

TRAFFIC CRASH REPORT



LOCAL REPORT #
 1 0 - 0 2 1

CRASH SEVERITY
 3 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES NO

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

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

REPORTING AGENCY #
 0 5 7 2 4

REPORTING AGENCY
 BUTLER TOWNSHIP

UNITS
 0 2

UNIT ERROR
 0 1 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH
 0 1 2 7 2 0 1 0

TIME OF CRASH
 1 4 2 0

DAY OF WEEK
 W E D

CITY * VILLAGE * TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP)
 BUTLER TOWNSHIP

COUNTY # *
 5 7

LATITUDE LONGITUDE

CRASH LOCATION
 BENCHWOOD ROAD

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

PHONE #
 10-027-246

REFERENCE POINT USED
 0 8
 01 STATE LINE
 02 INTERSECTION 2 STREETS 06 MILE POB
 03 COUNTY LINE

REFERENCE POINT USED
 04 HOUSE NUMBER
 05 TOWNSHIP BOUNDARY OR DRIVEWAY
 06 INTERSECTION 2 STREETS
 07 CORPORATION LIMIT
 08 REPLACE NAME W/O REFERENCE
 09 DRIVEWAY
 10 STREET, OR ROUTE W/O REFERENCE

UNIT # 0 1 # OF OCC 0 1
 NAME (LAST, FIRST, MIDDLE)
 BRANNUM

BRITTANY
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 7073 SANDALVIEW DRIVE HUBER HEIGHTS OH 45424

SOCIAL SECURITY NUMBER
 DATE OF BIRTH
 0 7 0 7 1 9 8 8

AGE 2 1 SEX F HOME PHONE # 937-510-5764

DL STATE OH DL# LP STATE OH LP# EBH 7255

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2 0 0 3 MAKE SATURN

MODEL ION COLOR MAROON INSURANCE COMPANY AM STANDARD TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED
 4511.12

OFFENSE DESCRIPTION
 FAIL TO OBEY TRAFFIC CONTROL DEVICE

CITATION # 3 8 3 7 1 LOCAL CODE # IF YES

UNIT # 0 2 # OF OCC 0 1
 NAME (LAST, FIRST, MIDDLE)
 BAKER

JANE L.
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 10754 CASSEL ROAD VANDALIA OH 45377

SOCIAL SECURITY NUMBER
 DATE OF BIRTH
 0 4 2 0 1 9 4 8

AGE 6 1 SEX F HOME PHONE # 937-890-6016 WORK PHONE #

DL STATE OH DL# LP STATE OH LP# DMU 2891

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

OWNER NAME (IF SAME, WRITE "SAME")
 AMERI WATER, INC.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 1303 STANLEY AVENUE DAYTON OH 45404

YEAR 2 0 1 0 MAKE TOYOTA

MODEL PRIUS COLOR GREY INSURANCE COMPANY FEDERAL INSURANCE TOWING SERVICE BUSY BEE OWNER PHONE # 937-461-1988

OFFENSE CHARGED

OFFENSE DESCRIPTION CITATION # LOCAL CODE # IF YES

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

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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 A 01 FRONT - LEFT (MC DRIVER)
 0 1 B 02 FRONT - MIDDLE
 0 1 C 03 FRONT - RIGHT
 0 1 D 04 SECOND - LEFT (MC PASS)
 0 1 E 05 SECOND - MIDDLE
 0 1 F 06 SECOND - RIGHT
 0 1 G 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
 0 1 H 08 THIRD - MIDDLE
 0 1 I 09 THIRD - RIGHT
 0 1 J 10 SLEEPER SECTION OF CAB
 0 1 K 11 ENCLOSED CARGO AREA
 0 1 L 12 UNENCLOSED CARGO AREA
 0 1 M 13 TRAILING UNIT
 0 1 N 14 EXTERIOR
 0 1 O 15 OTHER
 0 1 P 16 NON-MOTORIST
 0 1 Q 17 UNKNOWN

