

TRAFFIC CRASH REPORT



LOCAL REPORT #*
 1 0 - 0 3 7

CRASH SEVERITY
 2 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
 OH-2 OH-3 OH-1P OTHER

NO. I.C.#*
 0 5 7 2 4

REPORTING AGENCY*
 BUTLER TOWNSHIP POLICE DEPT.

UNITS
 0 1

UNIT EFFORT
 0 1 98 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH*
 0 2 2 7 2 0 1 0

TIME OF CRASH: 0 9 1 2 DAY OF WEEK: S A T CITY: COUNTY #: 5 7 NAME (OF CITY, VILLAGE OR TOWNSHIP)*: BUTLER (TOWNSHIP OF) LATITUDE: LONGITUDE:

CRASH OR CURSE LOCATION: PREFIX: DOG LEG ROAD TYPE LOC: 1 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL REFERENCE: 10-058-084

DIST REFERENCE DR: 200' PREFIX: S REFERENCE: WILD CHERRY DRIVE REF POINT: 0 2 REFERENCE POINT USED: 01 STATE LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 02 INTERSECTION 2 STREETS 06 MILE POST 03 COUNTY LINE 07 CORPORATION

UNIT #: 0 1 # OF OCC: 0 1 NAME (LAST, FIRST, MIDDLE): WOMBLE ROBIN E ADDRESS (STREET, CITY, STATE, ZIP CODE): 14038 EATON PIKE NEW LEBANON OH 45427

SOCIAL SECURITY NUMBER: DATE OF BIRTH: 0 3 2 3 1 9 7 8 AGE: 3 2 SEX: F HOME PHONE #: 937-687-6185

DL STATE: OH DL#: RQ801782 LP STATE: OH LP#: EWG7751 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): 14038 EATON PIKE NEW LEBANON OH 45427

YEAR: 1 9 9 9 MAKE: CHEVROLET MODEL: SUBURBAN COLOR: BLACK INSURANCE COMPANY: STATE FARM TOWING SERVICE: SANDY'S OWNER PHONE #: 937-687-6185

OFFENSE CHARGED: 4511.202 OFFENSE DESCRIPTION: FAILURE TO CONTROL CITATION #: 3 8 6 4 2 LOCAL CODE: X IF YES

UNIT #: # OF OCC: 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: X IF YES

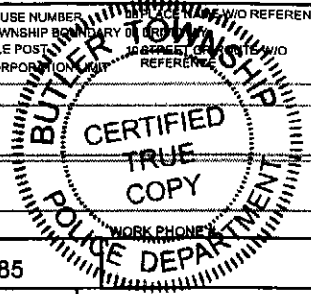
UNIT #: NAME (LAST, FIRST, MIDDLE): HOME PHONE #: DATE OF BIRTH: AGE: SEX:

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>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</p>	<p>SAFETY EQUIPMENT</p> <p>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</p>	<p>AIR BAG</p> <p>2 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>1 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p>EJECTION</p> <p>1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p>TRAPPED</p> <p>1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p>INJURIES</p> <p>2 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p>
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Motorist/Motorist

Occupant

UNIT NUMBERS
0 1

NON-MOTORIST LOCATION

- 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

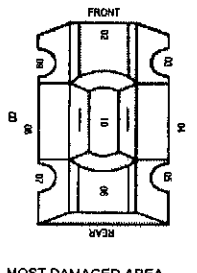
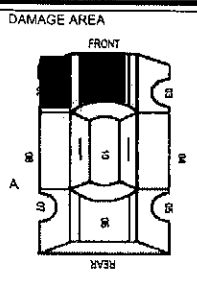
TYPE OF UNIT
0 6

- 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

IN EMERGENCY RESPONSE
1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
3



MOST DAMAGED AREA
0 9

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT
0 9

ACTION
3

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE
1

- 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

PRE-CRASH ACTIONS
0 1

- 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 BLOWING/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

CONTRIBUTING CIRCUMSTANCES
1 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, 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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

- 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

SEQUENCE OF EVENTS
0 8

4 4

- NON-COLLISION
01 OVERTURN/ROLL-OVER
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
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
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 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT
2

MOST HARMFUL EVENT
2

SPEED DETECTED
1

SPEED
0 4 0

POSTED SPEED
4 5

TRAFFIC CONTROL
1 2

- 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/DONT WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION FROM TO
2 1

- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION
1

- 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

ALCOHOL/DRUG SUSPECTED
1

- 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
1

- 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
1

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

DRUG TEST STATUS
1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE
1

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

- 1 NONE
2 MARIJUANA
3 COCAINE
4 OPiates
5 AMPHETAMINES
6 PCP
7 OTHERS
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
0 1

- 01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDBOAT
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
4

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
2

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS
0 3 0 2

- 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 REPORT # 1 0 - 0 3 7

Narrative

UNIT #1 WAS TRAVELING NORTH ON DOG LEG ROAD IN THE NORTHBOUND LANE AND WHEN AT APPROXIMATELY 200 FEET SOUTH OF WILD CHERRY DRIVE, UNIT #1 LOST CONTROL OF THE VEHICLE, DROVE OFF THE RIGHT SIDE OF THE ROAD, AND STRUCK A TREE.

