

ADMINISTRATIVE	AGENCY NAME BUTLER TWP PD				*INCIDENT NUMBER 15-033870								
	CALL NUMBER 15-033870		*GEOCODE 1		*CLEARANCES								
	TOD 20:06		<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile						
	TOA 20:12				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued						
TOC 21:31		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending								
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE: 05/23/2015		CLEARED BY: 33							
MONTH		*REPORT DATE/TIME DAY YEAR		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		MONTH		*INCIDENT OCCURRED TO DAY YEAR		TIME	
05		23 2015		20:04		05 23 2015		20:04		05 23 2015		23:50	
INCIDENT LOCATION (Street, Apt., City, State, Zip) PETERS PIKE@LIGHTNER RD TIPP CITY, OH 45371													
*OFFENSE													
1. DRIVING WHILE UNDER THE INF			*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY				
2. Stop light or stop sign vio			1. 4511.19A1		C	M-1	N		1. 2. 3. B- BUYING/RECEIVING				
3. Stopping after accident on			2. 4511.12		C	M-M	N		1. 2. 3. C- CULTIVATING/MFG./PUB.				
4.			3. 4549.02		C	M-M	N		1. 2. 3. D- DISTRIBUTING/SELLING				
5.									1. 2. 3. E- EXPLOITING CHILDREN				
									1. 2. 3. O- OPER/PROPOTING/ASSIST.				
									1. 2. 3. P- POSSESSING/CONCEALING				
									1. 2. 3. T- TRANSP/TRANSMITTING				
									1. 2. 3. U- USING/CONSUMING				
									1. 2. 3. G- OTHER GANG ACTIVITY				
									1. 2. 3. J- JUVENILE GANG ACTIVITY				
									1. 2. 3. N- NO GANG ACTIVITY				
*LOCATION OF OFFENSE (Enter up to two)													
1. <u>47</u> 2. _____ 12 Jail/Prison 59 Daycare Facility 40 Other Retail Store OTHER 13 Parking Garage 41 Factory/Mill/Plant 42 Other Building 53 Abandoned/ 14 Other Public Access Buildings RETAIL 55 Arena/Stadium/ RESIDENTIAL STRUCTURE 26 Bar 56 Condemned Structure 01 Single Family Home 27 Buy/Sell/Trade Shop OUTSIDE 57 Fairgrounds/Coliseum 02 Multiple Dwelling 28 Restaurant 43 Yard 58 Cargo Container 03 Residential Facility 29 Gas Station 44 Construction Site 59 Dock/Wwharf/Freight/ 04 Other Residential 30 Auto Sales Lot 45 Lake/Waterway 60 Modal Terminal 05 Garage/Shed 31 Jewelry Store 46 Field/Woods 61 Farm Facility PUBLIC ACCESS BLDGS. 32 Clothing Store 47 Street 62 Gambling Facility/ 06 Transit Facility 33 Drugstore 48 Parking Lot 63 Casino/Race Track 07 Government Office 34 Liquor Store 49 Park/Playground 64 Military Installation 08 School 35 Shopping Mall 50 Cemetery 65 Shelter-Mission/ 09 College 36 Sporting Goods 51 Public Transit Vehicle Homeless 67 Library 37 Grocery/Supermarket 52 Other Outside Location 66 Tribal Lands 10 Church 38 Variety/Convenience 57 Camp/Campground 77 Other 11 Hospital 39 Department Store 64 Rest Area													
*SUSPECTED OF USING													
A <input checked="" type="checkbox"/> ALCOHOL D <input checked="" type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE													
*TYPE WEAPON/FORCE USED													
1. <u>99</u> 2. _____ 3. _____													
*METHOD OF ENTRY													
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE *NO. PREMISES ENTERED													
*METHOD OF ENTRY - MOTOR VEHICLE THEFT													
01 <input type="checkbox"/> Motor Running/Keys in Car 06 <input type="checkbox"/> Hot Wire 02 <input type="checkbox"/> Unlocked 07 <input type="checkbox"/> Slim Jim/Coat Hanger 03 <input type="checkbox"/> Duplicate Key Used 08 <input type="checkbox"/> Tumblers Removed 04 <input type="checkbox"/> Window Broken 09 <input type="checkbox"/> Column Peeled 05 <input type="checkbox"/> Towed 10 <input type="checkbox"/> Ignition Peeled													
*METHOD OF ENTRY - BURGLARY/B&E													
ENTRY EXIT ENTRY EXIT ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/> 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>													
METHODS OF OPERATION													
*CARGO THEFT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>													
*NO. VICTIMS													
*NO. 1 *TOTAL VICTIMS 1 *VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL F <input type="checkbox"/> FINANCIAL INSTITUTION P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) S <input checked="" type="checkbox"/> SOCIETY O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN													
NAME (Last, First, Middle) SOCIETY													
ADDRESS (Street, Apt., City, State, Zip)													
PHONE													
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)													
PHONE													
*AGE/ D.O.B. *SEX *RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT WGT HAIR EYES													
OCCUPATION SSN *RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN													
*VICTIM <input type="checkbox"/> Y <input type="checkbox"/> N IF INJURED, DESCRIBE INJURIES:													
*AGG. ASSAULT/ HOMICIDE CIRC. *LEOKA INFORMATION *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 4511.19A1A, 4511.12, 4549.02													
My signature verifies that the information on this report is accurate and true													
DATE													
REPORTING OFFICER Ofc. Amy Carter BADGE NO. 33 DATE 05/24/2015													
APPROVING OFFICER Sgt. Todd Stanley BADGE NO. 14 DATE 05/24/2015													
FOLLOW-UP? If yes, follow-up Assignment: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N													
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE SPECIAL COPIES <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS													

