# TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 15065312

CRASH SEVERITY: 3 (1 - FATAL, 2 - INJURY, 3 - PDO)

HIT/SKIP: 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)

COUNTY *: 57

☐ CITY * ☐ VILLAGE * ■ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: Butler

CRASH DATE *: 09/25/2015

TIME OF CRASH: 9:49

DAY OF WEEK: Fri

DEGREES / MINUTES / SECONDS — LATITUDE: 39° 51' 31.17" LONGITUDE: 084° 13' 10.63"

OR

DECIMAL DEGREES — LATITUDE: 39.857133 LONGITUDE: -84.217781

ROADWAY DIVISION: ☐ DIVIDED ■ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, S - SOUTHBOUND, E - EASTBOUND, 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, TL - TRAIL, WA - WAY

LOCATION ROUTE TYPE [1]: LOCATION ROUTE NUMBER: LOC PREFIX: N,S,E,W

LOCATION ROAD NAME: LITTLE YORK

LOCATION ROAD TYPE [2]: RD

ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE), US - US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: ☐ MILES ☐ FEET ☐ YARDS

DIR FROM REF: N,S,E,W

OF

REFERENCE ROUTE TYPE [1]: REFERENCE ROUTE NUMBER: REF PREFIX: N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): 3231

REFERENCE ROAD TYPE [2]

REFERENCE POINT USED: 3 (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER)

CRASH LOCATION: 01
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

☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT: 2
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR: 1
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

MANNER OF CRASH COLLISION/IMPACT: 1
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

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 ZONE RELATED

SCHOOL BUS RELATED
☐ YES, SCHOOL BUS DIRECTLY INVOLVED
☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

☐ 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

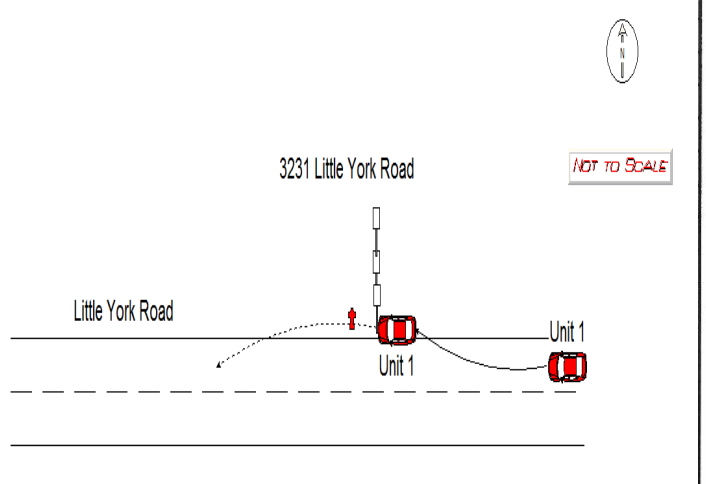
LOCATION OF CRASH IN WORK ZONE:
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit #1 was traveling west on Little York Road in the westbound lane and when at 3231 Little York, Unit #1 lost control of the vehicle and ran off the road to the right striking a sign and a fire hydrant.

## Diagram

Write an "N" on the compass diagram to indicate the direction of north.




REPORT TAKEN BY: ■ POLICE AGENCY ☐ MOTORIST

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

| DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
|---|---|---|---|---|---|---|
| 09/25/2015 | 9:49 | 9:51 | 10:01 | 10:42 | | 41 |

| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY | PAGE OF |
|---|---|---|---|
| Ofc. Brian Brown | 37 | Sgt. Todd Stanley | |

HSY7001 OH1 (REV 01/12)

# MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15065312

MOTORIST/NON-MOTORIST

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 01 | MATEJOVSKY, ROBERT E | 04/20/1928 | 87 | M (F - FEMALE, M - MALE) |

| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---|---|
| 1596 ABERDEEN CT VANDALIA, OH 45377 | (937) 898-8879 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 04 | ☐ | 01 | 1 | 1 | 1 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| OH | RM303237 | 4 | ☐ | ☐ | 1 | 1 | 1 | 1 | .000 | 1 | 1 |

| OFFENSE CHARGED (☐ LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
|---|---|---|---|---|
| 4511.202 | FAILURE TO CONTROL | 41820 | ☐ | 1 |

