



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
<b>16055652</b>	<input type="checkbox"/> 1 - FATAL <input checked="" type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 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 <input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * <b>05724</b>	REPORTING AGENCY NAME * <b>BUTLER TWP PD</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR <b>01</b>
--	---	---	---	------------------------------	----------------------------

COUNTY * <b>57</b>	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * <b>Butler</b>	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * <b>08/31/2016</b>	TIME OF CRASH <b>8:30</b>	DAY OF WEEK <b>Wed</b>
-----------------------	--	---------------------------	-----------------------------------	------------------------------	---------------------------

DEGREES / MINUTES / SECONDS LATITUDE <b>39:51:30.58</b>	LONGITUDE <b>084:11:46.67</b>	DECIMAL DEGREES LATITUDE <b>39.858497</b>	LONGITUDE <b>84.196299</b>
---	----------------------------------	---	-------------------------------

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 <b>02</b>	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
---	--	-----------------------------------	---

LOCATION ROUTE NUMBER TYPE 1	LOC PREFIX N,S, E,W	LOCATION ROAD NAME <b>LITTLE YORK</b>	LOCATION ROAD TYPE 2 <b>RD</b>	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE RD - ROAD TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
---------------------------------	---------------------------	--	-----------------------------------	--

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S, E,W	REFERENCE ROUTE NUMBER TYPE 1	REF PREFIX N,S, E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>3880</b>	REFERENCE ROAD TYPE 2
--	-----------------------------	----------------------------------	---------------------------	---	-----------------------

REFERENCE POINT USED <b>3</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION <b>01</b> 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	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <b>4</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
---	--	---	--	---	--

ROAD CONTOUR <b>2</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <b>01</b> 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
---	--	---	--	--

MANNER OF CRASH COLLISION/IMPACT <b>1</b> 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 <b>2</b> 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
---	---

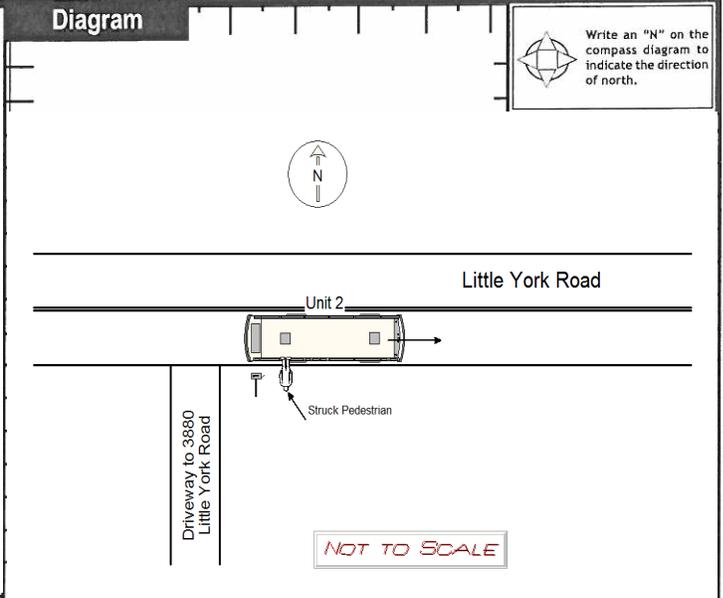
ROAD SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <b>1</b> SECONDARY	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
--	--	--	--	-------------	--

<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 <b>1</b> 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 <b>1</b> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
--	---	---	---

**NARRATIVE**

Unit #2 (RTA bus) was traveling eastbound on Little York Road in the eastbound lane of travel and when at 3880 Little York Road, Unit #1 (pedestrian) walked into the middle of Little York Road to stop Unit #2 so he could catch a ride. Unit #2 slowed so Unit #1 could get out of the road. As Unit #2 proceeded forward, Unit #1 was lightly brushed by the side of Unit #2. Unit #1 then went to the ground, and Unit #1's left foot was driven over by the right rear tire of Unit #2.

Due to the circumstances, Unit #1 was not issued a citation.



