

TRAFFIC CRASH REPORT



CRASH REPORT #
1 0 - 0 2 7

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

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

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
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH*
0 2 0 6 2 0 1 0

TIME OF CRASH

DAY OF WEEK
S A T

CITY* VILLAGE* TWP*

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

COUNTY #*
5 7

LATITUDE LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION
MILLER LANE

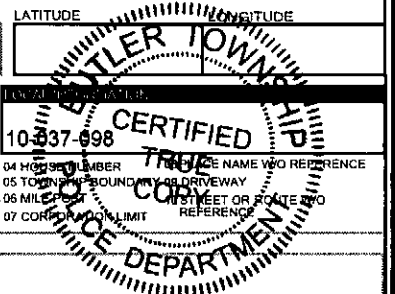
TYPE LOC
1

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

AT - REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
7370

REFERENCE POINT USED
0 4
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

LOCAL ROAD #
10337-998



DRIVER #1 NAME (LAST, FIRST, MIDDLE)
0 1 0 0

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

VEHICLE 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 POINT #

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

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)

REMBOSKI, MICHAEL C. 4514 MAIN STREET PORT HOPE MI 48468

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1 9 9 7 WILDERNESS TC WHITE AUTO OWNER'S INS. 810-919-9161

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL POINT #

DRIVER #3 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

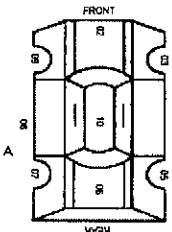
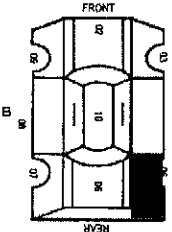
DRIVER #4 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

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

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

0 1 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	0 7 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	6 AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	6 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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10-027

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="2"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="0"/></td> <td><input type="text" value="2"/></td> <td><input type="text" value="1"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<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"/>	<input type="text"/>	POSTED SPEED <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="1"/>																		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
NON-MOTORIST LOCATION <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="1"/> <input type="text" value="0"/> <input type="text" value="1"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 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="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="5"/>	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="1"/> <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/>	DIRECTION FROM TO FROM TO <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="3"/>	DRUG TEST TYPE <input type="text" value=""/> <input type="text" value=""/>																
TYPE OF UNIT <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>	POINT OF IMPACT <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="5"/>	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, NECKLESS, 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=""/> <input type="text" value=""/> <input type="text" value=""/>	CONDITION <input type="text" value="8"/> <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/>																
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 AXELS, 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=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL/DRUG SUSPECTED <input type="text" value=""/> <input type="text" value=""/>	OCCURRENCE <input type="text" value="6"/>																
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/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/>	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 FIRST HARMFUL EVENT (1 - 4) <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST STATUS <input type="text" value=""/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value=""/>	DAMAGE SCALE <input type="text" value="6"/> <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=""/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4) <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/>																
DAMAGE SCALE <input type="text" value="6"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/>	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=""/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS 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 INFORMATION <input checked="" type="checkbox"/>		VEHICLE IDENTIFICATION NUMBER 1 0 - 0 2 7		LOCAL IDENTIFICATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																	

Narrative

UNIT #2 WAS PARKED IN THE PARKING LOT AT 7370 MILLER LANE ALONG THE NORTH SIDE. UNIT #2 WAS STRUCK BY UNIT #1 BY AN UNKNOWN MEANS. UNIT #1 LEFT THE SCENE WITHOUT LEAVING ANY INFORMATION OR REPORTING THE CRASH TO POLICE.

Diagram

**SEE OH-2
FOR DIAGRAM**

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 6 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"/> 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 <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 CLARE 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 INTERMITTENT/ 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