MOTORIST/NON-MOTORIST

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| | | | | F - FEMALE, M - MALE |

| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---|---|
| | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | | | | | .000 | | |

| OFFENSE CHARGED (☐ LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
|---|---|---|---|---|
| | | | ☐ | |

**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
05 - CHILD RESTRAINT SYSTEM-FORWARD FACING
06 - CHILD RESTRAINT SYSTEM- REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED
99 - UNKNOWN SAFETY EQUIPMENT

NON-MOTORIST
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

**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

**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

**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

OCCUPANT

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| | | | | F - FEMALE, M - MALE |

| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---|---|
| | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |

OCCUPANT

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| | | | | F - FEMALE, M - MALE |

| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---|---|
| | |

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | | | | |



HSY8306 OH1M (REV 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

# UNIT

Local Report Number: 15065312

| Unit Number | Owner Name: Last, First, Middle (☐ Same As Driver) | Owner Phone Number - inc. area code (■ Same As Driver) | Damage Scale | Damaged Area |
|---|---|---|---|---|
| 01 | MATEJOVSKY,ROBERT E | (937) 898-8879 | 4 | Front |

Owner Address: City, State, Zip (☐ Same As Driver): 1596 ABERDEEN CT VANDALIA, OH 45377

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02; 09; 08; 10; 04; 07; 05; 06; Rear

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| OH | ETD6802 | 4T3BK3BB1AU033122 | 01 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 2010 | Toyota | Venza | RED |

| ■ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | ERIE | Q067807618 | Busy Bee Towing |

Carrier Name, Address, City, State, Zip: ,

Carrier Phone - include area code:

US DOT:

HM Placard ID No.:

HM Class Number:

Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs.; 2 - 10,001 to 26,000 Lbs; 3 - More Than 26,000 Lbs. (1)

☐ Hazardous Material Released

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
09 - Pole
10 - Cargo Tank
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/Unknown

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

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact:
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

☐ 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 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/Pedacyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist

☐ Has HM Placard

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 (03): 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; 99 - Unknown

Impact Area (03)

Action (3): 1 - Non-Contact; 2 - Non-Collision; 3 - Striking; 4 - Struck; 5 - Striking/Struck; 9 - Unknown

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

Contributing Circumstances

Primary (17): 99 - Unknown

Secondary: 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 - 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

Sequence of Events: 1 - 08; 2 - 49; 3; 4; 5; 6

First Harmful Event: 1

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 (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 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

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

Unit Speed: 015 ☐ Stated ■ Estimated

Posted Speed: 35

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 3; To 4
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