INCIDENT NUMBER 15-033870

INCIDENT REPORT - PART 2

INCIDENT NUMBER 15-033870

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFL INCIDENT DATE AND TIME 05/23/2015 20:04

REPORTER	NO. 1	NAME (Last, First, Middle) CARTER, A	AGE/D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)			PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BUTLER TOWNSHIP PD 3510 SUDACHI DR, DAYTON, OH, 45414			PHONE (937) 890-2671

VEHICLE	STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER										
	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED										
	NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC FNU1575	LIS OH	LIY	LIT PC	VIN/OAN 3VWDP7AJ4DM423354	*VALUE \$0.00			
	VYR 2013	VMA Volkswagen	VMO Jetta	VST	VCO TOP WHITE	VCO BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> Y <input type="checkbox"/> N	

VEHICLE ASSOC. W/ SUSPECT NO. 1	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> OTHER
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)				PHONE

*TYPE PROPERTY LOSS/ETC. (enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED/FORGED	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ETC. SEIZED	6 SEIZED	7 RECOVERED UNKNOWN	P PHOTO EVIDENCE	TOTAL VALUE \$0.00
*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
VICT. NO.	VEH. NO.	MAKE/BRAND			MODEL		DATE RECOVERED		
		SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER				

*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
VICT. NO.	VEH. NO.	MAKE/BRAND			MODEL		DATE RECOVERED		
		SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER				

PROPERTY CODES:

