

TRAFFIC CRASH REPORT



LOCAL REPORT #
 1 0 - 0 1 8

CRASH SEVERITY
 3 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES NO

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

PHOTOS TAKEN
 YES NO

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #
 0 5 7 2 4

REPORTING AGENCY
 BUTLER TOWNSHIP POLICE DEPT.

UNITS
 0 1

DATE OF CRASH
 0 1 2 6 2 0 1 0

TIME OF CRASH
 0 7 2 4

DAY OF WEEK
 T U E

CITY *

VILLAGE *

TWP #
 X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER (TOWNSHIP OF)

COUNTY # *
 5 7

CRASH OCCURRENCE
 PREFIX CRASH LOCATION
 FREDERICK PIKE

TYPE LOC
 1

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

AT INTERSECTION
 DIST REFERENCE OR PREFIX REFERENCE
 300' S 10206

REFERENCE POINT USED
 REF POINT
 0 4

REFERENCE POINT USED
 01 STATE LINE
 02 INTERSECTION 2 STREETS
 03 COUNTY LINE
 04 HOUSE NUMBER
 05 TOWNSHIP BOUNDARY OR DRIVEWAY
 06 MILE POST
 07 CORPORATION LIMIT
 08 PLACE NAME NO REFERENCE
 09 STREET OR ROAD NO REFERENCE

UNIT #
 0 1

OF OCC.
 0 1

NAME (LAST, FIRST, MIDDLE)
 ROBISON SHANE P

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 108 LEXINGTON FARM ROAD UNION OH 45322

SOCIAL SECURITY NUMBER

DATE OF BIRTH
 0 1 2 1 1 9 7 5

AGE
 3 5

SEX
 M

HOME PHONE #
 937-832-9441

DL STATE
 OH

DL #

LP STATE
 OH

LP #
 EN46PZ

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
 SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 108 LEXINGTON FARM ROAD UNION OH 45372

YEAR
 2 0 0 3

MAKE
 FORD

MODEL
 RANGER

COLOR
 DK BLUE

INSURANCE COMPANY
 AMERICAN FAMILY

TOWING SERVICE
 BUSY BEE

OWNER PHONE #
 937-832-9441

OFFENSE CHARGED
 4511.202

OFFENSE DESCRIPTION
 FAILURE TO CONTROL

CITATION #
 3 8 6 3 9

UNIT #

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 #

UNIT #

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 #

UNIT #

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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
 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

AIR BAG
 2
 1 NOT-DEPLOYED
 2 DEPLOYED-FRONT
 3 DEPLOYED-SIDE
 4 DEPLOYED BOTH FRONT/SIDE
 5 NOT APPLICABLE
 6 UNKNOWN

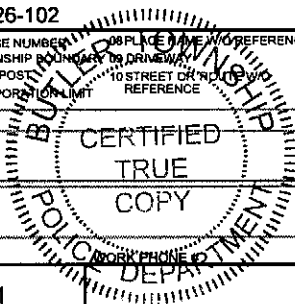
AIR BAG SWITCH
 1
 1 NOT PRESENT
 2 IN ON POSITION
 3 IN OFF POSITION
 4 UNKNOWN

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

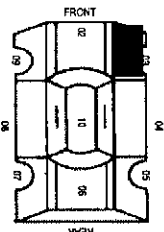
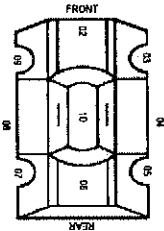
INJURIES
 1
 1 NO INJURY
 2 POSSIBLE
 3 NON-INCAPACITATING
 4 INCAPACITATING
 5 FATAL INJURY
 6 UNKNOWN