Page of

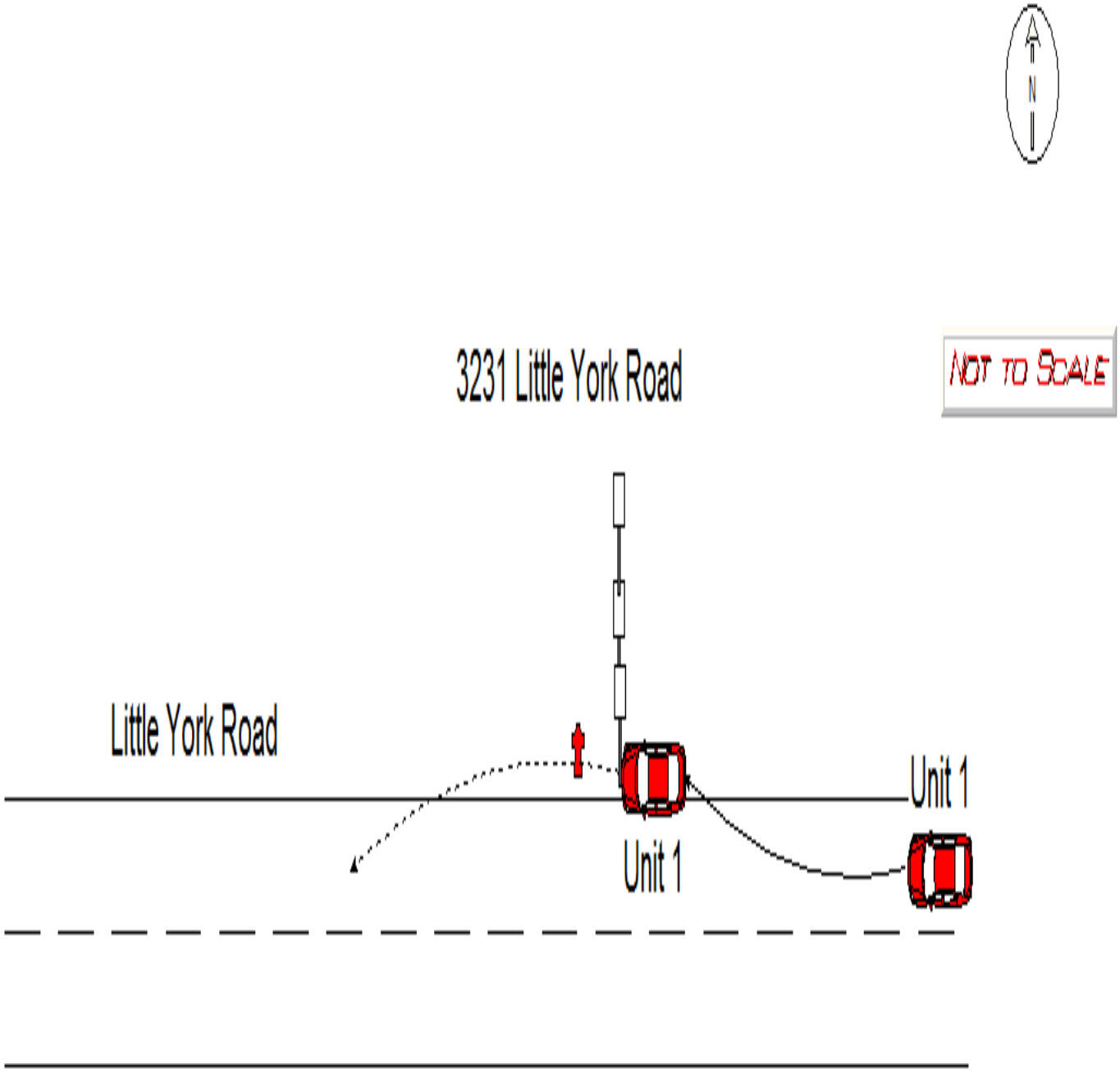
HSY8304 OH1U (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

# OHIO TRAFFIC CRASH REPORT
## DIAGRAM / NARRATIVE CONTINUATION



| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---|---|---|
| 15065312 | BUTLER TWP PD | M 9 D 25 Y 2015 |
| IN COUNTY OF | CRASH LOCATION | |
| MONTGOMERY | 3231 LITTLE YORK RD | |




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

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

# REQUEST FOR DRIVER LICENSE EXAMINATION OR RECERTIFICATION/REPORT OF VIOLATION OF A RESTRICTION O.R.C. 4507.20, 4507.14

## DRIVER

| NAME (LAST) | FIRST | MI |
|---|---|---|
| Matejousky | Robert | E. |

| ADDRESS (NUMBER & STREET) | CITY | STATE | COUNTY | ZIP CODE |
|---|---|---|---|---|
| 1596 Aberdeen CT | Vandalia | OH | Montgomery | 45377 |

| DRIVER LICENSE # | CDL LICENSE # | STATE OF ISSUANCE IF NOT OHIO |
|---|---|---|
| RM 303237 | | OH |

## VEHICLE

| YEAR & MAKE OF VEHICLE | LICENSE PLATE # |
|---|---|
| 2010 Toyota Venza | ETD 6802 |

## DRIVER CONDITION

CHECK APPROPRIATE BLOCK(S) AND DESCRIBE EXISTING CONDITION.