EXCHANGE MEDIUMS	10 Other Valuables	22 Photographic Equipment	72 Musical Instruments	VEHICLES	STRUCTURES
01 Money	PERSONAL EFFECTS	23 Farm Equipment	73 Portable Electronic Equip.	35 Aircraft	46 Single Occupancy
02 Credit/Debit Card	11 Clothing/Furs	24 Heavy Construction/Industrial	74 Watercraft Equip./Parts/Acc.	36 Automobiles	47 Other Dwellings
03 Negotiable Instruments	12 Purses/Handbags/Wallets	25 Building Supplies-Const.	29 Other Equipment	37 Bicycles	48 Commercial/Business
04 Other Exchange Mediums	13 Other Personal Effects	26 Tools	CONSUMABLE ITEMS	38 Buses	49 Industrial/Manufacturing
DOCUMENTS	HOUSEHOLD ITEMS	27 Vehicle Parts/Accessories	30 Alcohol	39 Trucks	50 Public/Community
05 Non-Negotiable Instruments	14 Household Items	57 Aircraft Parts/Accessories	31 Drugs/Narcotics	40 Trailers	51 Storage
06 Personal (Identity) Papers	EQUIPMENT	28 School Supplies	32 Consumable Goods	41 Watercraft	52 Other Structure
07 Other Documents	15 Drug/Narcotic Equip.	58 Artistic Supplies/Accessories	60 Chemicals	42 Recreational Vehicle	OTHER
VALUABLES	16 Gambling Equipment	59 Camping/Hunting/Fishing Equipment/Supplies	61 Crops	43 Other Motor Vehicle	53 Merchandise
08 Jewelry/Precious Metals	17 Computer Hardware/Soft.	67 Law Enforcement Equip.	63 Explosives	WEAPONS	54 Other Property
09 Art Objects, Antiques	18 Office Equipment	68 Lawn/Yard/Garden Equip.	65 Fuel	44 Firearms	55 Pending Inventory
	19 Stereo TV Equip.	69 Logging Equipment	ANIMALS	45 Other Weapons	66 Identity-Intangible
	20 Recordings-Audio Visual	70 Medical/Medical Lab Equip.	33 Livestock	64 Firearm Accessories	71 Metals, Non-Precious
	21 Sports Equipment		34 Household Pets		

NARRATIVE
Hit and run accident, at fault driver suspected OVI

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	15-033870
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	05/23/2015 20:04
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On Saturday, May 23, 2015 at 2006 hours, I was dispatched to Lightner Road and Peters Pike in Butler Township, Montgomery County, Ohio in reference to a hit and run crash, involving a motorcycle and a white 4 door sedan. I was advised that the white 4 door had fled the scene after striking the motorcycle and that it was last seen west bound on North County Line Road. I responded to the scene via North County Line Road and did not see the vehicle.

Upon my arrival, I was met by the driver of the motorcycle, Randy Schisler, who advised that he was driving south on Peters Pike in the southbound lane and when at Lightner Road, slowed to turn left(east) onto Lightner Road. He said that as he began to turn, the white 4 door sedan, ran the stop sign and struck his motorcycle. He and his rider were able to jump off of the motorcycle to avoid injury. The driver of the white sedan then fled west on North County Line Road. Mr. Schisler advised that a friend of his, Anthony W. Shroyer, who was also on a motorcycle was trying to chase the suspect vehicle down and that he was on the phone with 911. Mr. Shroyer was able to stay with the vehicle until Union Police had the vehicle stopped.

There was minor damage to the saddle bags on the motorcycle. The left saddlebag had been struck and was destroyed, the right side of the motorcycle had scratches and dents where Mr. Schisler had laid the motorcycle down on the ground to avoid further injury.

I had Mr. Schisler, and his passenger, Kirstina Schisler, complete written witness statements. I provided with them my business card and the report number. I took digital photos of the motorcycle.

I proceeded to Lutz Drive and Charles Drive in Union to make contact with their Officers and the suspect. When I arrived there, I found out that the suspect, now known to me as Donald S. Williams, had fled from Union Police after they stopped him. He then rammed a Union Police cruiser head on, totaling the cruiser. Officer G. Allen advised that the suspect had been transported to the Miami Valley Hospital by Union Medics. He advised that they had located an open alcoholic beverage container in the drivers side door and a glass pipe with marijuana residue in the vehicle.

I advised Officer Allen of the accident which had occurred in the township.

I went to Miami Valley Hospital and made contact with Mr. Williams. I read him the BMV 2255 form at 2240 hours, which was witnessed by Officer M. Nave of the Union Police Department. Mr. Williams stated that he did not recall striking the motorcycle at Lightner Road and Peters Pike. He did state that he understood and consented to a blood draw, and he signed the BMV 2255. The blood draw was performed at 2315 hours by Jesse Watson, and was sealed at the hospital and then transported to the Police department where it was booked into the property room refrigerator as evidence. A Miami Valley Regional Crime Lab analysis request was completed.

