



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
16073265	3 1 - FATAL 2 - INJURY 3 - PDO	1 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 01
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COUNTY * 57	CITY * Butler	CRASH DATE * 11/19/2016	TIME OF CRASH 2:36	DAY OF WEEK Sat
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:52:53.14	LONGITUDE 0 / 084:13:35.76	DECIMAL DEGREES LATITUDE 39.881430	LONGITUDE 84.226599
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD ST - STREET WA - WAY TE - TERRACE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME PETERS	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	LOCATION ROAD TYPE <sup>2</sup> PI	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP 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 TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 9182	REFERENCE ROAD TYPE <sup>2</sup>
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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/ROUNDBOUT	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 6 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 02	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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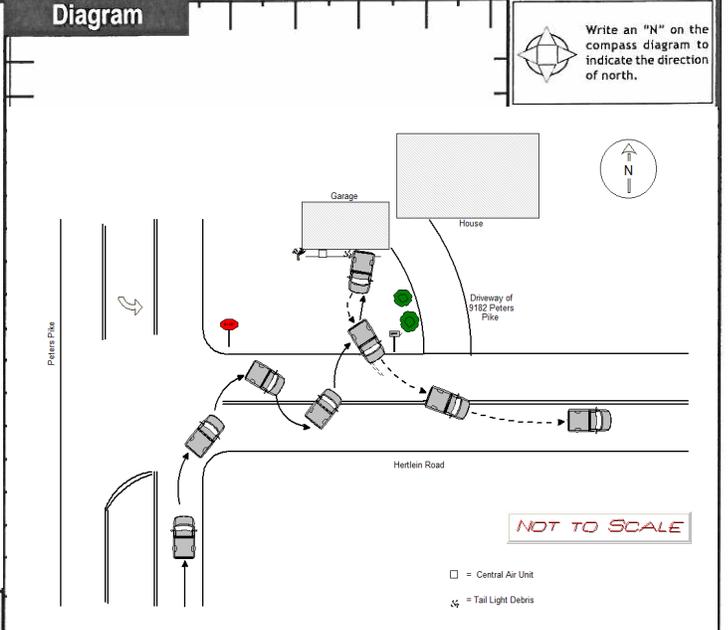
MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, 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 5 PRIMARY	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"/> SCHOOL ZONE 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	<input type="checkbox"/> 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 north on Peters Pike in the right lane and when at Hertlein Road, Unit #1 lost control of the vehicle while turning right onto Hertlein Road, over corrected and spun around causing the vehicle to slide backwards, striking a detached garage with the right rear of the vehicle. The vehicle then drove away from the crash scene and was later located.



REPORT TAKEN BY <input 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 11/19/2016	TIME CRASH REPORTED 2:36	DISPATCH TIME 2:37	ARRIVAL TIME 2:47	TIME CLEARED 3:18	OTHER INVESTIGATION TIME	TOTAL MINUTES 31
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OFFICER'S NAME * Sgt. Lonnie Bilbrey	OFFICER'S BADGE NUMBER 16	CHECKED BY Sgt. Mark Morgan	PAGE OF
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

16073265

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

UNIT NUMBER [ 01 ]	NAME: LAST, FIRST, MIDDLE ADAMS, SAMUEL PATRICK	DATE OF BIRTH 12/20/1996	AGE 19	GENDER M M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 325 DELLSING DR VANDALIA, OH 45377	CONTACT PHONE - INCLUDE AREA CODE (937) 522-1925
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INJURIES [ 1 ]	INJURED TAKEN BY [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ 04 ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ 01 ]	AIR BAG USAGE [ 1 ]	EJECTION [ 1 ]	TRAPPED [ 1 ]	
OL STATE [ OH ]	OPERATOR LICENSE NUMBER UB617153	OL CLASS [ 4 ]	No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END.	CONDITION [ 6 ]	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 ( <input type="checkbox"/> LOCAL CODE ) 4511.202	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 42529	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 <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END.	CONDITION [ ]	ALCOHOL/DRUG SUSPECTED [ ]	ALCOHOL TEST STATUS [ ]	ALCOHOL TEST TYPE [ ]	ALCOHOL TEST VALUE [ ] [ ] [ ] [ ]	DRUG TEST STATUS [ ]	DRUG TEST TYPE [ ]