- ☐ PHYSICAL
- ☐ MENTAL
- ☐ OTHER
- ☑ OPERATOR DRIVING EXAM
- ☐ COMMERCIAL DRIVING EXAM
- ☐ VISION
- ☐ DRIVING IN VIOLATION OF A RESTRICTION, ORC 4507.14 (THIS IS NOT A TRAFFIC OFFENSE)

LIST RESTRICTION VIOLATED

## INCIDENT

| DATE OF INCIDENT | CRASH # | DATE OF CRASH |
|---|---|---|
| 9-25-15 | 15-065312 | 9-25-15 |

REPORT OF INCIDENT/COMPLAINT

Unit #1 was traveling west on Little York Road in the westbound lane and when at 3231 Little York, Unit #1 lost control of the vehicle and ran off the road to the right striking a sign and a fire hydrant.

DATE DRIVER NOTIFIED OF THIS REQUEST

## COMPLAINANT

| NAME OF COMPLAINANT (LAST) | FIRST | FIRST | PHONE # |
|---|---|---|---|
| Brown | Brian | | (937) 890-2671 |

| ADDRESS (NUMBER & STREET) | CITY | STATE | COUNTY | ZIP CODE |
|---|---|---|---|---|
| 3510 Sudachi DR | Dayton | OH | Mont | 45414 |

**By my signature, I agree to be the official source of information for this re-examination report.**

| SIGNATURE | DATE |
|---|---|
| X | 9-25-15 |

**(MUST BE REVIEWED AND SIGNED BY HEAD OF AGENCY)**

| SIGNATURE OF OFFICER | |
|---|---|
| X B. | |
| APPROVED BY | |
| TITLE: Police Officer | DEPARTMENT: Butler Township |
| CITY: Dayton, OH | DATE SUBMITTED: 9-25-15 |
| CONTACT PHONE #: 937-890-2671 | |

Individual should be advised this request is being submitted to:

**OHIO BUREAU OF MOTOR VEHICLES**
**ATTN: SPECIAL CASE UNIT/RESTRICTED**
P.O. BOX 16784
COLUMBUS OH 43216-6784

(OSP-202.02)

BMV 2308 4/10

# BUTLER TOWNSHIP POLICE DEPARTMENT

**Dayton, OH 45414 - Phone #937-890-2671**

# EXCHANGE OF INFORMATION

☐ **Crash report taken (Report #:** 15-065312 **)** ☐ **Exchange of information only (D#:** _____ **)**

Date/Time: 9-25-15 / 0949 Location: 3186 Little York Rd

Officer's Name/Unit #: B. Brown #37

**UNIT#** 1 ☑ Vehicle ☐ Pedestrian ☐ Private Property ☐ Other: _____

Driver's Name: Robert E. Motejousky Phone Number: 937-898-8879

Address: 1596 Aberdeen Ct City: Vandalia State: OH Zip: 45377

Driver's License Number: RM303237 State: OH License Plate: ETD 6802 State: OH

Owner's Name: Same Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: Erie Ins Phone Number: 800-367-3743

Policy Number: Q 067 807618

**UNIT#** ☐ ☐ Vehicle ☐ Pedestrian ☐ Private Property ☐ Other: _____

Driver's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ License Plate: _____ State: _____

Owner's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____

**By signing this section, I indicate I do not want an official police report taken. I understand I will be given a copy of this form with the necessary information to provide to my insurance company, and no further action or investigation will be taken by the Butler Township Police Department related to this crash.**

x _____ x _____

UNIT# ☐ UNIT# ☐

*Note: No signature required for a private property exchange of information.*

The records section is open 7am to 3pm, Monday through Friday, excluding government holidays. Crash reports are normally available within three business days. Copies can be downloaded free of charge at www.butlertownship.com, picked up in person from the records section (**please call ahead to ensure availability**), or requested via mail by sending a self-addressed, stamped envelope to the records section (please be sure to list the report number and a phone number where you can be reached should we have any questions).