

# TRAFFIC CRASH REPORT



LOCAL REPORT #\*  
1 0 - 0 2 2

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER  
X X

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

REPORTING AGENCY\*  
BUTLER TOWNSHIP POLICE DEPT.

# UNITS  
0 2

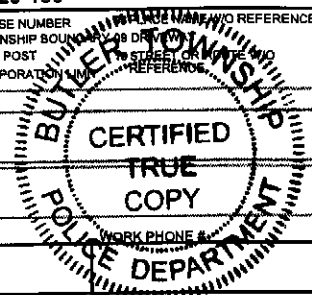
UNIT ERROR  
0 1 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH\*  
0 1 2 8 2 0 1 0

TIME OF CRASH DAY OF WEEK CITY VILLAGE TWP NAME (OF CITY, VILLAGE OR TOWNSHIP) COUNTY # LATITUDE LONGITUDE  
THU BUTLER (TOWNSHIP OF) 5 7

CRASH LOCATION PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL JURISDICTION  
W NATIONAL ROAD 1 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET 10-029-156

REFERENCE POINT USED DIST REFERENCE DR PREFIX REFERENCE REF POINT 0 4  
01 STATE LINE 04 HOUSE NUMBER  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 06 DR...  
03 COUNTY LINE 07 CORPORATE LIMITS



UNIT # 0 1 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 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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#

UNIT # 0 2 0 0 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

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OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1 9 9 9 BUICK REGAL TAN METROPOLITAN PROPERTY 937-836-7588

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE#

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

<p>SEATING POSITION</p> <p>1 7 A 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>SAFETY EQUIPMENT</p> <p>0 7 A 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>AIR BAG</p> <p>6 A 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN</p>	<p>AIR BAG SWITCH</p> <p>4 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p>EJECTION</p> <p>1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p>TRAPPED</p> <p>1 A 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p>INJURIES</p> <p>6 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p>	<p>SUPPLEMENT * X IF YES</p>
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MOTORIST/MOTORIST

Occupant



**Narrative**

UNIT #2 WAS PARKED IN THE PARKING LOT OF SPITFIRE LOCATED AT 3662 WEST NATIONAL ROAD NEAR THE BAR ENTRANCE. UNIT #2 WAS STRUCK BY UNIT #1 BY UNKNOWN MEANS. UNIT #1 LEFT THE SCENE AND DID NOT REPORT THE CRASH OR LEAVE INFORMATION AT THE SCENE.

9 DIGITAL PICTURES TAKEN

**Diagram**

**SEE OH-2 FOR DIAGRAM**

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 9		<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
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		<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
<b>WEATHER</b> <input type="checkbox"/> 1 <input type="checkbox"/> 0 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		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFTCROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER	
<b>LIGHT CONDITIONS</b> PRIMARY: <input type="checkbox"/> 6 <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		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	
		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

<b>Truck/Bus</b> 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.	AND 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) _____		COMPANY PHONE _____	
ADDRESS (STREET, CITY, ST, ZIP CODE) _____			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARGO BODY TYPE</b> <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/CHIP&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		<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001- 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL Class</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN		

<b>Police Action</b>						
DATE CRASH REPORTED: 0 1 2 9 2 0 1 0	TIME REC CALL: 1 3 4 4	DISPATCH: 1 3 4 5	ARRIVED: 1 3 4 7	CLEARED: 1 4 5 4	OTHER:	TOTAL MINUTES: 6 9
OFFICER'S NAME: SERGEANT M. MORGAN	BADGE #: 5	CHECKED BY: OFFICER R. TODD	DATE REPORT FILED: 0 1 3 0 2 0 1 0			
REPORT TAKEN BY: 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT: 2 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT: X IF YES	LOCAL REPORT #: 1 0 - 0 2 2			



LOCAL REPORT NUMBER <b>10-022</b>	REPORTING AGENCY <b>BUTLER TOWNSHIP POLICE DEPT.</b>	DATE OF CRASH <b>M 01   028   Y 10</b>
IN COUNTY OF <b>MONTGOMERY</b>	CRASH LOCATION <b>3662 WEST NATIONAL ROAD</b>	

**ENTRANCE**  
↓  
**EXIT**

**GRASS**

**GRASS**

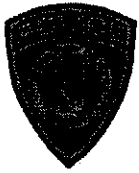
**SPITFIRE BAR**  
**3662 WEST NATIONAL RD.**

**GRAVEL PARKING LOT**  
**(NO MARKED SPACES)**

**NOT TO SCALE**

OFFICER'S SIGNATURE  
**X SGT. M.D. Morgan #15**

BADGE NUMBER  
**5**



## BUTLER TOWNSHIP POLICE DEPARTMENT

### Narrative

**Report Number: 10-029-156**

On Friday, January 29, 2010 at 1345 hours, I was dispatched to the Butler Township Police Department located at 8526 North Dixie Drive in Butler Township, Montgomery County, Ohio on a walk in hit and run crash report.

On arrival at 1347 hours, I spoke to Christopher M. Menke. Mr. Menke advised that sometime between 2245 hours on Thursday, January 28, 2010 and 0055 hours on Friday, January 29, 2010, an unknown driver driving an unknown vehicle struck his vehicle in the lot of Spitfire bar located at 3662 West National Road, which is also in Butler Township.

Mr. Menke said he arrived at the Spitfire and parked very near the main front entrance to the bar. Mr. Menke said there was a dart tournament going on and the parking lot was nearly filled. Mr. Menke said when he went to leave; he did not notice that his driver's side door and mirror of his tan 1999 Buick Regal bearing Ohio registration "CC54DR" had been damaged. Mr. Menke said he did not notice the damage until he went to go to work on Friday morning. Mr. Menke said he went to work and was later advised by his insurance company that he needed to report the crash to police.

I examined Mr. Menke's vehicle. There was damage to the left side front driver's door and the driver's side mirror. The scrape damage appeared to go from the front toward the back possibly caused by a vehicle backing up and striking Mr. Menke's vehicle. There was no visible paint transfer on Mr. Menke's vehicle. I took 9 digital photographs of Mr. Menke's vehicle and damaged areas. Mr. Menke could not provide any suspect information and there are no known witnesses to the incident.

Respectfully,

Sergeant M. Morgan #5