



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 15046872 | 3 1 - FATAL 2 - INJURY 3 - PDD | 1 - SOLVED 2 - UNSOLVED |

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| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC * 05724 | REPORTING AGENCY NAME * BUTLER TWP PD | NUMBER OF UNITS 03 | UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN |
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| COUNTY * 57 | CITY * Butler | CRASH DATE * 07/14/2015 | TIME OF CRASH 16:59 | DAY OF WEEK Tue |
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| DEGREES / MINUTES / SECONDS LATITUDE 39:51:31.13 | LONGITUDE 084:11:56.38 | DECIMAL DEGREES LATITUDE 39.858648 | LONGITUDE 84.198997 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES 05 | ROAD TYPES OR MILEPOST ² AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL |
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| LOCATION ROUTE NUMBER Type 1 | LOC PREFIX N, S, E, W | LOCATION ROAD NAME DIXIE | LOCATION ROAD TYPE 2 DR | ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF N, S, E, W | REFERENCE ROUTE NUMBER | REF PREFIX N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) LITTLE YORK | REFERENCE ROAD TYPE 2 RD |
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| REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 02 | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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| ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 01 | SECONDARY | 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 99 - UNKNOWN | * SECONDARY CONDITION ONLY |
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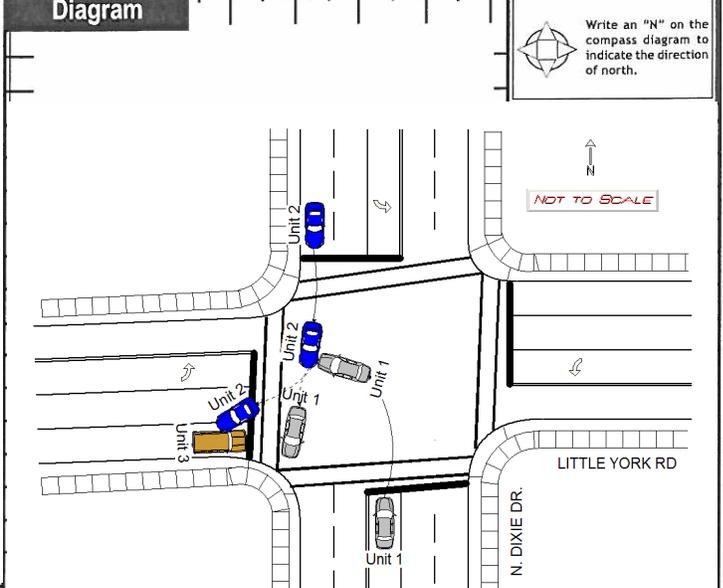
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| MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |
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| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS PRIMARY 1 | SECONDARY | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN | * SECONDARY CONDITION ONLY | SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA |
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NARRATIVE

Unit #1 was traveling northbound on North Dixie Drive in the left-turn lane and when at the intersection of Little York Road attempted to make a left turn to travel west and in doing so, failed to yield the right of way to oncoming traffic and collided with Unit #2, which was traveling southbound on North Dixie Drive in the right lane. Unit #2 then struck Unit #3, which was traveling eastbound on Little York Road, and was stopped in traffic at the intersection in the right turn lane.



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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED 07/14/2015 | TIME CRASH REPORTED 16:59 | DISPATCH TIME 17:01 | ARRIVAL TIME 17:01 | TIME CLEARED 18:22 | OTHER INVESTIGATION TIME | TOTAL MINUTES 81 |
| OFFICER'S NAME * Ofc. Brian Brown | OFFICER'S BADGE NUMBER 37 | CHECKED BY Sgt. William Karolyi | PAGE OF | | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