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 <b>08/31/2016</b>	TIME CRASH REPORTED <b>8:30</b>	DISPATCH TIME <b>8:31</b>	ARRIVAL TIME <b>8:31</b>	TIME CLEARED <b>9:39</b>	OTHER INVESTIGATION TIME <b>0060</b>	TOTAL MINUTES <b>128</b>
OFFICER'S NAME * <b>Sgt. Mark Morgan</b>		OFFICER'S BADGE NUMBER <b>5</b>		CHECKED BY <b>Lt. Chris Guthrie</b>		PAGE <b>01</b> OF		



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**16055652**

MOTORIST/Non-MOTORIST

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>EDMONDS, MARVIN</b>	DATE OF BIRTH <b>11/15/1961</b>	AGE <b>54</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>2271 HEPBURN AVE DAYTON, OH 45406</b>			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES <b>4</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>09</b>
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/> No VALID OL <input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>
			DRIVER DISTRACTED BY <b>1</b>	

MOTORIST/Non-MOTORIST

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>ELY, SHEREONTA M</b>	DATE OF BIRTH <b>02/20/1974</b>	AGE <b>42</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>5245 WOOD CREEK RD TROTWOOD, OH 45426</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(937) 580-1080</b>	
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SM258197</b>	OL CLASS <b>2</b> <input type="checkbox"/> No VALID OL <input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>
			DRIVER DISTRACTED BY <b>1</b>	

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
--	---	--	--	--	---

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 <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>HARRIS, ANDRE J</b>	DATE OF BIRTH <b>08/29/1991</b>	AGE <b>25</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>4605 FREDERICK PI E DAYTON, OH 45414</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(937) 292-3376</b>	
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>01</b>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>
			DRIVER DISTRACTED BY <b>04</b>	AIR BAG USAGE <b>5</b>
		EJECTION <b>1</b>	TRAPPED <b>1</b>	

OCCUPANT

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>WALKER, WILLIAM</b>	DATE OF BIRTH <b>04/06/1982</b>	AGE <b>34</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>34 ALKALINE SPRINGS RD VANDALIA, OH 45377</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(937) 853-7088</b>	
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>01</b>
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>
			DRIVER DISTRACTED BY <b>06</b>	AIR BAG USAGE <b>5</b>
		EJECTION <b>1</b>	TRAPPED <b>1</b>	



# UNIT

LOCAL REPORT NUMBER

**16055652**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )				
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

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

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>07</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 <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>26</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 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION <input type="checkbox"/>	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>14</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>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
--	---	---	---	--	---	--

PRE-CRASH ACTIONS <b>21</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
--	--	---	--	--	--------------------------------

CONTRIBUTING CIRCUMSTANCES <b>30</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 <input type="checkbox"/>	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
---	--	--	---	---	---

SEQUENCE OF EVENTS 1 <b>20</b> 2 3 4 5 6 FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</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 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 OR SUPPORT 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>000</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	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>3</b> TO <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
--	---------------------------	--	--



# UNIT

LOCAL REPORT NUMBER

**16055652**

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>GREATER DAYTON REGIONAL TRANSPORT</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>(937) 425-8510</b>	DAMAGE SCALE <b>1</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>4 S MAIN ST DAYTON, OH 45402</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>803YFG</b>	VEHICLE IDENTIFICATION NUMBER <b>15GGD3015A1177998</b>	2 - MINOR	
VEHICLE YEAR <b>2010</b>	VEHICLE MAKE <b>Gillig</b>	VEHICLE MODEL <b>City Bus</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>ATLANTIC SPECIALTY INS. C</b>	POLICY NUMBER <b>7910007290002</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP <b>/</b>			9 - UNKNOWN	
			CARRIER PHONE - INCLUDE AREA CODE	

US DOT <b>2</b>	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. <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	CARGO BODY TYPE <b>03</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. <b>1</b>			
HM CLASS NUMBER <b>1</b>			<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>3</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>22</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 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> Has HM PLACARD		

SPECIAL FUNCTION <b>05</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>01</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
--	---	---	--	---	--

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	MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
--	---	--	--	--------------------------------

