

TRAFFIC CRASH REPORT



CRASH REPORT #

1	0	-	0	2	9				
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CRASH SEVERITY

3	1 FATAL	3 PDO
	2 INJURY	4 UNKNOWN

PRIVATE PROPERTY

YES NO

HIT/SKIP

3	1 NOT HIT/SKIP
	2 SOLVED
	3 UNSOLVED

PHOTOS TAKEN

YES NO

OH-2	OH-3	OH-1P	OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO. OF VEHICLES

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	2	1	3	2	0	1	0
---	---	---	---	---	---	---	---

NAME (OF CITY, VILLAGE OR TOWNSHIP)

BUTLER (TOWNSHIP OF)

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

LOCAL TELEPHONE 10-044-224

AT / REFERENCE

DIST REFERENCE DR @

REFERENCE 6616

REF POINT 0 4

REFERENCE POINT USED

01 STATE LINE

02 INTERSECTION 2 STREETS

03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

06 MILE POST

07 CORPORATE LIMIT

08 DRIVEWAY

09 ROUTE W/O REFERENCE

10 STATE ROUTE W/O REFERENCE

UNIT # 0 1

OF DRIVERS

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SEX

DATE OF BIRTH

AGE

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 POLICE #

UNIT # 0 2

DL# 0 0

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SEX

DATE OF BIRTH

AGE

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 POLICE #

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

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE 4 OTHER

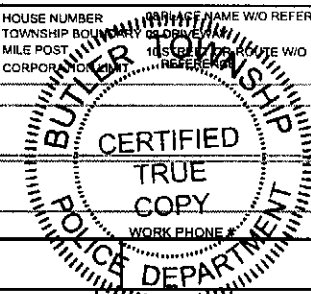
2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

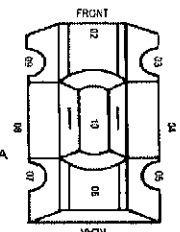
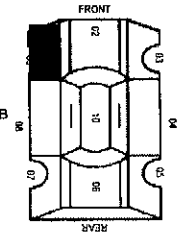
INJURED TAKEN TO

0 1	SEATING POSITION	0 7	SAFETY EQUIPMENT	6	AIR BAG	4	AIR BAG SWITCH	1	EJECTION	1	TRAPPED	6	INJURIES
	01 FRONT - LEFT (MC DRIVER)		01 NONE USED	A	1 NOT-DEPLOYED	A	1 NOT PRESENT	A	1 NOT EJECTED	A	1 NOT TRAPPED	A	1 NO INJURY
	02 FRONT - MIDDLE		02 SHOULDER BELT ONLY	B	2 DEPLOYED-FRONT	B	2 IN ON POSITION	B	2 TOTALLY EJECTED	B	2 EXTRICATED BY MECHANICAL MEANS	B	2 POSSIBLE
	03 FRONT - RIGHT		03 LAP BELT ONLY	C	3 DEPLOYED-SIDE	C	3 IN OFF POSITION	C	3 PARTIALLY EJECTED	C	3 FREED BY NON-MECHANICAL MEANS	C	3 NON-INCAPACITATING
	04 SECOND - LEFT (MC PASS)		04 SHOULDER/LAP BELT	D	4 DEPLOYED BOTH FRONT/SIDE	D	4 UNKNOWN	D	4 NOT APPLICABLE	D	4 UNKNOWN	D	4 INCAPACITATING
	05 SECOND - MIDDLE		05 CHILD SAFETY SEAT		5 NOT APPLICABLE				5 UNKNOWN				5 FATAL INJURY
	06 SECOND - RIGHT		06 MC HELMET USED		6 UNKNOWN								6 UNKNOWN
	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)		07 USE UNKNOWN										
	08 THIRD - MIDDLE		08 NONE USED										
	09 THIRD - RIGHT		09 HELMET USED										
	10 SLEEPER SECTION OF CAB		10 PROTECTIVE PADS										
	11 ENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING										
	12 UNENCLOSED CARGO AREA		12 LIGHTING										
	13 TRAILING UNIT		13 OTHER										
	14 EXTERIOR		14 UNKNOWN										
	15 OTHER												
	16 NON-MOTORIST												
	17 UNKNOWN												