15046872

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE HOEVE, PATRICIA | DATE OF BIRTH 12/06/1956 | AGE 58 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 7436 NEW YORK WAY DAYTON, OH 45414 | CONTACT PHONE- INCLUDE AREA CODE (937) 545-5480 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE OH | OPERATOR LICENSE NUMBER RM353507 | OL CLASS 4 | No VALID OL | M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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| OFFENSE CHARGED (LOCAL CODE) 4511.42 | OFFENSE DESCRIPTION FAILURE TO YIELD WHILE TURNING LEFT | CITATION NUMBER 41629 | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE MITCHELL, ERIN NICHOLE | DATE OF BIRTH 05/30/1987 | AGE 28 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1352 IMPERIAL CT B TROY, OH 45373 | CONTACT PHONE- INCLUDE AREA CODE (937) 867-9367 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE OH | OPERATOR LICENSE NUMBER SX611251 | OL CLASS 4 | No VALID OL | M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 |
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| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) | 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE BRANDYBERRY, JOSEPH PAUL | DATE OF BIRTH 07/06/1985 | AGE 30 | GENDER M - MALE F - FEMALE |
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| ADDRESS, CITY, STATE, ZIP 1352 IMPERIAL CT B TROY, OH 45373 | CONTACT PHONE- INCLUDE AREA CODE (937) 867-9367 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE BRANDYBERRY, DANIELLE MARIE | DATE OF BIRTH 05/17/1977 | AGE 38 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1352 IMPERIAL CT B TROY, OH 45373 | CONTACT PHONE- INCLUDE AREA CODE (937) 867-9367 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 06 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 03 | NAME: LAST, FIRST, MIDDLE WOODRUFF, PATRICIA L | DATE OF BIRTH 02/17/1965 | AGE 50 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3257 CORNWALLIS CT DAYTON, OH 45414 | CONTACT PHONE- INCLUDE AREA CODE (937) 901-4548 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE OH | OPERATOR LICENSE NUMBER RQ739916 | OL CLASS 4 | No VALID OL | M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
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| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) | 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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UNIT

LOCAL REPORT NUMBER

15046872

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| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) HOEVE, PATRICIA | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 545-5480 | DAMAGE SCALE 4 | DAMAGED AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 7436 NEW YORK WAY DAYTON, OH 45414 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER FMG8504 | VEHICLE IDENTIFICATION NUMBER 2G1WH55K219158821 | 2 - MINOR | |
| VEHICLE YEAR 2001 | VEHICLE MAKE Chevrolet | VEHICLE MODEL Impala | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY CSAA GENERAL INS | POLICY NUMBER OHSS-203418413 | 4 - DISABLING | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP / | | TOWED BY Busy Bee Towing | 9 - UNKNOWN | |
| | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. 1 | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | <input type="checkbox"/> HIT / SKIP UNIT |
| HM CLASS NUMBER | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 04 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> Has HM PLACARD | | |

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|--|---|---|--|---|--|
| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 02 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 | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 06 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 02 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 20 2 1 3 1 4 1 5 1 6 1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
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| UNIT SPEED 010 | POSTED SPEED 40 | TRAFFIC CONTROL 04 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 2 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | | | PAGE OF |



UNIT

LOCAL REPORT NUMBER

15046872

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| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) MITCHELL, ERIN NICHOLE | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 867-9367 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1352 IMPERIAL CT B TROY, OH 45373 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GKC8758 | VEHICLE IDENTIFICATION NUMBER 2G2FS22K9T2208576 | 2 - MINOR | |
| VEHICLE YEAR 1996 | VEHICLE MAKE Pontiac | VEHICLE MODEL Firebird | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input type="checkbox"/> | INSURANCE COMPANY | POLICY NUMBER | 4 - DISABLING | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | 9 - UNKNOWN | |
| | | | TOWED BY Busy Bee Towing | |
| | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | <input type="checkbox"/> HIT / SKIP UNIT |
| HM CLASS NUMBER | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 03 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> Has HM PLACARD | | |

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| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 09 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 | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 20 2 20 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
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| UNIT SPEED 040 | POSTED SPEED 40 | TRAFFIC CONTROL 04 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | | | PAGE OF |



UNIT

LOCAL REPORT NUMBER

15046872

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| UNIT NUMBER 03 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) WOODRUFF, PATRICIA L | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 901-4548 | DAMAGE SCALE 3 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3257 CORNWALLIS CT DAYTON, OH 45414 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER PWJW5 | VEHICLE IDENTIFICATION NUMBER 2FMDK3JC1DBC57738 | 2 - MINOR | |
| VEHICLE YEAR 2013 | VEHICLE MAKE Ford | VEHICLE MODEL Edge | 3 - FUNCTIONAL | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY SAFECO | POLICY NUMBER K 1541272 | 4 - DISABLING | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP / | | | 9 - UNKNOWN | |
| | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | <input type="checkbox"/> HIT / SKIP UNIT |

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|--|---|--|---|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 06 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> Has HM PLACARD | | |