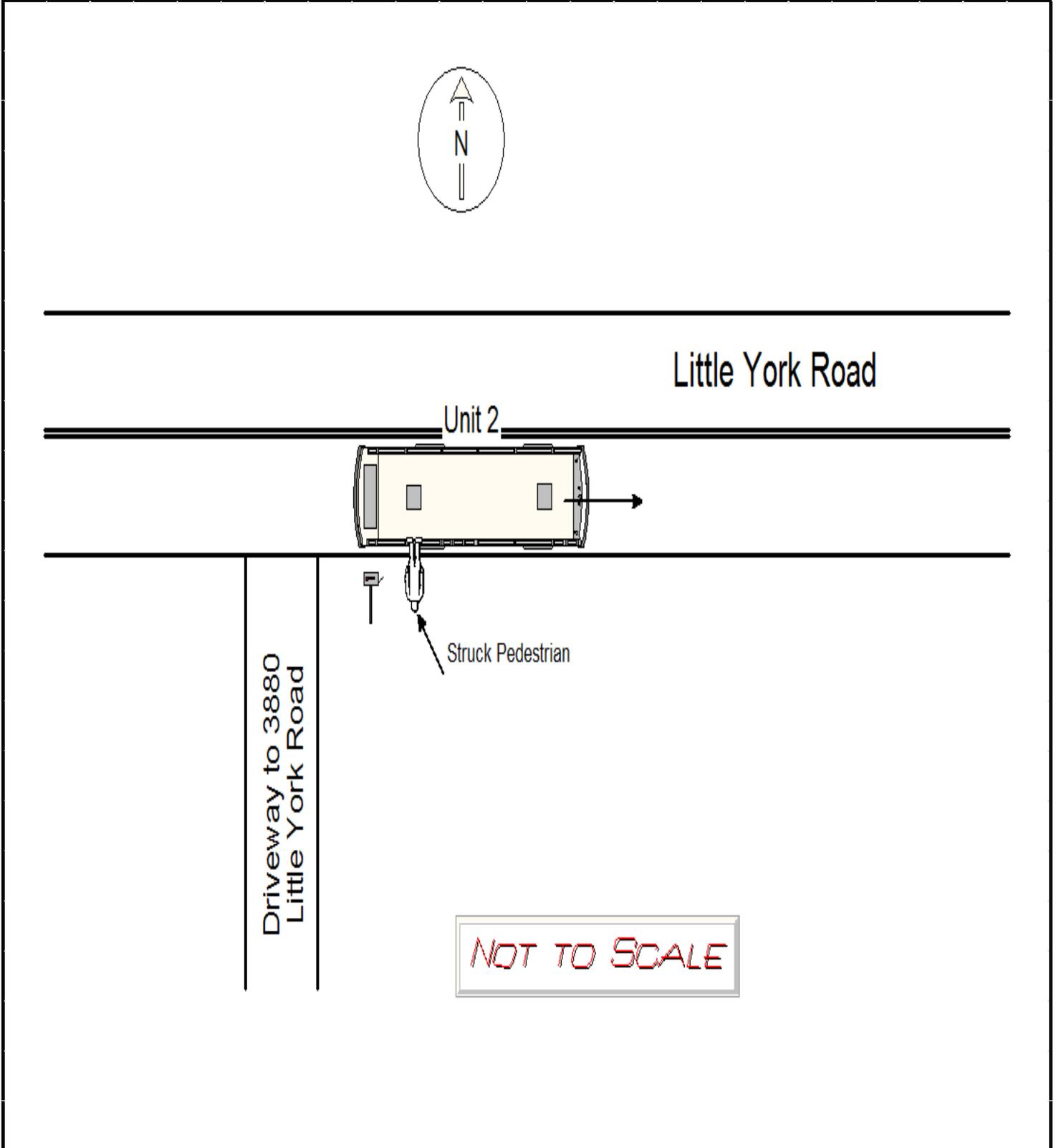
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 11 - IMPROPER 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
--	--	---	---

SEQUENCE OF EVENTS 1 <b>14</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</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 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
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		

UNIT SPEED <b>005</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>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 checked="" type="checkbox"/> ESTIMATED			PAGE OF



LOCAL REPORT NUMBER 16055652	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8   D 31   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION 3880 LITTLE YORK RD	



OFFICER'S SIGNATURE <b>X</b> Sgt. Mark Morgan	BADGE NUMBER 5
--	-------------------

LOCAL REPORT NUMBER 16055652	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8   D 31   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION LITTLE YORK	

On Wednesday, August 31, 2016 at about 0815 hours, I was meeting with Lieutenant Guthrie when he was advised via phone by Township Administrator Erika Vogel that there was a black male wearing a blue shirt walking in the middle of the road on Little York Road and Singing Ridge Boulevard in the curve area. Ms. Vogel said that she had to swerve to avoid hitting the subject in the roadway.