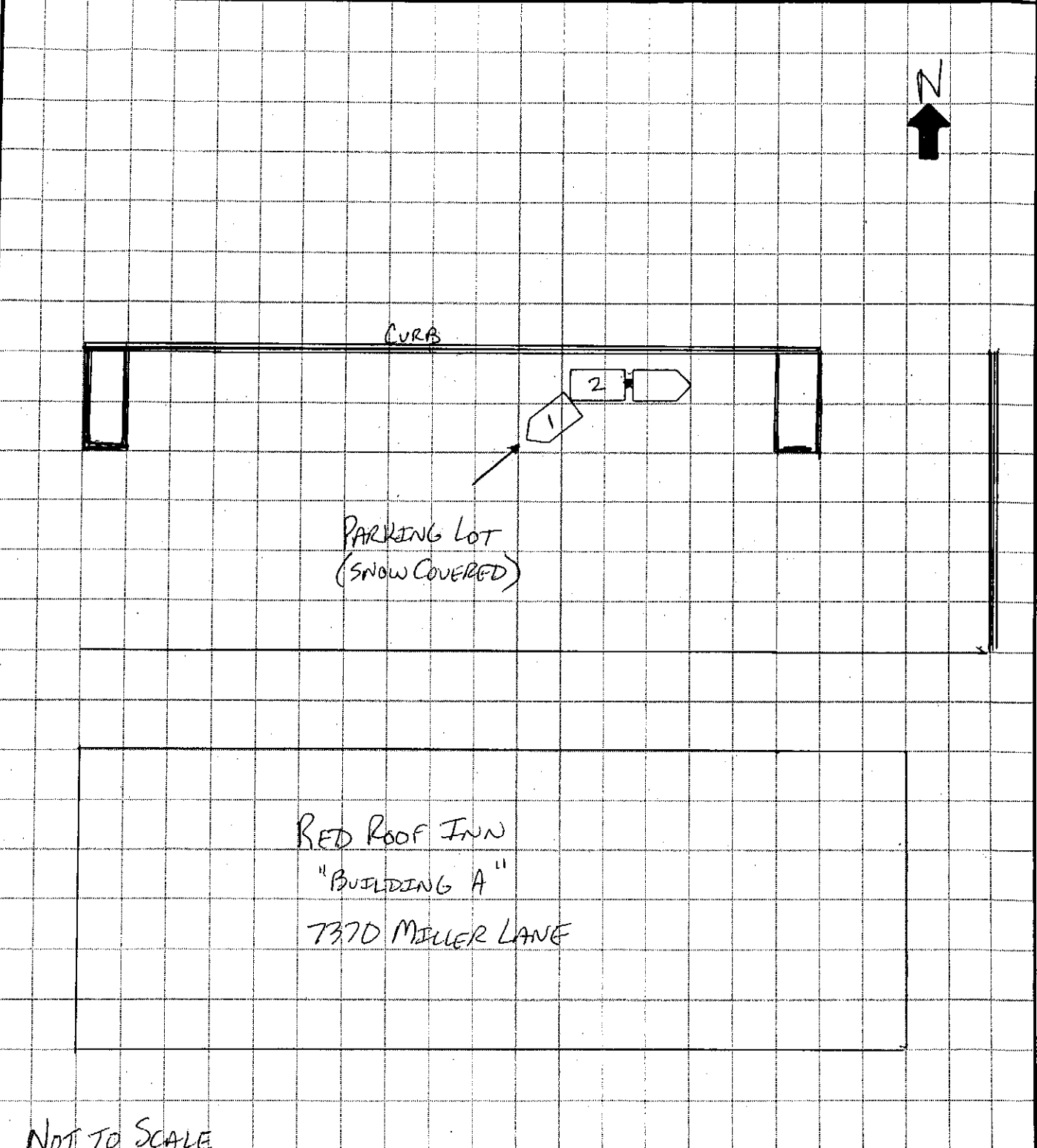
Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A 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) _____ COMPANY PHONE _____	
	ADDRESS (STREET, CITY, ST, ZIP CODE) _____	

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

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



LOCAL REPORT NUMBER 10-037-098	REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.	DATE OF CRASH M 02 D 06 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION 7370 MILLER LANE	



NOT TO SCALE

OFFICER'S SIGNATURE X SGT. M.D. Morgan #5	BADGE NUMBER 5
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BUTLER TOWNSHIP POLICE DEPARTMENT

Narrative

Report Number: 10-037-098

On Saturday, February 6, 2010 at 1149 hours, Officer Carter and I were dispatched to the Red Roof Inn located at 7370 Miller Lane in Butler Township, Montgomery County, Ohio on a hit and run crash. On arrival, I spoke to Michael and Janice Remboski. Mr. Remboski said that their 1997 Wilderness TC travel trailer had been struck by an unknown vehicle in the parking lot of the Red Roof Inn.

Mr. Remboski said at about 1700 hours on Friday, February 5, 2010 they stayed at the Red Roof Inn in room #129. Mr. Remboski said they were told by the motel staff to park their truck and attached travel trailer along the curb on the north side of the parking lot. The parking lot area is north of the main building at Red Roof Inn. Mr. Remboski said when they went to leave this morning they noticed that the trailer had been damaged.

I examined the trailer, which was bearing Michigan trailer plate of "B656757." A red Dodge Ram 1550 truck bearing Michigan registration "THMBBDY" was towing the trailer. Both vehicles are registered to Mr. Remboski. The trailer was damaged on the right rear corner about 8 feet off the ground. There was a concavity where the suspect vehicle struck the corner of the trailer. The impact damaged the exterior of the trailer as well as the living quarters inside the trailer. There is no other damage below the damaged portion of the trailer. The damage is centered on the corner about 8 feet off the ground. Officer Carter took 21 digital photographs of the vehicle's and the damage to the trailer.

While investigating the crash, a male subject, identified by given information as Christian E. Kwiecien, said he said he did not see the crash occur, but had taken some photographs earlier with his cell phone of his truck, which was also parked in the same parking lot as the trailer. Mr. Kwiecien said he took the photograph at 0946 hours this morning. The photograph shows Mr. Remboski's trailer in the background. Mr. Kwiecien showed me the photograph enlarged on his computer. The trailer was not damaged at the time of the photograph. Mrs. Remboski reported the crash at 1132 hours.

Neither Mr. Remboski nor Mrs. Remboski could provide any suspect information and there are no known witnesses to the incident. I provided Mr. Remboski my business card with the crash report number on it. I advised him that the detective section would contact him for further investigation.

Respectfully,

Sergeant M. Morgan #5