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|--|---|---|--|---|--|
| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 08 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 | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 11 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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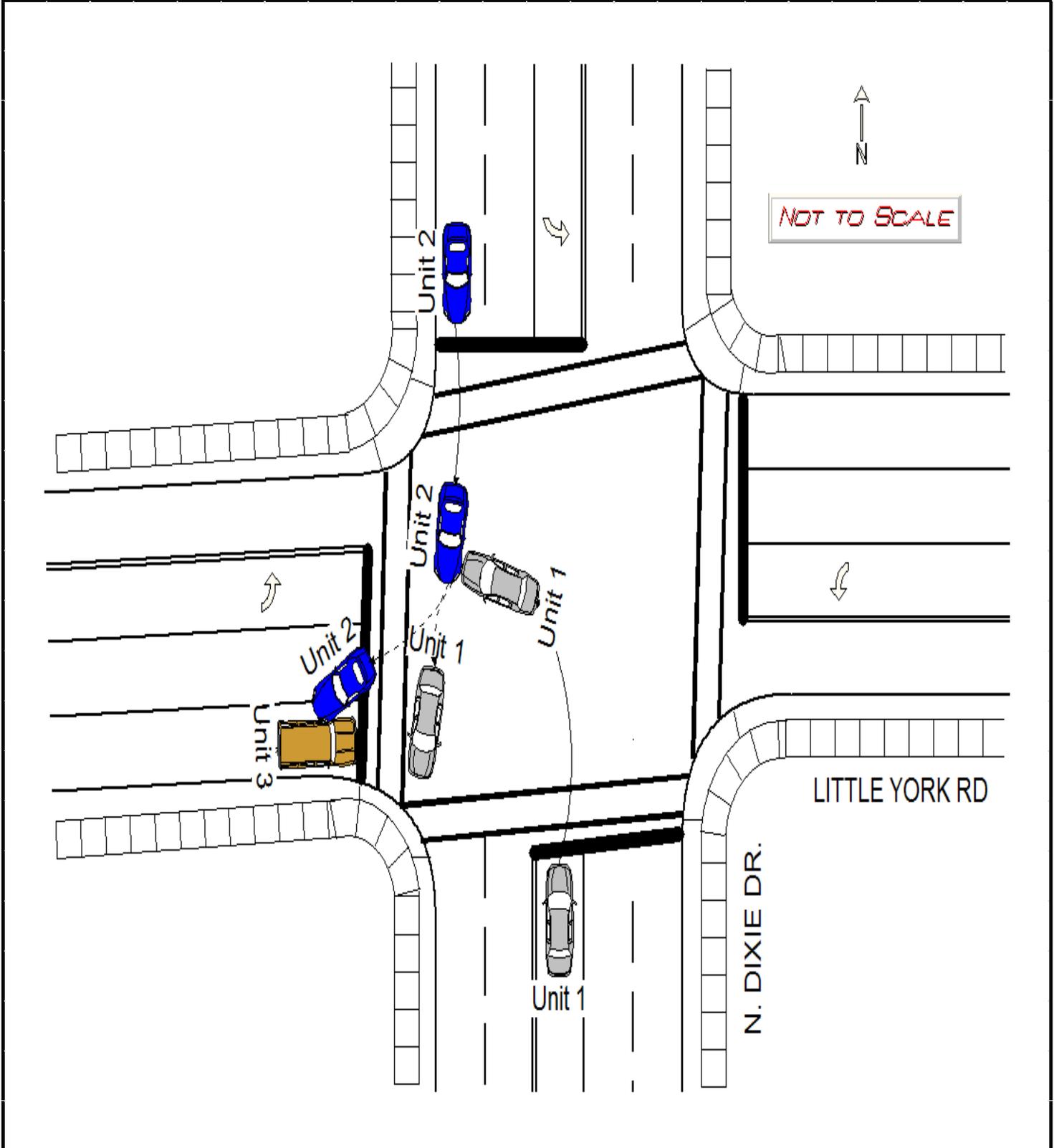
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
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|---|---------------------------|--|--|
| UNIT SPEED 000 | POSTED SPEED 35 | TRAFFIC CONTROL 04 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 4 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | | | PAGE OF |



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|---------------------------------|--|--------------------------------------|
| LOCAL REPORT NUMBER 15046872 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 14 Y 2015 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION N DIXIE DR/ LITTLE YORK RD | |



