



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	16029572	CRASH SEVERITY	HIT/SKIP
		1 - FATAL 2 - INJURY 3 - PDO	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	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
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COUNTY * 57	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Butler	CRASH DATE * 05/09/2016	TIME OF CRASH 10:18	DAY OF WEEK Mon
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:50 / 52.29	LONGITUDE 0 / 084:13 / 51.76	OR	DECIMAL DEGREES LATITUDE 39.847861	LONGITUDE 84.231044
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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 02	ROAD TYPES OR MILEPOST <sup>2</sup> 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 TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S, E,W	LOCATION ROAD NAME PETERS	LOCATION ROAD TYPE <sup>2</sup> PI	ROUTE TYPES <sup>1</sup> 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 TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S, E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 6965	REFERENCE ROAD TYPE <sup>2</sup>
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REFERENCE POINT USED 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 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE	1 - ON ROADWAY 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 4 - CURVE GRADE	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
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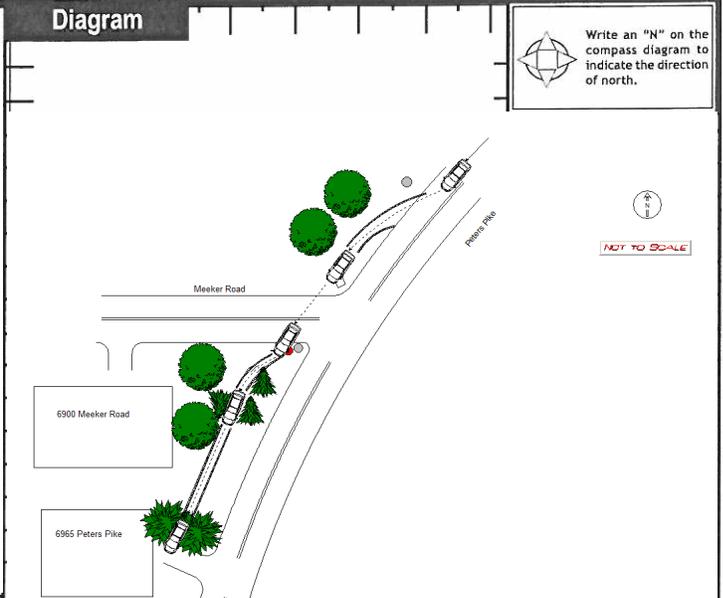
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR	5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION	8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 4	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	4 - RAIN 5 - SLEET, HAIL 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 - BLACKTOP, BITUMINOUS, ASPHALT	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	<input type="checkbox"/> 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 southbound on Peters Pike in the southbound lane and when prior to Meeker Road, Unit #1 lost control of the vehicle, went off the road to the right, went across Meeker Road, and struck several small trees before coming to a rest at 6965 Peters Pike.



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 05/09/2016	TIME CRASH REPORTED 10:18	DISPATCH TIME 10:20	ARRIVAL TIME 10:25	TIME CLEARED 12:07	OTHER INVESTIGATION TIME	TOTAL MINUTES 102
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OFFICER'S NAME * Ofc. Brian Brown	OFFICER'S BADGE NUMBER 37	CHECKED BY Ofc. Chris Hammond	PAGE OF
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**16029572**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>VANCE, AARON T</b>	DATE OF BIRTH <b>05/05/1988</b>	AGE <b>28</b>	GENDER <b>M</b> F - FEMALE M - MALE
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Address, City, State, ZIP: **5034 BELLCREEK LN TROTWOOD, OH 45426**  
 CONTACT PHONE- INCLUDE AREA CODE: **(937) 248-3605**

INJURIES <b>1</b>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>2</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RZ962451</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED (  LOCAL CODE ): **4511.202**  
 OFFENSE DESCRIPTION: **FAILURE TO CONTROL**  
 CITATION NUMBER: **42234**  
 HANDS-FREE  DEVICE USED  
 DRIVER DISTRACTED BY: **6**