I proceeded to the area to check for the subject when I encountered several cars, a school bus, and a RTA bus stopped on Little York Road near 3880 Little York Road. I initially could not see from my vantage point what was the cause of the traffic stoppage. As I was getting ready to go around traffic to check, dispatch put out an injury crash in the area of Little York Road and Singing Ridge Boulevard. Officer Naas was dispatched to assist me.

I activated my overhead emergency lights and pulled up to 3880 Little York Road. I was advised by a witness that a black male was on the ground and may have been struck by the RTA bus, which was just east of 3880 Little York Road. I advised dispatch that a subject was down and requested a medic to respond.

I went to the black male subject on the ground and asked him what happened. The male, later identified as Marvin Edmonds, would not answer my question, but only said his leg was broken. I noticed that Mr. Edmonds was wearing a blue shirt, which matched the description given by Ms. Vogel. I also noticed that Mr. Edmonds had hearing aids, and I was not certain that he had heard my question about what had occurred.

Butler Township Fire Department medic personnel arrived on scene to treat Mr. Edmonds, who was subsequently transported to Grandview Hospital for further treatment.

I then spoke to the RTA bus driver who was identified as Shereonta M. Ely and asked her what had happened. Ms. Ely said that she was traveling eastbound on Little York Road after making a stop near North Dixie Drive to drop off a male subject and two children.

Ms. Ely said she was traveling eastbound on Little York Road when a black male ran into the street blocking her path. She said she waved for the male to move and honked the bus' horn at him to get out of the way. She said the male subject refused to move and she said he moved along the right side of the bus banging on the side while she was driving away. She then said that the male then fell down onto the ground as she was driving away, and she ran over his leg with the bus' right rear tires. Ms. Ely completed a written statement at the scene. I also requested a copy of the bus' on board camera footage. Ms. Ely said that there was a right side camera that should have captured the incident. She also said I would have to request a copy of the footage from RTA.

Officer Naas obtained statements from the bus passengers. I spoke to the school bus driver Heather, who was traveling westbound on Little York Road. She said she saw the male run into the street and get in front of the RTA bus. Since she was currently driving children to school, she was provided a witness statement to complete. I requested she contact the police when her statement was ready. I also requested a copy of the bus' on board camera footage for the investigation.

At about 1127 hours, I spoke Chuck Robano from RTA. I requested a copy of the footage from the bus for the investigation. Mr. Rabano said that he had downloaded a copy a would deliver it to the police department.

At about 1141 hours, I responded to Grandview Hospital to speak to Mr. Edmonds, and I located him in Emergency exam room #14A. On my arrival, Mr. Edmonds was receiving stitches to his left foot.

After the physician was finished, I attempted to speak to Mr. Edmonds. Mr. Edmonds was incoherent as he appeared to be under the influence of pain medication given to him. I asked several times if he could tell me what happened in the crash but I could not understand what he was saying. I also was

										OFFICER'S SIGNATURE X Sgt. Mark Morgan	BADGE NUMBER 5
--	--	--	--	--	--	--	--	--	--	---	-------------------



LOCAL REPORT NUMBER 16055652	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8   D 31   Y 2016
IN COUNTY OF MONTGOMERY	CRASH LOCATION LITTLE YORK	

unsure if he could hear and understand what I was asking him so I did not ask him any more questions at this point. I took 3 photographs of Mr. Edmonds' left foot area.

On Friday, September 2, 2016 at 0915 hours, Officer Naas and I were sent to Contractors Supply of Dayton located at 8510 North Dixie Drive for a suspicious subject. On arrival, I recognized Mr. Edmonds, who had been walking around the property and did not leave when told to do so by the owner.