SAFETY EQUIPMENT
 0 4 A 01 NONE USED
 0 4 B 02 SHOULDER BELT ONLY
 0 4 C 03 LAP BELT ONLY
 0 4 D 04 SHOULDER/LAP BELT
 0 4 E 05 CHILD SAFETY SEAT
 0 4 F 06 MC HELMET USED
 0 4 G 07 USE UNKNOWN
 0 4 H 08 NONE USED
 0 4 I 09 HELMET USED
 0 4 J 10 PROTECTIVE PADS
 0 4 K 11 REFLECTIVE CLOTHING
 0 4 L 12 LIGHTING
 0 4 M 13 OTHER
 0 4 N 14 UNKNOWN

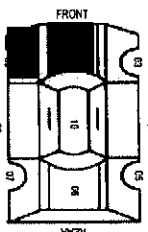
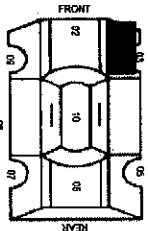
AIR BAG
 1 A 1 NOT-DEPLOYED
 1 B 2 DEPLOYED-FRONT
 1 C 3 DEPLOYED-SIDE
 1 D 4 DEPLOYED BOTH FRONT/SIDE
 1 E 5 NOT APPLICABLE
 1 F 6 UNKNOWN

AIR BAG SWITCH
 1 A 1 NOT PRESENT
 1 B 2 IN ON POSITION
 1 C 3 IN OFF POSITION
 1 D 4 UNKNOWN

EJECTION
 1 A 1 NOT EJECTED
 1 B 2 TOTALLY EJECTED
 1 C 3 PARTIALLY EJECTED
 1 D 4 NOT APPLICABLE
 1 E 5 UNKNOWN
 1 F 6 UNKNOWN

TRAPPED
 1 A 1 NOT TRAPPED
 1 B 2 EXTRICATED BY MECHANICAL MEANS
 1 C 3 FREED BY NON-MECHANICAL MEANS
 1 D 4 UNKNOWN

INJURIES
 1 A 1 NO INJURY
 1 B 2 POSSIBLE
 1 C 3 NON-INCAPACITATING
 1 D 4 INCAPACITATING
 1 E 5 FATAL INJURY
 1 F 6 UNKNOWN

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="6"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>2</td><td>0</td></tr> <tr><td>B</td><td>2</td><td>0</td></tr> </table>	A	2	0	B	2	0	POSTED SPEED <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="5"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	2	0									
B	2	0									
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		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 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	TRAFFIC CONTROL <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/USABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN						
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="9"/> <input type="text" value="0"/> <input type="text" value="4"/>	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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="1"/>	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 POLICE MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>						
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="3"/>	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="4"/>	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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="2"/>						
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	ACTION <input type="text" value="3"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>						
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" value="1"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>						
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/>	DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS <input type="text" value="0"/> <input type="text" value="1"/>						
DAMAGE SCALE 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	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="3"/> <input type="text" value="5"/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	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	LEGAL REPORT #
X 1021	10-021

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/8)