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: \_\_\_\_\_

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	
					<input type="checkbox"/>					
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> 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 ): \_\_\_\_\_  
 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	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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 <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>PREWITT, CHRISTOPHER</b>	DATE OF BIRTH <b>09/21/1963</b>	AGE <b>52</b>	GENDER <b>M</b> F - FEMALE M - MALE
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Address, City, State, ZIP: **3647 OLD SALEM RD DAYTON, OH 45415**  
 CONTACT PHONE- INCLUDE AREA CODE: **(937) 540-9451**

INJURIES <b>2</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Butler Twp. Fire</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Grandview Hospital</b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>04</b>	AIR BAG USAGE <b>2</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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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: \_\_\_\_\_

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
					<input type="checkbox"/>				



# UNIT

LOCAL REPORT NUMBER

**16029572**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>VIAQUEST HOME HEALTH LLC</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>(937) 410-7304</b>	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>525 METRO PLACE NORTH 300 DUBLIN, OH 43017</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FKJ8433</b>	VEHICLE IDENTIFICATION NUMBER <b>2D4GP44L77R305231</b>	2 - MINOR	
VEHICLE YEAR <b>2007</b>	VEHICLE MAKE <b>Dodge</b>	VEHICLE MODEL <b>Grand Caravan</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>PHILADELPHIA INDEMNITY IN</b>	POLICY NUMBER <b>PHPK1399327</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP <b>/</b>		TOWED BY <b>Busy Bee Towing</b>	9 - UNKNOWN	
			CARRIER PHONE - INCLUDE AREA CODE	

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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	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			<input type="checkbox"/> HIT / SKIP UNIT

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>05</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>02</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>01</b> 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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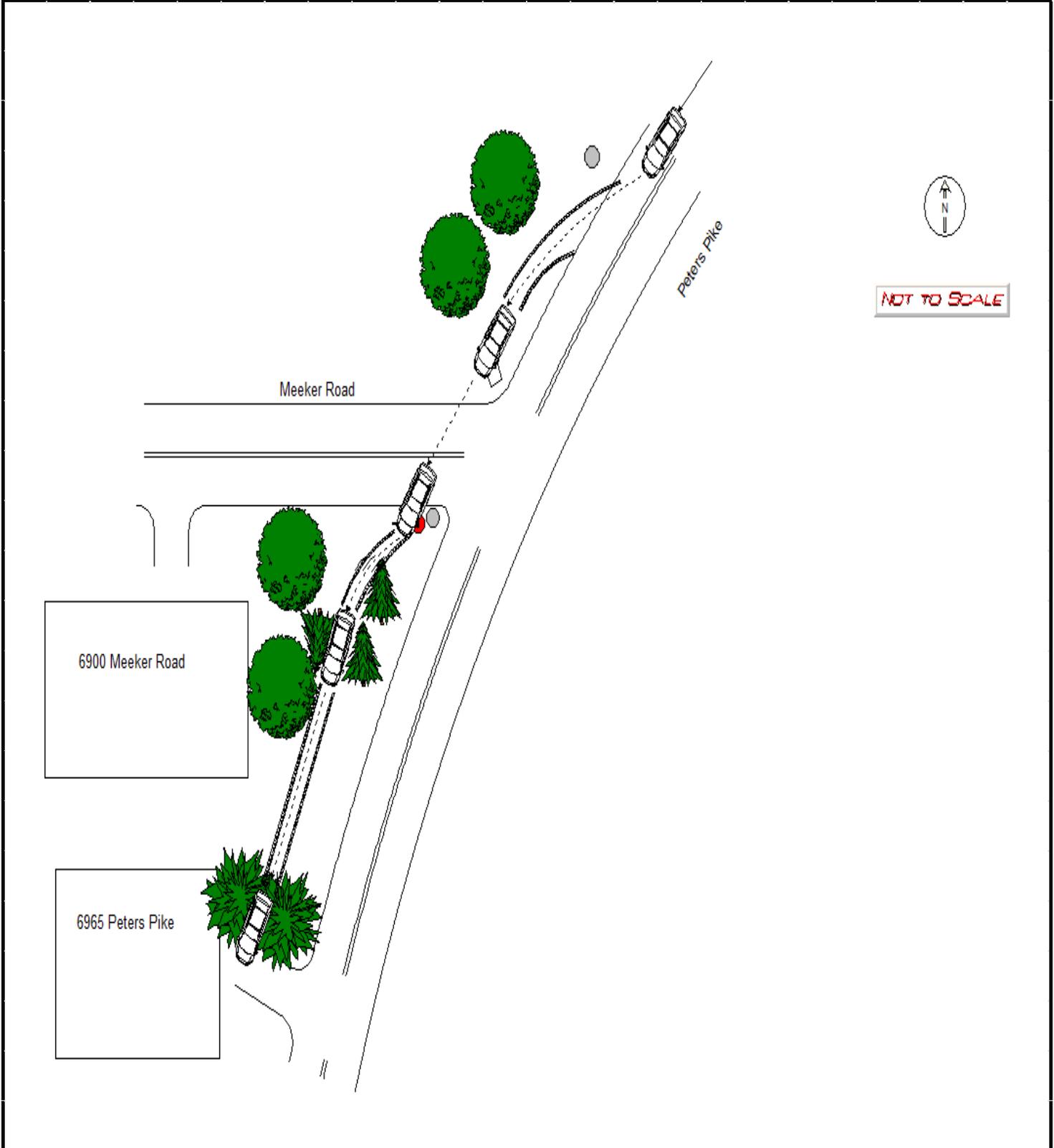
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>17</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 01 - NONE 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 <b>01</b> 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 <b>08</b> 2 <b>37</b> 3 <b>48</b> 4 <b>01</b> 5 <b>02</b> 6 <b>03</b> FIRST HARMFUL EVENT <b>1</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 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 <b>035</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</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>1</b> TO <b>2</b> 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



