

TRAFFIC CRASH REPORT



INVESTIGATION REPORT #
 1 0 - 0 1 1

CRASH SEVERITY
 2 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES NO

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

PHOTOS TAKEN
 YES NO

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 1 8 2 0 1 0

TIME OF CRASH
 0 6 4 6

DAY OF WEEK
 M O N

CITY * VILLAGE * TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER TOWNSHIP

COUNTY # *
 5 7

LATITUDE LONGITUDE

CRASH DESCRIPTION
 PREFIX CRASH LOCATION
 FREDERICK PIKE

TYPE LOC
 1

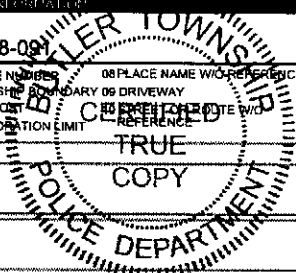
TYPE LOCATION POINT USED
 1 NAMED STREET 3 NUMBERED ROUTE
 2 NUMBERED STREET

ALTERNATE LOCATION
 DIST REFERENCE DR PREFIX REFERENCE REF POINT
 50F S ANTIOCH SCHOOL ROAD 0 2

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

04 HOUSE NUMBER
 05 TOWNSHIP BOUNDARY
 06 MILE POINT
 07 CORPORATION LIMIT

08 PLACE NAME WITH REFERENCE
 09 DRIVEWAY
 10 INTERSECTION OF TWO REFERENCES



UNIT # # OF OCC
 0 1 0 1

NAME (LAST, FIRST, MIDDLE)
 BROCK RANA L

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 45 CAMEO CIRCLE TROY OH 45373

SOCIAL SECURITY NUMBER
 0 5 2 3 1 9 7 7

DATE OF BIRTH
 0 5 2 3 1 9 7 7

AGE
 3 2

SEX
 F

HOME PHONE #
 937-524-2090

WORK PHONE #

DL STATE DLF
 OH

LP STATE LP #
 OH DBN9488

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

TRANSPORTED BY
 JIM'S TOWING

INJURED TAKEN TO

REG OWNER NAME (IF SAME, WRITE "SAME")
 BROCK, JACK L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 45 CAMEO CIRCLE TROY OH 45373

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1 9 9 9 FORD ESCORT BLACK GRANGE JIM'S TOWING 937-524-2090

OFFENSE CHARGED
 4511.202

OFFENSE DESCRIPTION
 FAILURE TO CONTROL

CITATION #
 3 8 6 3 5

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 DLF 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 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

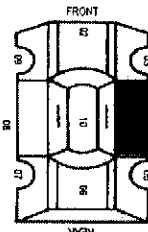
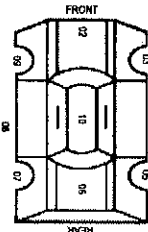
MOTORIST/MOTORIST

Occupant

<p>0 1 A</p> <p>SEATING POSITION 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</p>	<p>0 4 A</p> <p>SAFETY EQUIPMENT MOTORIST 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</p>	<p>1 A</p> <p>AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN</p>	<p>1 A</p> <p>AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p>1 A</p> <p>EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p>1 A</p> <p>TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p>2 A</p> <p>INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p>
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BLANK FOR WITNESS

SUPPLEMENT #
 IF YES

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="4"/> <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"/>	POSTED SPEED <input type="text" value="5"/> <input type="text" value="0"/> <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"/>		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-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CHARGE/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	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"/>
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	MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	NON-MOTORIST 16 ENTERING/CROSSING IN SPECIFIED LOCATION 15 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	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	DIRECTION FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	DRUG TEST 1&2 RESULT <input type="text"/> <input type="text"/> <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="4"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="5"/> <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 SHERVING 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	CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="3"/> <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 PANELVAN 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	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '18' 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/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/>
NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/>	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/>	ROAD CONTOUR <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"/>	1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITIONS FORMER: <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> SEASONAL: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAMAGE SCALE <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, 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	SPEED <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/> <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
SUPPLEMENTAL "X" IF YES		LOCAL REPORT #		<input type="text" value="1"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> - <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>	

Narrative

UNIT #1 WAS TRAVELING NORTHBOUND ON FREDERICK PIKE IN THE NORTHBOUND LANE, AND WHEN AT APPROXIMATELY 50 FEET SOUTH OF ANTIOCH SCHOOL ROAD, UNIT #1 LOST CONTROL OF THE VEHICLE DROVE OFF THE LEFT SIDE OF THE ROAD, AND STRUCK A TREE.

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"/> 2 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"/> 5 <input type="checkbox"/> 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 MEDIAN 4 INTERMITTENTLY 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 UNIT # <input type="checkbox"/> <input type="checkbox"/> 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
COMPANY (FROM SHIPPING PAPERS) ADDRESS (STREET, CITY, ST, ZIP CODE)	COMPANY PHONE