SUPPLEMENT *
 X IF YES

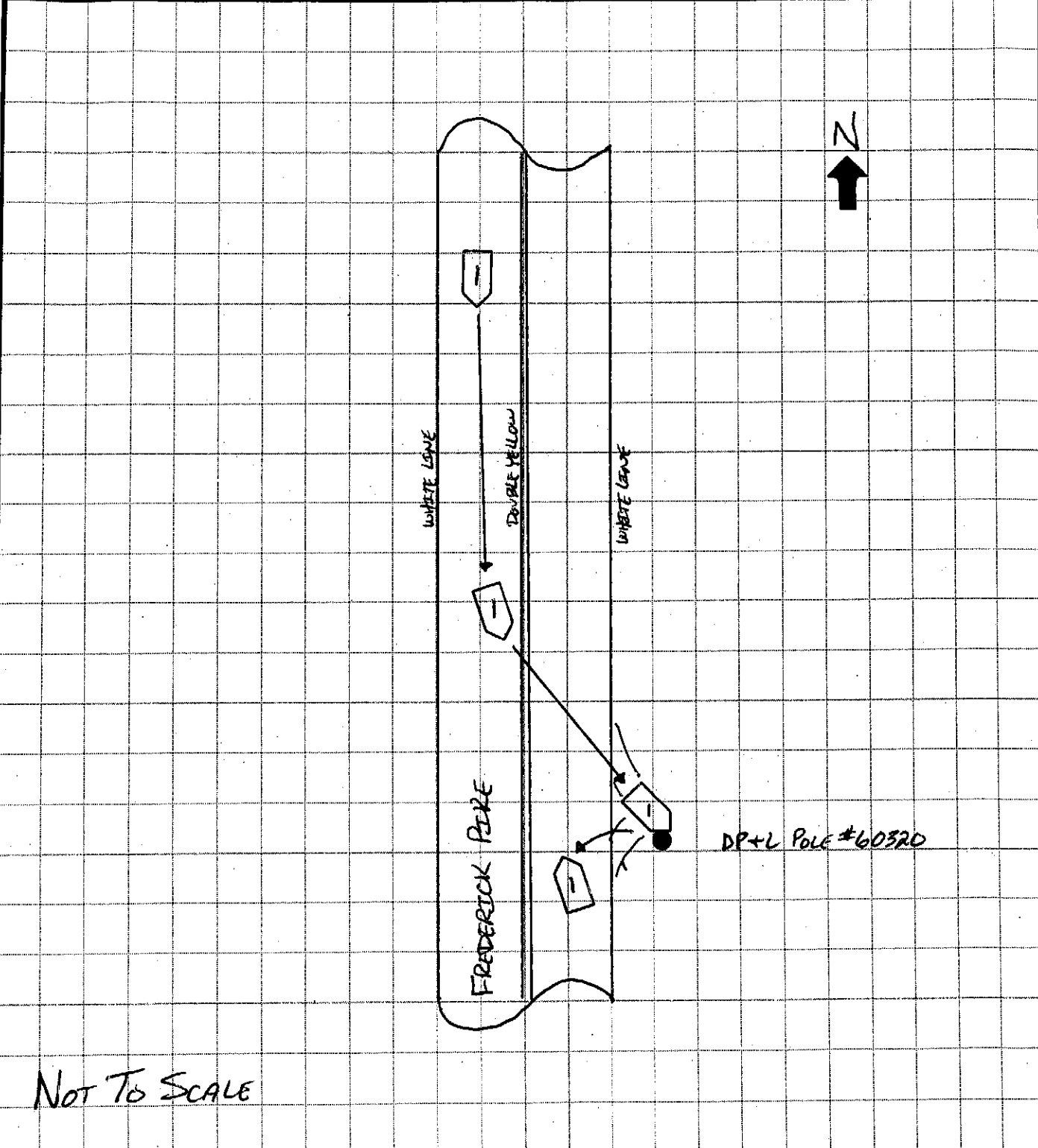


MOTORIST/NO MOTORIST

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="3"/> <input type="text" value="6"/> <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-MOTDRIST 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-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 JACQUINE 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 PEDAL CYCLE 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"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN 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="7"/> <input type="text"/> <input type="text"/>	<input type="text" value="0"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="1"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 WALK/DOGT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER DIRECTION FROM TO <input type="text" value="1"/> <input type="text" value="2"/> <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 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 NON-MOTORIST 35 ANIMAL WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="3"/> <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 INTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONDITION <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"/>	ACTION <input type="text" value="3"/> <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"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	OCCURRENCE <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"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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="2"/> <input type="text" value="5"/> <input type="text"/>	ALCOHOL TEST STATUS <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 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	1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHERS 8 UNKNOWN AT TIME OF REPORTING	1 STATED 2 ESTIMATED SPEED	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
				ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	ROAD CONDITIONS <input type="text" value="0"/> <input type="text" value="3"/> <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
				SUPPLEMENTAL LOCAL INCIDENT #* <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/>	

LOCAL REPORT NUMBER 10-018	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPARTMENT	DATE OF CRASH M 01 D 26 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK PK @ 300 FEET SOUTH OF 10206 FREDERICK PK.	



NOT TO SCALE

OFFICER'S SIGNATURE X SGT. M. D. Morgan #5	BADGE NUMBER 5
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LOCAL REPORT NUMBER 10-018	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.	DATE OF CRASH M 01 10 26 19 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Shane Robinson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

SGT. MORGAN (OFFICERS NAME)

AT 10260 Fredrick (LOCATION)

After turning right off of Martindale and going south on Fredrick, I hit an ice patch and the truck slid off the road toward a telephone pole. The vehicle bounced back on to the road in the north bound lane and stopped.

ADDRESS OF WITNESS 108 Lexington Farm Rd	PHONE 832-9441
SIGNATURE OF WITNESS <u>Shane Robinson</u>	OFFICERS SIGNATURE <u>SGT. M. D. Morgan #5</u>