



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	15053347	CRASH SEVERITY	HIT/SKIP
		1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 01	98 - ANIMAL 99 - UNKNOWN
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COUNTY * 57	CITY * 57	CITY, VILLAGE, TOWNSHIP * Butler	CRASH DATE * 08/09/2015	TIME OF CRASH 16:12	DAY OF WEEK Sun
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:50:26.46	LONGITUDE 0 / 084:14:18.60	DECIMAL DEGREES LATITUDE 39.840685	LONGITUDE 84.238501
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ROADWAY DIVISION DIVIDED UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST ² AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE WA - WAY
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LOCATION ROUTE TYPE ¹	LOCATION ROUTE NUMBER	LOC PREFIX N,S, E,W	LOCATION ROAD NAME FREDERICK	LOCATION ROAD TYPE ² PI	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE MILES FEET YARDS	DIR FROM REF N,S, E,W	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N,S, E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) STILLCREST	REFERENCE ROAD TYPE ² WA
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 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/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 4 - ON SHOULDER 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 SECONDARY 01	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
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MANNER OF CRASH COLLISION/IMPACT 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 - 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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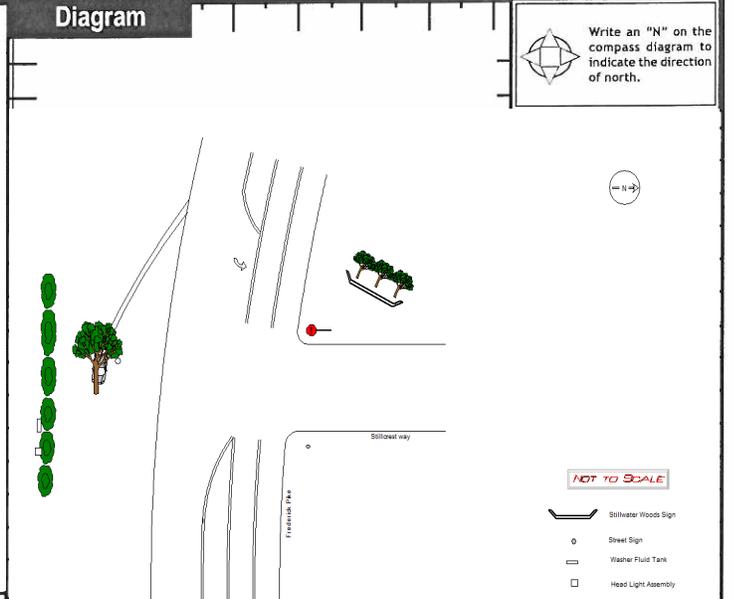
ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY SECONDARY 1	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED	WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) 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 east on Frederick Pike in the right lane and when at Stillcrest Way, Unit #1 drove off the right side of the roadway while negotiating a curve and struck a tree.

Note: Frederick Pike is generally a north-sound roadway, however in this section, it curves and travels east-west.



REPORT TAKEN BY POLICE AGENCY MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 08/09/2015	TIME CRASH REPORTED 16:12	DISPATCH TIME 16:13	ARRIVAL TIME 16:21	TIME CLEARED 19:33	OTHER INVESTIGATION TIME	TOTAL MINUTES 192
OFFICER'S NAME * Sgt. Lonnie Bilbrey	OFFICER'S BADGE NUMBER 16	CHECKED BY Lt. Chris Guthrie	PAGE OF					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

15053347

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE JONES, DENNIS E	DATE OF BIRTH 05/14/1955	AGE 60	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2122 TITUS AVE DAYTON, OH 45414	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY Butler Twp. Fire	MEDICAL FACILITY INJURED TAKEN TO Good Smaritan Hosp	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RS534502	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 7	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	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 <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
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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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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	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 <input type="checkbox"/>	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 <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT

LOCAL REPORT NUMBER

15053347

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) JONES, DENNIS E	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA FRONT 09 08 10 07 06 05 REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 2122 TITUS AVE DAYTON, OH 45414			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER EN04RB	VEHICLE IDENTIFICATION NUMBER JTDKN3DU3A1214226	# OCCUPANTS 01		2 - MINOR
VEHICLE YEAR 2010	VEHICLE MAKE Toyota	VEHICLE MODEL PRIUS	VEHICLE COLOR SILVER/ALUMINUM		3 - FUNCTIONAL
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY Busy Bee Towing	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				9 - UNKNOWN	
CARRIER PHONE - INCLUDE AREA CODE					