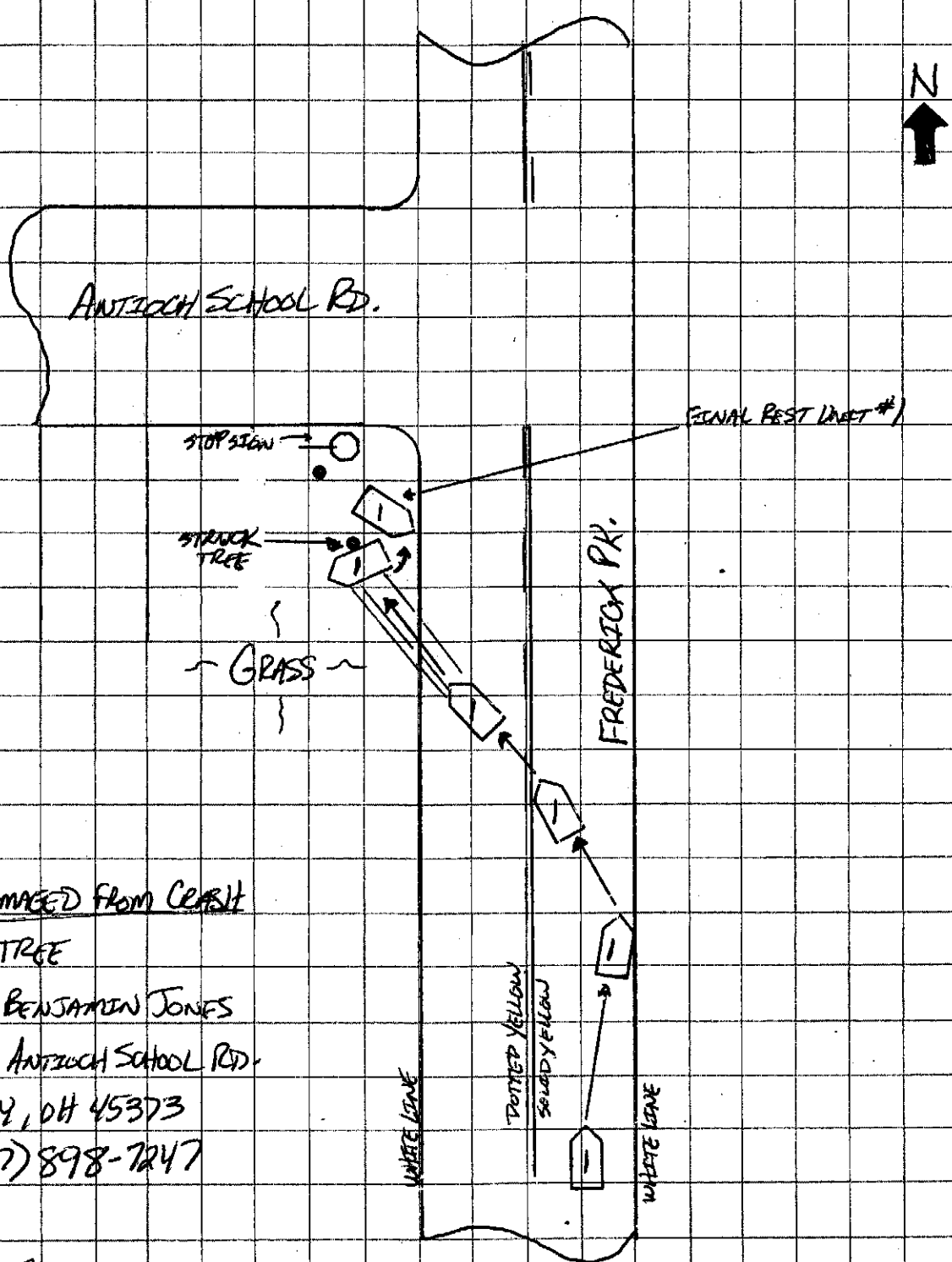
US DOT	ICC MC	PLUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
<input type="checkbox"/> <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL	06 CARGO TANK	07 FLATBED	10 AUTO TRANSPORTER	<input type="checkbox"/> 1 LESS/EQUAL 10,000 2 10,001- 25,000 3 MORE THAN 25,000	<input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<input type="checkbox"/> 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	8	2	0	1	0	0	6	4	6	0	6	5	3	0	7	0	3	0	8	4	3				1	1	0
OFFICER'S NAME *						BADGE # *			CHECKED BY						DATE REPORT FILED*														
SERGEANT M. MORGAN						5			OFFICER K. SINK						0 1 1 8 2 0 1 0														
REPORT TAKEN BY			REPORT TAKEN AT			SUPPLEMENT * X IF YES			LOCAL REPORT #																				
<input type="checkbox"/> 1 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST			<input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER			<input type="checkbox"/> X			1 0 - 0 1 1																				

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 10-011	REPORTING AGENCY BUTLER TWP. P.D.	DATE OF ACCIDENT M 01 18 10
IN COUNTY OF MONTGOMERY	ACCIDENT LOCATION FREDERICK PK @ ANTIPOCH SCHOOL RD.	



PROPERTY DAMAGED FROM CRASH
 (1) YARD / TREE
 OWNER: BENJAMIN JONES
 994 ANTIPOCH SCHOOL RD.
 TROY, OH 45373
 (937) 898-7247

NOT TO SCALE

OFFICERS SIGNATURE Sgt. M. D. Morgan #5	BADGE NO. 5
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-011	REPORTING AGENCY BUTLER TWP. P. D.	DATE OF CRASH MO 1 18 11/0
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rana Brock HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)
SGT. MORGAN AT Fredrick Antroch Sechart
 (OFFICERS NAME) (LOCATION)

Reached over for wallet
 swerved going to fast
 & ~~swerved~~ car went swerved
 & went off road.

ADDRESS OF WITNESS 45 Cameo Circle Troy, OH 45373	PHONE 937-524-2090
SIGNATURE OF WITNESS <u>Rana Brock</u> 1/18/10	OFFICERS SIGNATURE SGT. M. D. Morgan #5