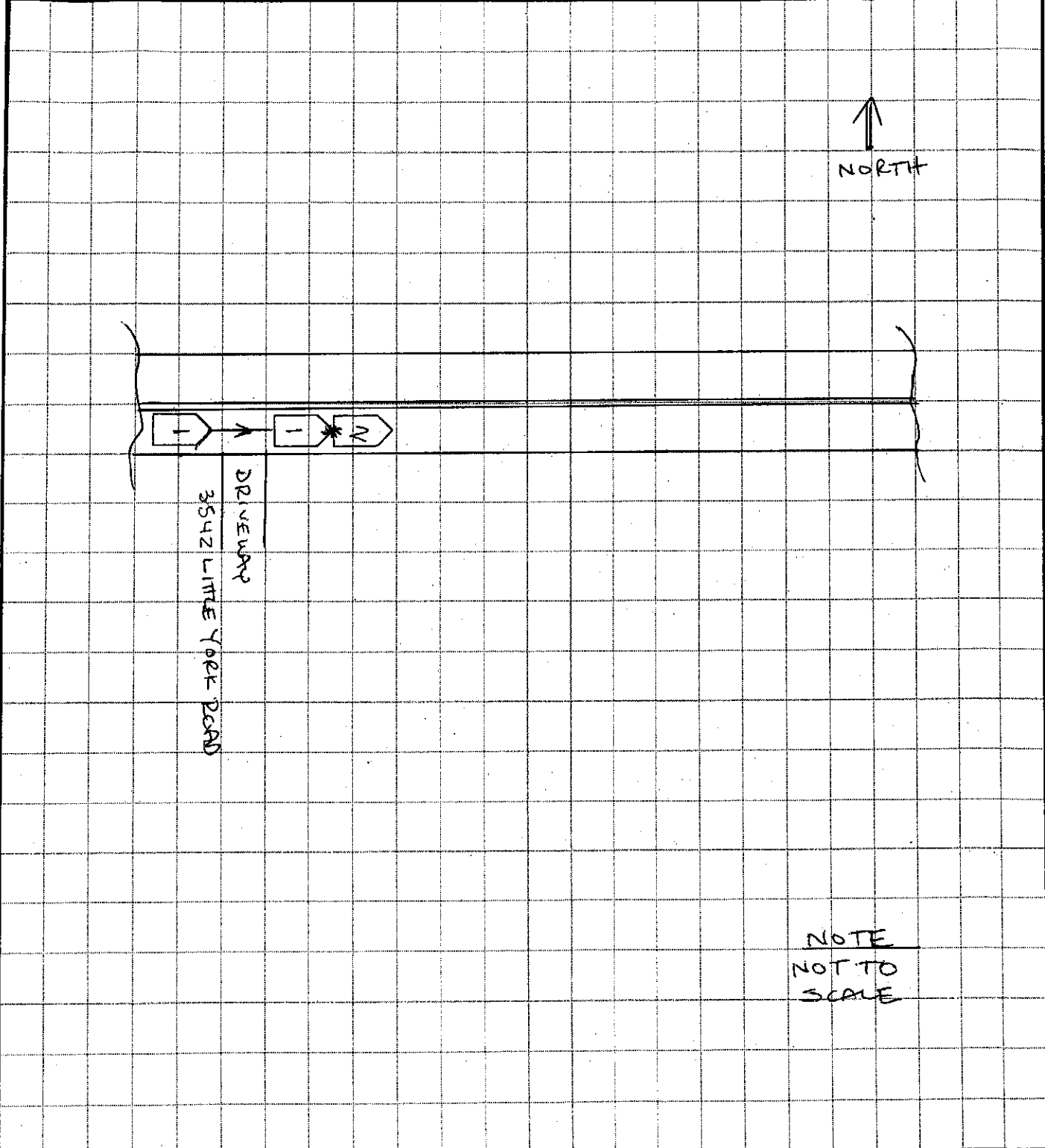
US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLACARD #	PLACARD #	PLACARD #	PLACARD #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="text"/> <input type="text"/> 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) <input type="text"/> 1 LESS/EQUAL 10,000 2 10,001- 28,000 3 MORE THAN 28,000	CDL Class <input type="text"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Hazardous Materials Placard <input type="text"/> 1 NO 2 YES 3 UNKNOWN	Hazardous Materials Released <input type="text"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN						

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 1 1 1 2 0 1 0	1 5 4 5	1 5 4 5	1 5 4 7	1 6 3 4	3 0	7 9
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED*			
OFFICER K. SINK	2 6	OFFICER J. LESLIE	0 1 1 1 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES	LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/>	1 0 - 0 0 6			



LOCAL REPORT NUMBER 10-006	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT	DATE OF CRASH M 1 10 11 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION 3542 LITTLE YORK ROAD	



NOTE
NOT TO
SCALE

OFFICER'S SIGNATURE X K. SIMK	BADGE NUMBER 26
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-006	REPORTING AGENCY BUTLER TWP POLICE DEPT	DATE OF CRASH M 1 10 11 PM '10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Gail Jackson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
K. SINK (OFFICERS NAME) AT Little York Rd (LOCATION)

I was stopped behind several cars behind school bus stopped unloading children when I was struck from behind.

ADDRESS OF WITNESS 1810 Old Springfield Rd, Vandalia, Oh.	PHONE 937-689-3816
SIGNATURE OF WITNESS <u>Gail R. Jackson</u>	OFFICERS SIGNATURE K. SINK #26

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-006	REPORTING AGENCY BUTLER TWP POLICE DEPT	DATE OF CRASH M 1 10 11 N10
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I, Rachel Gensler (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

K. SINK (OFFICERS NAME) AT 3542 LITTLE YORK RD (LOCATION)

~~TOO SLOWLY~~ I was going about 35 mph when traffic started slowing down, ~~at~~ I was slowing down ~~at a~~ quickly when animal, pretty sure it was a kitten came from left side and I was going to swerve but electricity pole was there so and car was going to fast and skidded into back of her car.

ADDRESS OF WITNESS 7395 Yorkshire Dr.	PHONE 937-269-2304
SIGNATURE OF WITNESS <u>Rachel Gensler</u>	OFFICERS SIGNATURE K. SINK #26