MOTORIST/MOTORIST

Occupant

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="1"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="0"/>	SEQUENCE OF EVENTS <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/>	POSTED SPEED <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value=""/> <input type="text" value=""/>
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 MEDIA/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 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	TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	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="9"/>	NON-MOTORIST 16 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="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/>	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=""/> 1 NONE 2 BLOOD 3 URINE 4 OTHER
TYPE OF UNIT <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/>	POINT OF IMPACT <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="9"/>	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	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 CULTVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	CONDITION <input type="text" value="8"/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	DRUG TEST 1&2 RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHERS 8 UNKNOWN AT TIME OF REPORTING
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 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 NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1 - 4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1 - 4) SPEED DETECTED <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/ DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIVE, POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE <input type="text" value="6"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS <input type="text" value="1"/> <input type="text" value="1"/> <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
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/> 1 NO 2 YES 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text" value=""/> 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				
DAMAGE SCALE <input type="text" value="6"/> <input type="text" value="3"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN					
				ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> LEGAL IDENTIFICATION # <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/>	

Narrative

UNIT #2 WAS LEGALLY PARKED UNOCCUPIED ON THE EAST END OF THE DRURY IN LOCATED AT 6616 MILLER LANE. UNIT #2 WAS STRUCK BY UNIT #1 BY UNKNOWN MEANS. UNIT #1 LEFT SCENE WITHOUT IDENTIFYING SELF.

Diagram

SEE OH-2 FOR DIAGRAM

MANNER OF COLLISION OR IMPACT <input type="text" value="9"/> 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="text" value="1"/> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="text" value="1"/> <input type="text" value="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="text" value="1"/> 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input type="text" value="9"/> SECONDARY: <input type="text"/> 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="text"/> 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="text"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT <input type="text"/> 1 NO 2 YES 3 UNKNOWN

Truck/Bus <input type="text"/>	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) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# ENR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="text"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) <input type="text"/> 1 LESS/EQUAL 10,000 2 10,001-25,000 3 MORE THAN 25,000	CDL Class <input type="text"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Hazardous Materials Placard <input type="text"/> 1 NO 2 YES 3 UNKNOWN	Hazardous Materials Released <input type="text"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN		

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
0 2 1 3 2 0 1 0	1 7 3 9	1 7 4 5	1 7 5 3	1 8 2 6	2 0	6 1
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED*			
SERGEANT M. MORGAN	5	OFFICER J. LESLIE	0 2 1 4 2 0 1 0			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES	LOCAL REPORT #			
1	1 SCENE 2 STATION 3 OTHER	X	1 0 - 0 2 9			



LOCAL REPORT NUMBER 10-029	REPORTING AGENCY BUTLER TOWNSHIP P.D.	DATE OF CRASH M02 10 13 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION 6616 MILLER LANE	

N
↑

DRURY INN
6616 MILLER LN.

EAST END ENTRANCE
DOOR →

2 →

PARKING LOT (EAST END)

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: 10-044-224

On Saturday, February 13, 2010 at 1745 hours, I was dispatched to the Drury Inn located at 6616 Miller Lane in Butler Township, Montgomery County, Ohio on a hit and run crash that occurred in the parking lot.

On arrival at 1753 hours, I spoke to John P. Tangalos. Mr. Tangalos advised that an unknown vehicle had struck his silver 2005 Volvo S60 bearing Michigan registration "EG43K" while it was parked unoccupied in the parking lot of the hotel.

Mr. Tangalos advised he arrived at the hotel on Friday, February 12, 2010 at about 2300 hours. Mr. Tangalos advised his vehicle was parked in the parking lot on the east end of the building in a marked parking space closest to the building and in front of the east end entrance. Mr. Tangalos advised his vehicle had been parked in the lot overnight and for most of the day until at about 1700 hours on Saturday, February 13, 2010, when he discovered the damage to his vehicle.

I examined Mr. Tangalos' vehicle and the surrounding area. Mr. Tangalos' vehicle had damage to the front left corner area. The vehicle had a broken left headlight lens and damage to the hood above the headlight and damage to the bumper.

I took 7 digital photographs of Mr. Tangalos' vehicle. I could not find any debris from the suspect vehicle or other evidence at the scene. It is unknown how the suspect vehicle struck Mr. Tangalos, but appeared consistent with being struck by a vehicle backing up.

I provided Mr. Tangalos a business card with the report number. Mr. Tangalos could not provide any suspect information and there are no known witnesses to the incident.

Respectfully,

Sergeant M. Morgan #5