LOCAL REPORT NUMBER 10-021

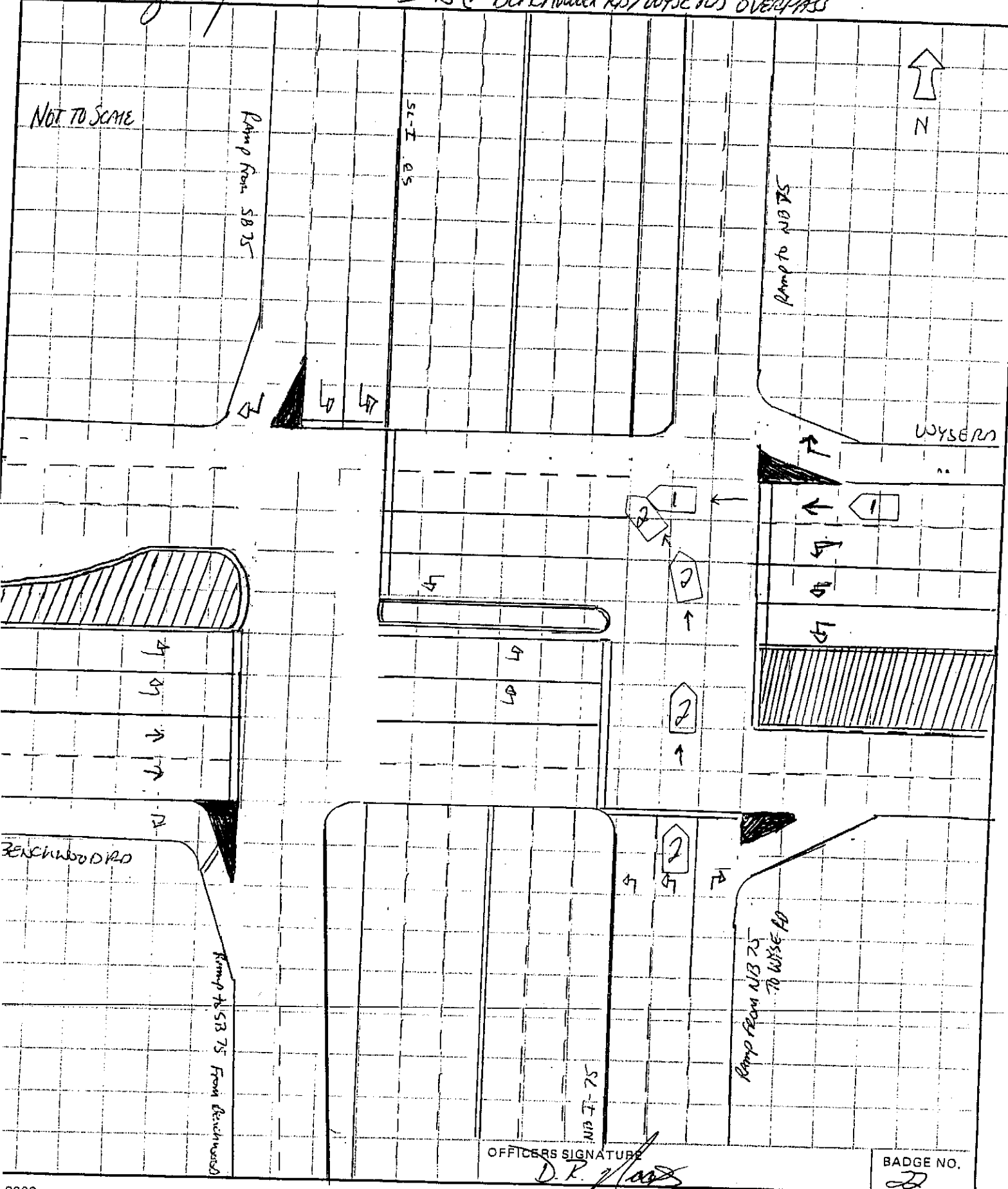
REPORTING AGENCY Butter Twp. Police Dept

DATE OF ACCIDENT M 1 10 27 Y 10

IN COUNTY OF Montgomery

ACCIDENT LOCATION I-75 @ Berchwood Rd/Wyse Rd Overpass

NOT TO SCALE



OFFICERS SIGNATURE

D.R. [Signature]

BADGE NO.

22

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER	10-021	REPORTING AGENCY	Butler Twp PD	DATE OF CRASH	M 1 10 27 14 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brittany Brannum (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

D.R. NAYS (OFFICERS NAME)

AT Berchwood / I-75 (LOCATION)

I was driving. I thought the light was green so I went through

ADDRESS OF WITNESS	7073 Sandalview Dr Huber Heights, OH	PHONE	510-5769
SIGNATURE OF WITNESS	<i>Brittany Brannum</i>	OFFICERS SIGNATURE	<i>D.R. NAYS</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-021	REPORTING AGENCY Butler Twp PD	DATE OF CRASH M / 12 / 71
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jane Baker (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

D. R. Noos (OFFICERS NAME)

AT Berchwood I75 (LOCATION)

I was on the off ramp of I 75 north at Berchwood
 When the light turned for the green arrow (L) I started
 into the intersection. Another car came through the
 intersection from the right and hit the front corner
 of my car. A witness said the other driver went through
 a red light. I didn't see her til she hit us.

ADDRESS OF WITNESS 10754 CASSER Rd	PHONE 937-870-6016
SIGNATURE OF WITNESS Jane Baker	OFFICERS SIGNATURE D.R. Noos #22