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
HM CLASS NUMBER			

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 02 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 2AXLE, 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 19 - 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 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	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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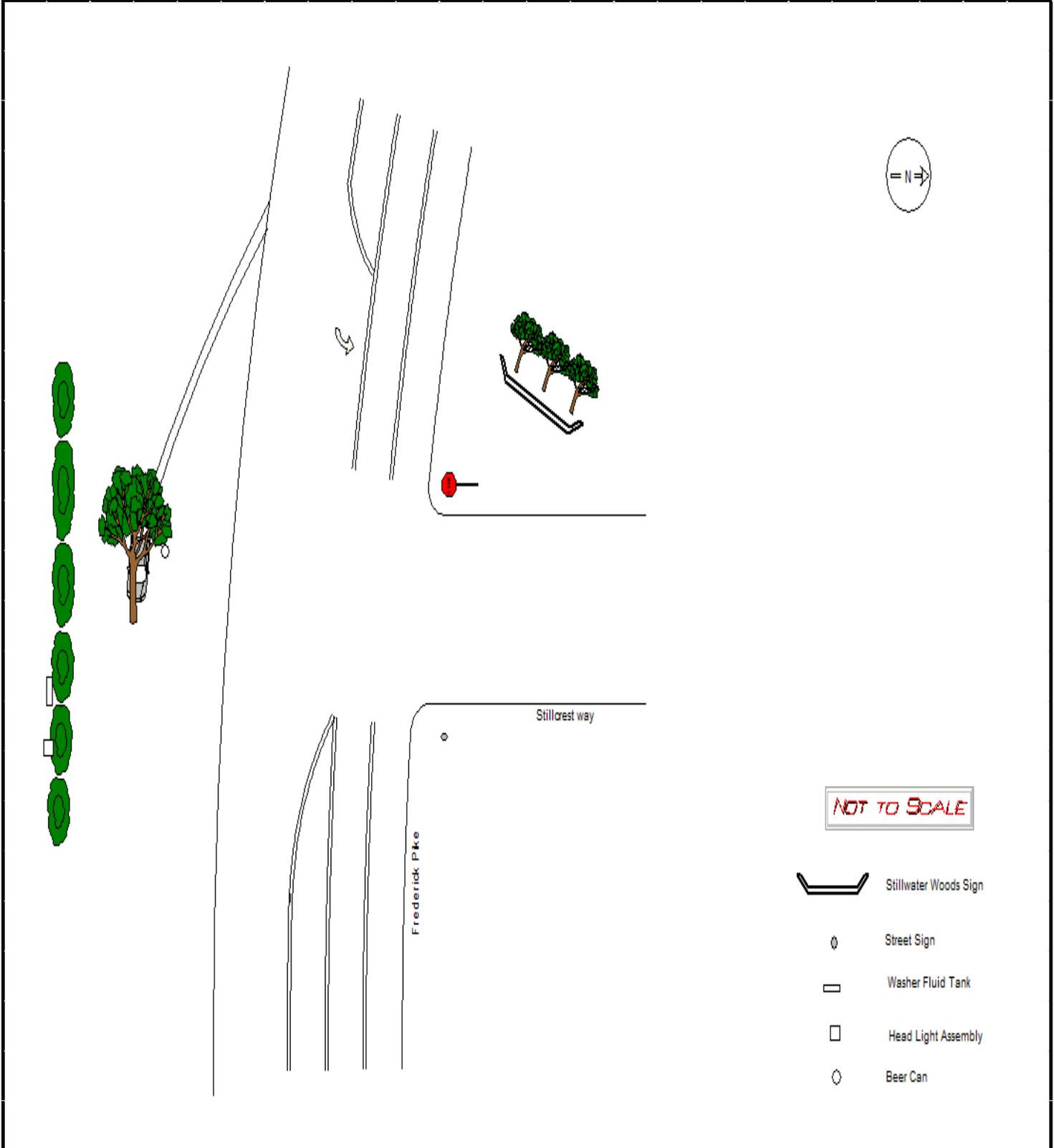
CONTRIBUTING CIRCUMSTANCES PRIMARY 99 SECONDARY 99 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	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 SIGNALS /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 - WORN 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 08 2 48 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLUWN 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 PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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