Citation 40900 was completed for stop sign violation, failure to stop after an accident, and operating a vehicle under the influence. It was turned over to the next shift to be served to Mr. Williams at the Montgomery County Jail.

Respectfully,

Officer A. Carter #33

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. Amy Carter			BADGE NO.	DATE
				33	05/24/2015
APPROVING OFFICER	Sgt. Todd Stanley			BADGE NO.	DATE
				14	05/24/2015

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY BUTLER TWP PD INCIDENT NUMBER 15-033870

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFL INCIDENT DATE AND TIME 05/23/2015 20:04

NO. 1 ADULT JUVENILE UNKNOWN CHECK APPROPRIATE CATEGORY SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER CHARGES FILED? Y N

NAME (Last, First, Middle) WILLIAMS, DONALD S SSN XXX-XX-9644

ALIASES GANG AFFILIATION

ADDRESS (Street, Apt., City, State, Zip) 104 ZINFANDEL DR ENGLEWOOD, OH 45322 PHONE (937) 397-3691

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

PLACE OF BIRTH DL#/STATE RK657833 OH OCCUPATION/SCHOOL

*AGE/ D.O.B. 47 07/03/1967 *SEX M *RACE W B A I U ETHNICITY *HEIGHT 508 *WEIGHT 160 *HAIR BLD *EYES HAZ

MARITAL STATUS SCARS, MARKS, TATOOS

ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING ALCOHOL DRUGS POTENTIAL INJURIES?

*RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER (explain) U UNKNOWN

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. 99 2. 3. 99 NONE 13B OTHER FULLY AUTOMATIC FIREARM 16 IMITATION FIREARM 50 POISON 11 FIREARM 14 SHOTGUN 17 SIMULATED FIREARM 60 EXPLOSIVES 12 HANDGUN 15 OTHER FIREARM 18 BB/PELLET GUN 65 FIRE/INCENDIARY DEVICE 12A AUTOMATIC HANDGUN 15A SEMI-AUTOMATIC SPORTING RIFLE 20 KNIFE/CUTTING INSTRUMENT 70 DRUGS/NARC/SLEEPING PILLS 13 RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 30 BLUNT OBJECT 80 OTHER WEAPON 13A FULLY AUTOMATIC RIFLE 15C MACHINE PISTOL

NAME/DESCRIPTIVES

ASSOC. PERSONS

NAME ADDRESS (Street, Apt., City, State, Zip) PHONE

1. 1. 1.

2. 2. 2.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1 DRIVING WHILE UNDER THE INFL	1 4511.19A1A	1 M-1	1	23A POCKET PICKING
2 Stop light or stop sign viol	2 4511.12	2 M-M	2	23B PURSE SNATCHING
3 Stopping after accident on	3 4549.02	3 M-M	3	23C SHOPLIFTING
4	4	4	4	23D THEFT FROM BUILDING
5	5	5	5	23E THEFT FROM COIN-OP MACH.
				23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.
				240 THEFT OF MOTOR VEHICLE
				23H OTHER: _____

*ARREST DATE 05/23/2015 TIME 22:40 ARREST LOCATION (Street, Apt., City, State, Zip) 1 WYOMING ST, DAYTON, OH, 45409

*INCIDENT TRACKING NUMBER ARREST DISPOSITION ISSUED SUMMONS TO VMC BAIL \$0.00

MIRANDA WITNESSED BY: TIME READ

FINGERPRINTED Y N FINGERPRINT CARD NO. PHOTOS TAKEN Y N NO. TAKEN PHOTO ID NO. FBI/BCI#

*MULTIPLE ARRESTEE SEGMENTS INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A *ARREST TYPE 1 COMPLAINT 3 WARRANT 5 ORDER OF PROTECTION 2 IN-PROGRESS 4 SUMMONS 9 OTHER