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	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 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 [ ] [ ] [ ]	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

**16073265**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) ADAMS, JOSHUA S	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) (937) 903-5778	DAMAGE SCALE <b>3</b>	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 325 DELLSING DR VANDALIA, OH 45377			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER DZL3113	VEHICLE IDENTIFICATION NUMBER 1FTYR44V13TA34165	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2003</b>	VEHICLE MAKE Ford	VEHICLE MODEL Ranger	VEHICLE COLOR WHITE	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY GEICO INSURANCE	POLICY NUMBER 4317-63-84-29	TOWED BY	2 - MINOR
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
CARRIER PHONE- INCLUDE AREA CODE			9 - UNKNOWN	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 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 <b>1</b> 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			

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>07</b> 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 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD					

SPECIAL FUNCTION <b>01</b> 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 <b>05</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>05</b> 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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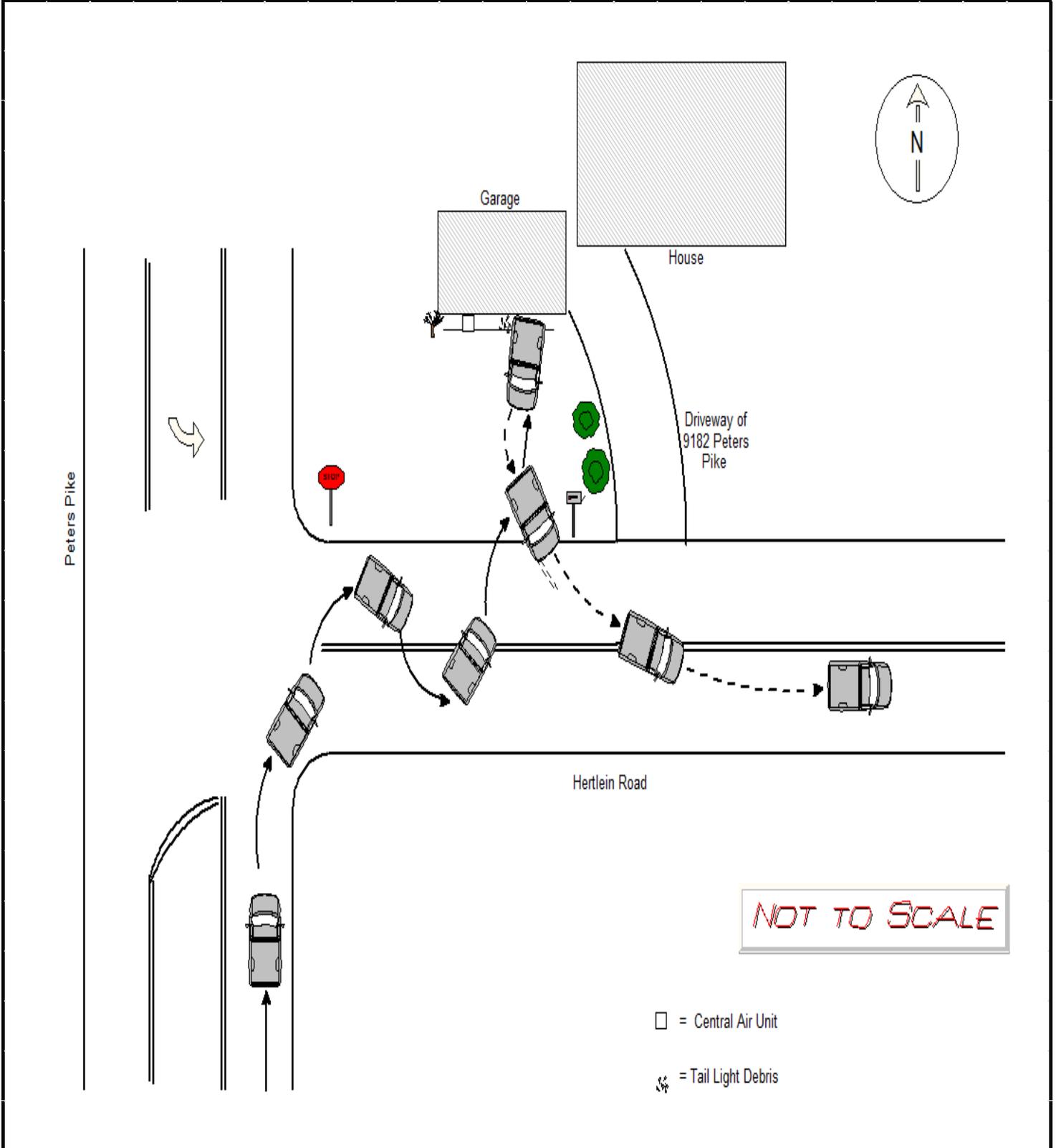
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>17</b> SECONDARY <b>01</b> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF 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 <b>01</b> 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 <b>13</b> 2 <b>09</b> 3 <b>51</b> 4 <b>01</b> 5 <b>02</b> 6 <b>03</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>3</b> 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 <b>025</b>	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>02</b> 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 <b>4</b> TO <b>3</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			PAGE OF