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| OFFICER'S SIGNATURE <input checked="" type="checkbox"/> Ofc. Brian Brown | BADGE NUMBER 37 |
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| LOCAL REPORT NUMBER 15046872 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 14 Y 2015 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION DIXIE | |

On Tuesday, July 14, 2015 at 1659 hours, I was dispatched to 8733 North Dixie Drive in Butler Township, Montgomery County, Ohio for a call unrelated to the accident. Upon my arrival, I parked on the northern side of the United Dairy Farmers convenience store and exiting my marked Butler Township Police vehicle, I heard the sound of tires squealing and two separate impacts. When I looked towards where the sound had originated and I saw that three vehicles had been involved in a crash. The closest vehicle to me, a Brown Ford Edge was in the right-turn lane on eastbound Little York Road. A blue Pontiac Firebird was touching the Ford's left doorway with its front left corner. The Pontiac was blocking the eastbound lane of Little York Road. A silver Chevrolet Impala was facing southbound on North Dixie Drive directly in front of the Ford.

I ran from my police vehicle to the crash site and called in the crash to dispatch. As I approached the vehicles, I made contact with the driver of the Ford and the Chevrolet and asked if they were injured. Both replied that they were not. I approached the Pontiac and saw the driver sitting in the driver's seat. I asked is she was injured and she replied "yes". I called for a medic. The medics arrived shortly afterwards and the Pontiac driver refused treatment.

I obtained the identification of all the parties and they are listed below:

Patricia L. Woodruff/dob 02/17/1965 was driving the brown Ford Edge bearing Ohio registration PWJW5.

Erin N. Mitchell/dob 05/30/1987 was driving the blue Pontiac Firebird bearing Ohio registration GKC89758. Seated in the front right seat was Joseph P. Brandyberry/dob 07/06/1985. Seat in the rear right seat was Danielle M. Brandyberry/dob 05/17/1977.

Patricia Hoeve/dob 12/06/1956 was driving the silver Chevrolet Impala bearing Ohio registration FMG8504.

I gave each driver and passenger an OH-3 Traffic Crash Witness statement, which they filled out. I completed an exchange of information form for each of the three drivers and gave each a copy. To avoid having to fill out two additional forms, I gave each driver of of the three copies that the form comes with and took a digital photograph of the completed forms for my copy. I also called for two flat bed tows for the disabled Impala and disabled Pontiac.

I interviewed each of the drivers/occupants and they relayed the following:

Woodruff stated that she was traveling eastbound on Little York Road and was in the right-turn lane to turn southbound onto North Dixie Drive and was stopped in traffic for a red light. She stated that she saw the blue Pontiac turn into the gray Chevrolet.

Hoeve stated that she was traveling northbound on North Dixie Drive and wanted to turn westbound onto Little York Road. Hoeve was in the left-turn lane and stated that the traffic light had turned "orange" when she began her left turn. Hoeve stated that the blue Pontiac was traveling southbound "fast".

Mitchell stated that she was traveling southbound on North Dixie Drive and proceeded through the intersection of North Dixie Drive and Little York Road with a yellow traffic light when she saw the silver Impala turn in front of her. Her exact words were "the silver car pulled out ahead of me". Mitchell swerved towards the Ford and was struck by the Impala. Mitchell then struck the Ford.

Joseph stated that they (Mitchell and Danielle)were driving through the light when the Impala pulled out in front of them and they hit one another before Mitchell struck the Ford.

Danielle stated that the traffic light was yellow when the Impala turned left and they(Joseph and Mitchell)swerved to avoid a collision and struck the Ford.

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| | | | | | | | | | | OFFICER'S SIGNATURE X Ofc. Brian Brown | BADGE NUMBER 37 |
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|---------------------------------|-----------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER 15046872 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 14 Y 2015 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION DIXIE | |

I released Woodruff who drove the Ford away from the scene. Busy Bee towing arrived with two flat bed trucks and towed the Impala and the Pontiac at owner's request. I released Mitchell, Joseph, and Danielle who departed the scene with a friend they had called for a ride.

Based upon the statements from each of the drivers/occupants, I cited Hoeve for failure to yield-left turn in violatin of 4511.42(A) of the Ohio Revised Code. I issued her citation 41629 and explained that her court date was 7-21-2015 at 0830 hours. I told her that if she failed to appear, she could face additional criminal penalties. Hoeve lived at 7436 New York Way within the Township, so I gave her a courtesy ride home calling in the beginning and ending mileage into dispatch.