JUVENILE

JUV. PARENT/ GDN. NOTIFIED Y N DATE/TIME NOTIFIED NOTIFIED BY *JUVENILE DISPOSITION HANDLED WITHIN THE DEPARTMENT REFERRED TO OTHER AUTHORITIES

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) RELATIONSHIP PHONE

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) RELATIONSHIP PHONE

RUNAWAYS /MISSING

PREVIOUS RUN/MISS. Y N DATE OF LAST CONTACT DATE OF EMANCIPATION NCIC # DATE/TIME ENTERED

LAST SEEN WEARING

REPORTING OFFICER Ofc. Amy Carter BADGE NO. 33 DATE 05/24/2015

APPROVING OFFICER Sgt. Todd Stanley BADGE NO. 14 DATE 05/24/2015

COURT DATE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 15-033870	REPORTING AGENCY BUTLER TWP	DATE OF CRASH M 5 10 23 14 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Anthony W. Shroyer (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

R. Brown #57 (OFFICERS NAME) AT 3510 Sudachi Dr. Dayton, OH. (LOCATION)

I was with Randy Schisler getting ready to turn left onto Lightner off of South bound Peters Pike and a white volswagon Jetta 2.5 ^{OR REG FNU 1573} Ran the stop sign hitting Randy Schisler and Kristing Schisler in the back left side of bike and than continued to take off so I Anthony Shroyer proceeded to follow the white volswagon as he was approximately going around 90mph running stop sign after stop sign when he finally stopped behind another car at a light I pulled up beside him asking why he took off after hitting my friend at that time I had already yelled a car with the window to call the cops so he continued to take off until we finally had a cop behind us than I pulled over allowing the cop to come around and he finally got the white volswagon to pull over in the process of 2 cops at the window the volswagon takes off and the 2 cops jump in there cars to pursue another officer ^{was coming} West on Phillipsburg Union Road as the white volswagon went head on with the officer swerving to the left at the last second hitting the officer in the left passanger side front and still continued to take off after that. when I yelled at the driver he looked daze he was a white male between 50-55 of age light blonde brown curly low cut hair big round sunglasses looked like a blue/white plaid Button up shirt on

ADDRESS OF WITNESS 1028 Juniper way	PHONE 937-451-2459
SIGNATURE OF WITNESS <u>A Shroyer</u>	OFFICERS SIGNATURE P/C Amy Cates #33

LOCAL REPORT NUMBER 15-033870	REPORTING AGENCY BUTLER TWP	DATE OF CRASH M 5 / 023 / 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristina Schisler (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

A CARTER (OFFICERS NAME) AT PETERS / LIGHTNER (LOCATION)

My husband Randy and I were traveling south down Peters Rd. We slowed to make a left hand turn onto N. Montgomery County line rd and a man in a white car ran the stop sign and hit us. The man then took off down west down N. Montgomery county line road.

ADDRESS OF WITNESS 235 W. Dakota St. Troy OH 45373	PHONE 524-9533
SIGNATURE OF WITNESS <u>Kristina Schisler</u>	OFFICERS SIGNATURE <u>Officer Amy Carter #33</u>

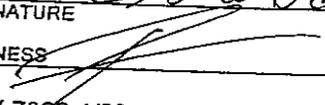
LOCAL REPORT NUMBER 15-033870	REPORTING AGENCY BUTLER TWP	DATE OF CRASH M 5 10 23 14 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Randy Schisler (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

A CARTER (OFFICERS NAME) AT PETERS / LIGHTNER (LOCATION)

We were riding down Peter going South going to turn left onto Lightner Rd and a white 4 door car ran the stop and hit me and took off down N Montgomery CO Line Rd east

ADDRESS OF WITNESS 235 w Dakota St Troy Oh 45373	PHONE 937-520-3009
SIGNATURE OF WITNESS 	OFFICERS SIGNATURE P/O Amy Carter #33