Diagram

**SEE OH-2
FOR DIAGRAM**

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 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"/> 0 <input type="checkbox"/> 2 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"/> 2 SECONDARY <input type="checkbox"/> 3 <input type="checkbox"/> 4 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="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

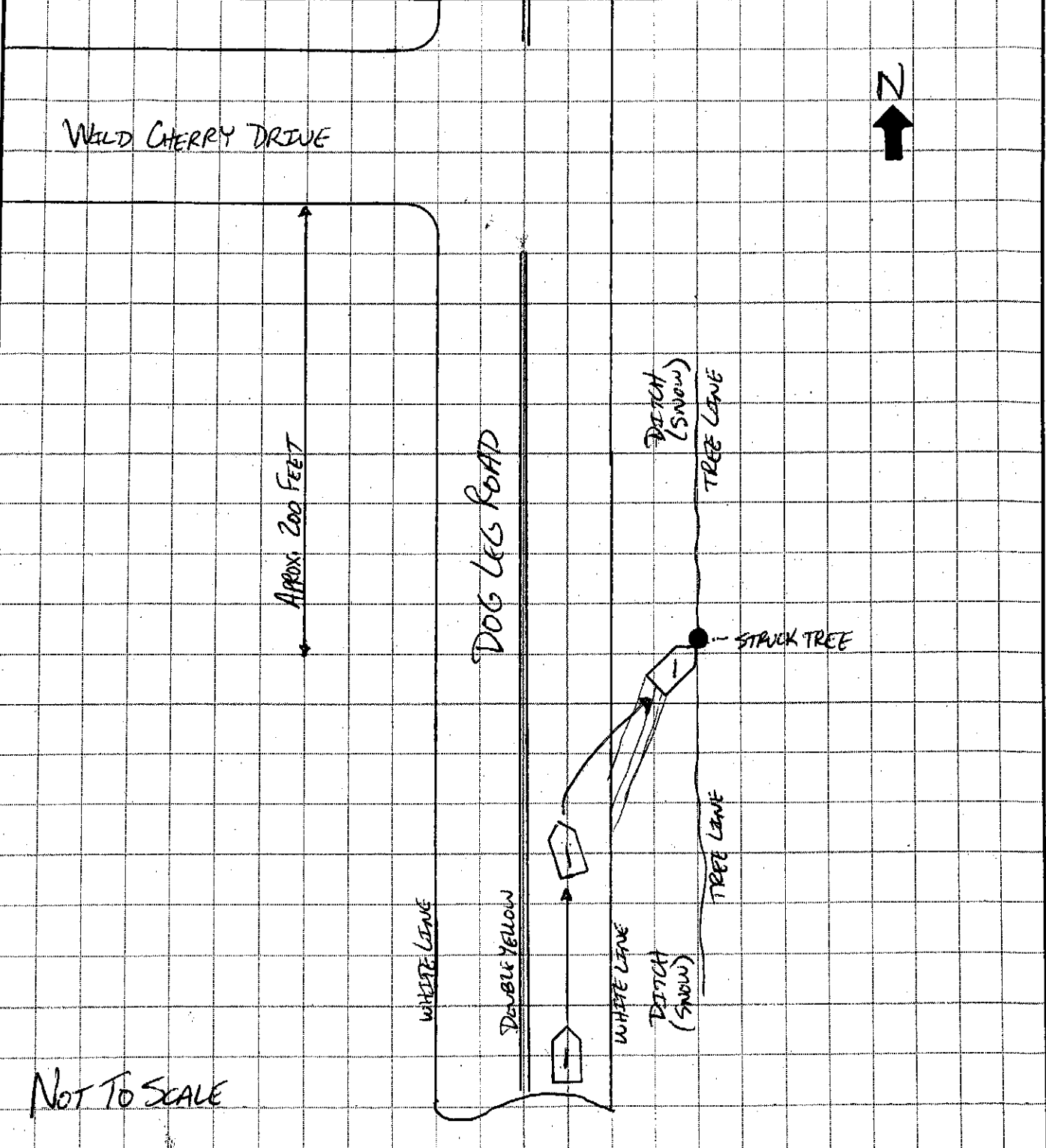
Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/> THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A N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

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# 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 <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES			
0 2 2 7 2 0 1 0	0 9 1 2	0 9 1 4	0 9 1 7	1 0 2 8		7 4			
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED*						
SERGEANT M. MORGAN	5	SERGEANT T. STANLEY	0 2 2 7 2 0 1 0						
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES	LOCAL REPORT #						
1	1		1 0 - 0 3 7						



LOCAL REPORT NUMBER 10-037	REPORTING AGENCY BUTLER TWP. POLICE DEPT.	DATE OF CRASH M 02 D 27 Y 10
IN COUNTY OF MONTGOMERY	CRASH LOCATION DOG LEG ROAD @ 200 FEET SOUTH OF WILD CHERRY DRIVE	



OFFICER'S SIGNATURE X SGT. M. D. Morgan #15	BADGE NUMBER 5
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LOCAL REPORT NUMBER 10-037	REPORTING AGENCY Butler Twp. Police Dept.	DATE OF CRASH M 02 D 27 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Robin Womble HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

Officer Morgan AT Dogleg @ Wood Cherry
(OFFICER'S NAME) (LOCATION)

I was coming up Dogleg Rd and hit a piece of ice/snow and sled to the left tried to correct and turned wheel back to right and over corrected and sled off the road into tree.

ADDRESS OF WITNESS 14038 Eaton P. Ke New Lebanon Oh. 45345	PHONE 687-6185
SIGNATURE OF WITNESS <u>Robin Womble</u>	OFFICER'S SIGNATURE <u>Sgt. M.D. Morgan #5</u>