Respectfully,

Officer B. Brown #37

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| OFFICER'S SIGNATURE X Ofc. Brian Brown | BADGE NUMBER 37 |
|--|--------------------|

Vandalia Municipal COURT Montgomery COUNTY, OHIO

STATE OF OHIO Butler City Village Township TICKET # No 41629

NAME Patricia Hoeye
STREET 7436 New York way
CITY, STATE Dagton OH ZIP 45414

| | | | | |
|------------------------------|--|---|----------------|---------------------|
| OPERATOR LICENSE / STATE ID# | <input type="checkbox"/> None* | BIRTH DATE | ISSUE DATE | STATE |
| <u>RM 353567</u> | | <u>12-6-56</u> | <u>12-6-11</u> | <u>OH</u> |
| CLASS | EXPIRES | ENDORSEMENT(S)/RESTRICTION(S) | | SS# (last 4 digits) |
| <u>D</u> | <u>12-6-15</u> | <input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other | | <u>0783</u> |
| SEX | HEIGHT | WEIGHT | EYES | HAIR |
| <u>F</u> | <u>562</u> | <u>116</u> | <u>haz</u> | <u>brn</u> |
| RACE | FINANCIAL RESPONSIBILITY PROOF? | | | |
| <u>W</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |

* If no OL/State ID: REQUIRED documentation attached: Yes

TO DEFENDANT: COMPLAINT ON 7-14, 2015 AT 1659 AM/PM YOU
 Operated/Passenger/Parked/Walked a Passenger Motorcycle Bicycle Other
 Commercial DOT# C ≥26,001 lbs. <16 Pass. Bus ≥16 Pass. Bus Haz. Mat.
 VEHICLE: YEAR 01 MAKE Chevrolet MODEL Impala
 COLOR Silver LICENSE # FMG 9564 STATE OH
 UPON A PUBLIC HIGHWAY, NAMELY North Dixie DR
 AT/NEAR Little York Rd (M.P.)
 IN THE Township of Butler IN Montgomery
 COUNTY (NO.) 57 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

| | |
|---|--|
| <input type="checkbox"/> SPEED: _____ MPH in _____ MPH zone | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA | |
| <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser | <input type="checkbox"/> Stationary <input type="checkbox"/> Moving |
| <input type="checkbox"/> OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse. | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Prohibited blood alcohol concentration. BAC _____ | |
| <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused | |
| Prior OVIs: # of prior OVIs _____ Years of prior OVIs _____ | |
| <input type="checkbox"/> DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate | |
| Suspension Type: _____ | |
| <input type="checkbox"/> SAFETY BELT: Failure to wear | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat | |
| <input checked="" type="checkbox"/> OTHER OFFENSE: <u>Failure to yield -</u> | <input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |
| <u>Left turn</u> | <u>4511.42 A</u> |
| <input type="checkbox"/> OTHER OFFENSE: _____ | <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P. |

DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE OFFENDER

PAVEMENT: Dry Wet Snow Icy # of Lanes 5 Construction Zone

VISIBILITY: Clear Cloudy Dusk Night Dawn

WEATHER: Rain Snow Fog No Adverse

TRAFFIC: Heavy Moderate Light None

AREA: Business Rural Residential Industry School

CRASH: Yes No Almost Caused Non-Injury Injury Fatal

Crash Report Number: 15-096872

REMARKS:

ACCOMPANYING CRIMINAL CHARGE Yes No TOTAL # OFFENSES 1

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED Yes No

You are summoned and ordered to appear on 7-21, 2015 at 8:30 AM/PM,
 245 JAMES E. BOHANAN MEMORIAL DR.,
 in VANDALIA MUNICIPAL Court, at VANDALIA, OH PH. 898-3996

If you fail to appear at this time and place you may be arrested or your license may be cancelled.
 This summons served personally on the defendant on 7-14, 2015
 The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

B. Brown
Charging Law Enforcement Officer

| COURT CODE | UNIT | POST | DISTRICT |
|-------------|-----------|-----------|----------|
| <u>5724</u> | <u>37</u> | <u>57</u> | <u>5</u> |

Issuing Law Enforcement Officer SAME AS ABOVE
Issuing Officer: Verify address. If different from license address, write present address in space provided.

PRESENT ADDRESS SIGNATURE Patricia Hoeye CO. RES. Montgomery PHONE 937-549-5470