LOCAL REPORT NUMBER 16029572	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 5   D 9   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION 6965 PETERS PI	



OFFICER'S SIGNATURE X Ofc. Brian Brown	BADGE NUMBER 37
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LOCAL REPORT NUMBER 16029572	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 5   D 9   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION PETERS	

On Monday, May 9, 2016, at 1021 hours, I was dispatched to 6965 Peters Pike located in Butler Township, Montgomery County, Ohio, for an injury crash.

Upon my arrival at 1025 hours, I observed a white Dodge Grand Caravan minivan bearing Ohio registration FKJ8433 in the driveway of 6965 Peters Pike. From the tire tracks, downed trees, and downed traffic signs, I determined that the van was southbound on Peters Pike. Prior to Meeker Road the van left the roadway to the right knocking over several signs. The van crossed over Meeker Road knocking down the stop sign, then entered the yard belonging to Paul E. Roush of 6900 Meeker Road. The van knocked down two small evergreen trees and tore up an area of grass approximately the width of the van and four feet in long where it had bottomed out. The van continued southbound into the trees belonging to Kathy Cecil of 6965 Peters Pike where it came to a stop knocking the trees down into her driveway.

The van driver, Aaron T. Vance and the passenger, Christopher Prewitt were standing outside of the van. Prewitt suffers from a mental disorder and was unable to communicate to me, but he made several loud verbal noises similar to a dog barking. Medics arrived, evaluated both Vance and Prewitt, and decided to transport both to Grandview Hospital. Vance is a home health care provider for Via Quest Home Health LLC, and Prewitt is a patient. Vance went with Prewitt to serve as a guardian. I obtained Vance's information before his departure and I obtained the insurance information from the van.

I made contact with the property owners, Roush (937) 286-5032 and Cecil (937) 264-8095. I provided them with an exchange of information form containing the insurance carrier for Via Quest. I contacted the road department and informed them of the downed signs. I also advised Via Quest of the incident and provided them with the exchange of information as well. I had Busy Bee tow the van away.

I made contact with Vance on Saturday, May 14, 2016. He stated that he was driving southbound on Peters and was startled when Prewitt "barked" at him. He looked behind at Prewitt and lost control of the vehicle. I issued Vance citation 42234 for failure to control in violation of 4511.202 of the Ohio Revised Code.

Very Respectfully,  
  
Officer B. Brown #37

OFFICER'S SIGNATURE <b>X</b> Ofc. Brian Brown										BADGE NUMBER 37
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