LOCAL REPORT NUMBER 16073265	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 11   D 19   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION 9182 PETERS PI	



OFFICER'S SIGNATURE X Sgt. Lonnie Bilbrey	BADGE NUMBER 16
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LOCAL REPORT NUMBER 16073265	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 11   D 19   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION PETERS	

Property Owner: Lucas W. Artin  
9182 Peters Pike  
Vandalia, Ohio 45377  
Phone Number: 937-248-4666

Witness: John Zeller  
910 Pius Circle  
Vandalia, Ohio 45377  
Phone Number: 937-304-5639

The property owner, Mr. Artin posted on Facebook on the same day of the crash that a white Ford Ranger pickup truck with a right rear broken tail light broken out had struck his garage and left the scene. At an unknown time on the same day of the crash, various unknown people at unknown times stated they saw a truck matching the description parked at Pool Drive at Dellsing Road in the City of Vandalia.

Officer Coatsworth of the Vandalia police department and Sergeant Stanley responded to this location and located the vehicle. The license plate number returned to 325 Dellsing Road. Officer Coatsworth and Sergeant Stanley made contact with the owner of the vehicle.

The owner of the vehicle advised he was not the driver and he knew who was driving the vehicle. Sergeant Stanley made contact with Samuel Adams at the same address. During his investigation, he confirmed the driver of the vehicle was indeed Samuel Adams. A citation was issued for failure to control. Sergeant Stanley collected the appropriate information for the crash, and a copy of the exchange of information was provided to Mr. Artin.

Respectfully,  
Sergeant Bilbrey

OFFICER'S SIGNATURE <b>X</b> Sgt. Lonnie Bilbrey	BADGE NUMBER 16
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LOCAL REPORT NUMBER 16073265	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 11   D 19   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION PETERS	

On November 19, 2016 at 1527 hours, I was dispatched to the area of Dellising Road and Pool Avenue with in the City of Vandalia, Ohio. I met with Officer Coatsworth of the Vandalia Police Department.

Officer Coatsworth told me that the victim in this crash had put information about this crash out on social media. Their police department had received information that the suspect vehicle was at this location. They confirmed that a vehicle fitting the description of the vehicle in the crash was at this location and that it had similar damage as reported. This was when the Vandalia Police Department contacted our agency.

At 1529 hours, I arrived on the scene. I met with Officer Coatsworth, and we went over the information he had gathered thus far.

Mr. Joshua S. Adams, the owner of the truck exited the residence. I questioned him about the whereabouts of the vehicle earlier this morning and the vehicles fresh damage. Joshua Adams referred to his younger brother, Samual P. Adams, as the person who drives the truck daily.

Samual exited the house with his mother. I questioned Samual about the new damage and his whereabouts this morning at the time of the crash.