UNIT SPEED 050 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED 50	TRAFFIC CONTROL 12 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 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN	PAGE OF
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LOCAL REPORT NUMBER 15053347	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8 D 9 Y 2015
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK PI/ STILLCREST WA	



NOT TO SCALE

-  Stillwater Woods Sign
-  Street Sign
-  Washer Fluid Tank
-  Head Light Assembly
-  Beer Can

OFFICER'S SIGNATURE X Sgt. Lonnie Bilbrey	BADGE NUMBER 16
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LOCAL REPORT NUMBER 15053347	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8 D 9 Y 2015
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

On Friday, August 9, 2015 at 1613 hours, I was dispatched to Frederick Pike at Stillcrest Way in Butler Township, Montgomery County, Ohio regarding a vehicle crashed into a tree with a subject in full arrest.

Upon arrival, Butler Township Fire and EMS crews were already on-scene. As I approached the crash scene on foot, I saw the medic crews conducting CPR on a male subject. I did not see any other persons in the vehicle or needing medical attention.

While the medic crews were conducting CPR, I began speaking with two females that were standing around the medic staff. One female was wearing medical scrubs with a Kettering Hospital emblem on the shirt. This female was identified as Katie Hardman. Mrs. Hardman stated she was traveling west bound on Frederick Pike at Stillcrest Way when she witnessed the crash. Mrs. Hardman stated the driver was traveling at approximately 50 mph when she saw the vehicle drive off the roadway and into a tree. Mrs. Hardman stated she immediately exited her vehicle and approached the crashed vehicle. Mrs. Hardman stated she noticed the male driver was slumped over. The male was not responsive and she attempted to remove the male driver from the vehicle, however she was unable to. Mrs. Hardman stated two other vehicles stopped and two other people assisted her remove the male subject from the vehicle. While removing the male driver, a beer can fell from between the driver's legs.

Mrs. Hardman completed a written witness statement regarding the incident.

The second female was identified as Kristen Johnson. Mrs. Johnson stated she was traveling west bound on Frederick Pike at Stillcrest Way behind Mrs. Hardman. Mrs. Johnson stated she witnessed the crash. Mrs. Johnson stated she saw the vehicle drive off the right side of the roadway and crash into a tree. Mrs. Johnson stated she assisted Mrs. Hardman remove the male driver from the vehicle.

Mrs. Johnson completed a written witness statement regarding the incident.

Mrs. Hardman and Mrs. Johnson stated they did not see anything prior to the crash that would have caused the driver to drive off the right side of the roadway. The male subject that assisted Mrs. Hardman and Mrs. Johnson was not on-scene when I arrived. I did not have any information for this person.

At 1633 hours, I notified Lieutenant Guthrie via public service regarding the severity of the crash.

While photographing the interior of the vehicle, I did not smell an odor of an alcoholic beverage inside the vehicle. Additionally, I did not see a beer can in the interior of the vehicle. On the ground beside the left rear tire, I noticed one empty can of Milwaukee's Best Light Beer. The can was dry and appeared as it may have been old. Unknown if the can is related to the crash.

I photographed the crash scene. Sergeant Karolyi assisted me with taking measurements of the crash. An unknown name Montgomery County Sheriffs Deputy arrived to check the severity of the crash. The Deputy collected the name and address of the driver. The Deputy responded to the driver's address to notify family members about the crash.

The vehicle was towed by Busy Bee Towing. The interior of the vehicle was unable to be inventoried do to the condition of the interior of the vehicle.

Respectfully,
Sergeant Bilbrey

										OFFICER'S SIGNATURE X Sgt. Lonnie Bilbrey	BADGE NUMBER 16
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LOCAL REPORT NUMBER 15053347	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8 D 9 Y 2015
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

Witnesses to crash:

Katie Hardman
5865 Summersweet Drive
Clayton, Ohio 45315
P/S 937-999-9080

Kristen Johnson
272 Aullwood Road
Dayton, Ohio 45414
P/S 937-204-0704

OFFICER'S SIGNATURE X Sgt. Lonnie Bilbrey	BADGE NUMBER 16
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LOCAL REPORT NUMBER 15053347	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8 D 9 Y 2015
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

On August 09, 2015 at 1954 Hours I was notified of a death by Coroner Investigator Glaser from the Montgomery County Coroners office. Mr. Glaser stated that Dennis E. Jones, the operator of the vehicle, passed away from his injuries. Mr. Glaser did not have further information at this time.