Samual told me he was at a party and was dropped off by a friend at his residence around 0245 hours. When he returned to pick up his vehicle, he found it damaged. He drove it home and parked it.

I asked him where the keys were, and he replied that they were in his pocket. I ask him if he reported the damage to the police, and he again replied no. I asked him if he expected me to believe that he was at a party and that he left the party with his keys in his pocket. He was dropped off by a friend. When he returned to pick up the truck, he found it damaged, and he did not report the damage to the police or report that the vehicle had been stolen. I told him I expected to find the steering column peeled or the window broken or maybe the locks broken. None of these had occurred.

Finally, Samual admitted he was driving. He said he was drinking and was scared. It was raining and that he lost control on the slick road during the turn and slid into the house. He fled the scene and parked the vehicle at his friend's house to avoid it being discovered.

I asked Samual to complete a written statement, and he agreed. I contacted Sergeant Bilbrey, who was off duty, and he advised to issue Samual a citation for failure to control and to collect his insurance information for his crash report.

I completed an exchange of information and provided the homeowner his copy.

I photographed the damage to the vehicle, the damage to the victim's grass, and the interior structure of the house to document a large wall crack.

Nothing further to report at this time.

Respectfully,

Sergeant T. Stanley #14

										OFFICER'S SIGNATURE <b>X</b> Sgt. Todd Stanley	BADGE NUMBER 14
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-073265	REPORTING AGENCY Butler Twp Police	DATE OF CRASH M/11/D/19/Y/16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lucas W Artin (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Sergeant Bullock #16 (OFFICERS NAME) AT 9182 Peters Pike (LOCATION)

I was in the Garage when the truck hit the wall. It felt like an earthquake when everything hit the ground. John Zeller and I walked out to see a white Ford Ranger or 5-10 driving off with another car that looked like a Cavalier into the neighborhood. We found tire tracks, broken tail lights and paint on the wall. The garage wall now has a huge crack from the ceiling to the floor.

937-248-4666

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS <i>Lucas W Artin</i>	OFFICERS SIGNATURE <i>Sergeant Bullock #16</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-013265	REPORTING AGENCY Butler Twp. Police	DATE OF CRASH M 11 10 19 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, John Zeller (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

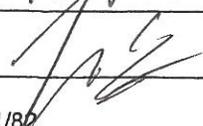
SERGEANT BILBRY #16 (OFFICERS NAME) AT 9182 Peters Pike (LOCATION)

on the side of the house along hertlein.

We heard squealing tires & then a bang against the garage. I ran out of the house to see a ford ranger white squealing away down hertlein. After words

we saw white paint and a broken tailight along side the garage. Also saw a crack in the block inside the garage.

I think the vehicle was a 2006-09 ford ranger extended cab. white in color. there was also a silver cavalier & a third car already down the road.

ADDRESS OF WITNESS 910 Pius Cir. Vandalia OH 45377	PHONE 937-304-5639
SIGNATURE OF WITNESS 	OFFICERS SIGNATURE Sergeant Bilbry #16

**BUTLER TOWNSHIP POLICE DEPARTMENT**  
3510 Sudachi Drive, Dayton, OH 45414 - Phone #937-890-2671 Fax #937-890-2740  
**WITNESS STATEMENT**

Report #: 16-073265 Date completed: NW 19, 2016 Page #      of     

Name: Samuel Patrick Adams  
FULL NAME REQUIRED, including FIRST, MIDDLE, and LAST name, and any suffix (Jr., Sr., III, etc) DOB: 12 / 20 / 196

Address: 325 Dellsing Dr. Vandalia  
House Number and Street City OH 45377  
State Zip

Phone Number(s): Home: 937 231 9649 Work:      Cell: 937-522-1925

Saturday SA SIGNATURE REQUIRED AT END OF STATEMENT

On Friday November 19<sup>th</sup>, around 07:30 am, I was driving North bound down Peters SA Dog Leg. It was raining. I turned right on Peters SA Hertling SA Peters Pike and lost control of my truck and spun out into a ditch and struck a house. I was scared and fled scene. I was going to go get my truck and file a report on Saturday November 19<sup>th</sup>.

Sam Adams