Respectfully,

OFFICER'S SIGNATURE X Ofc. Chris Hammond	BADGE NUMBER 35
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LOCAL REPORT NUMBER: **15-053347** REPORTING AGENCY: **BUTLER TOWNSHIP PD** DATE OF ACCIDENT: **M 08 | D 09 | Y 2015**

IN COUNTY OF: **MONTGOMERY** ACCIDENT LOCATION: **FREDERICK PIKE / STILLCREST WAY**

BASELINE DIAGRAM MEASUREMENT SHEET

BASELINE DESCRIPTION: **WHITE FOG LINE - SOUTH SIDE OF ROADWAY**

REFERENCE POINT ("RP") DESCRIPTION: **BRICK WALL - STILLCREST SIGN**

"RP" TO BASELINE "0" POINT: **76.4** DIRECTION FROM "RP": **SOUTH**

"0" POINT TO	ALONG BASELINE	DIR	FROM BASELINE	DIR	EXPLANATION OF MEASUREMENTS
A	54.6'	E	3.7'	S	RIGHT TIRE MARK IN GRASS FROM ROADWAY (FOG LINE)
B	102.7'	E	2.11'	S	LEFT TIRE MARK IN GRASS FROM ROADWAY (FOG LINE)
C	123.6'	E	2.7'	S	BEER CAN - MILWAUKEE'S BEST LIGHT
D	125.8'	E	8.1'	S	RIGHT REAR TIRE
E	124.1'	E	4.6'	S	LEFT REAR TIRE
F	132.8'	E	11.11'	S	RIGHT FRONT TIRE
G	134.2'	E	5.0'	S	LEFT FRONT TIRE
H	136.5'	E	8.7'	S	IMPACT TREE FACE
I	140.6'	E	11.0'	S	WASHED FLUID TANK
J	149.3'	E	10.8'	S	HEAD LIGHT ASSEMBLY
K	'		'		
L	'		'		
M	'		'		
N	'		'		
O	'		'		
P	'		'		
Q	'		'		
R	'		'		
S	'		'		
T	'		'		
U	'		'		
V	'		'		
W	'		'		
X	'		'		
Y	'		'		
Z	'		'		

OFFICER'S SIGNATURE: *Sgt J. Bullock* BADGE NO.: **16**

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 15-053347	REPORTING AGENCY Butler Twp Police	DATE OF CRASH M 8 10 9 14/15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristen Johnson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Sgt. L. Bilbrey #16 (OFFICERS NAME) AT Frederick Pike / Millcreek (LOCATION)

I was traveling west bound on Frederick toward meeker when I saw the silver plus go off the road into a tree. Myself and another lady got out. I ran over to the car and the man was slumped over with the steering wheel in his lap. I hollered and touched him but he wasn't responding. I pried the door open and myself and another guy that stopped helped pull him out of the car. Once he was out and on the ground they (the ems guy off duty & off duty nurse) started CPR. A few minutes later the squad showed up. There was nothing in the road or otherwise that I saw that could have caused him to veer off the road. He just went straight off the road into the tree.

ADDRESS OF WITNESS 272 Aullwood Rd	PHONE (937) 204-0104
SIGNATURE OF WITNESS <i>Kristen Johnson</i>	OFFICERS SIGNATURE <i>Sgt. L. Bilbrey #16</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 15-053347	REPORTING AGENCY Butler Twp Police	DATE OF CRASH M 8 / D 9 / Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Katie Hardman (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Sgt L. Bursky 16 (OFFICERS NAME) AT Ford Road Pike / Stillcrest (LOCATION)

This writer crossed over Peters Pike on Frederick heading west when the silver pickup started to veer off to the right shoulder at Stillcrest when he struck a tree head on. I pulled over to see if he was ok and the male was noted slumped over into the passenger side of the car. At this time the man was unresponsive. Attempted to remove the male from the car and was unable to. At this time, two vehicles arrived and assisted with removing the male driver. When pulling the man from the car a can of beer was between his feet. I did not notice anything that would of caused the accident. I ~~to~~ did not have to swerve to miss the vehicle.

ADDRESS OF WITNESS 5865 Summersweet Dr. Clayton 45315	PHONE 999.9080
SIGNATURE OF WITNESS Katie Hardman	OFFICERS SIGNATURE Sgt L. Bursky 16