I attempted to ask Mr. Edmonds what had happened at the crash, and initially he said a black truck ran over his foot. I tried to ask Mr. Edmonds additional questions, but he could not answer any of my questions because he could not hear me, and he could not understand what I was asking. Since Mr. Edmonds was also legally blind, I was unable to write down my questions so he would understand what I was asking.

OFFICER'S SIGNATURE <b>X</b> Sgt. Mark Morgan	BADGE NUMBER 5
--	-------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY Butler Twp. P.D.	DATE OF CRASH M8 10/31/18
----------------------------------	--------------------------------------	------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sheremata Ely (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 (OFFICERS NAME) AT Dixie & Little York (LOCATION)

After turning off S Dixie onto Little York road, I made a stop at the bus stop on Little York to let a man and his two children off the bus. After the passengers departed the bus, an older black male jumped in front of the bus trying to stop me. I waved my hand for the man to move and also honked my horn for the gentlemen to move out of the way. He refused to get out of the way and continued to move alongside the right side of the bus bringing on it. He then fell to the ground as I was trying to pass and that's when the back tire ran over his leg. I called it in to dispatch and they alerted the police and ambulance. Reports were taken on site.

ADDRESS OF WITNESS 5245 Wood Creek Road, Trotwood OH 45426	PHONE 937 580-7080
SIGNATURE OF WITNESS Sheremata Ely	OFFICERS SIGNATURE Sgt. M.D. Morgan #5

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY Butler Twp. P.D.	DATE OF CRASH NOV 18 1916
----------------------------------	--------------------------------------	------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, William Walker (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
SGT. M. MORGAN (OFFICERS NAME) AT 3880 LITTLE YORK RD. (LOCATION)

Man in the road tried to stop the R+T and got ran over by the back tire after beating on the side of the moving bus. He appeared out of nowhere and there wasnt a bus stop in sight!

ADDRESS OF WITNESS 34 Alkaline Ave 45377	PHONE 833-7088
SIGNATURE OF WITNESS William Walker	OFFICERS SIGNATURE SGT. M.D. Morgan #5

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY Butler Twp. P.D.	DATE OF CRASH MO8/03/14/6
----------------------------------	--------------------------------------	------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Andre Harris (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Sgt. M. Morgan (OFFICERS NAME) AT Vandalia, Ohio, little York road (LOCATION)

At 8:30 AM, I saw a man running across the street on little York road in Vandalia, Ohio. As the man ran across the street, he tried to stop the bus but she would not stop because he tried to stop the bus at a non-bus stop zone. She slowed down and told him no, he knocked on the doors but she continued to go and the momentum of the bus caused the guy to fall to the ground. When the guy fell to the ground he landed on the grass and curbe, unaware that the guy fell ~~in~~ in my opinion she kept going and we heard something get ran over. It sounded like a bump and then the bus stop. We looked out the window and saw the man on the ground in pain. I believe the driver would not stop because it wasn't a stop but she was in shock after she realized she ran over his leg.

ADDRESS OF WITNESS 4695 Frederick Pike APT. Dayton, Ohio 45414	PHONE 937-242-3376
SIGNATURE OF WITNESS <u>Andre Harris</u>	OFFICERS SIGNATURE Sgt. M. D. Morgan #5

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY BUTLER TWP. P.D.	DATE OF CRASH M08 1031 14 16
----------------------------------	--------------------------------------	---------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Aaron T Scully (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
SGT. M. MORGAN (OFFICERS NAME) AT SINKING RIDGE/LITTLE YORK (LOCATION)

BTA bus driver tried to avoid the pedestrian who was standing in the roadway while also trying to avoid the school bus. Looked like he was trying to stop the bus and subsequently got run over.

ADDRESS OF WITNESS 6812 Brandt Pike Huber Heights OH	PHONE (937) 689-0376
SIGNATURE OF WITNESS <u>Aaron Scully</u>	OFFICERS SIGNATURE <u>SGT. M. D. Morgan #5</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY BUTLER TWP. P.D.	DATE OF CRASH M08/D31Y86
----------------------------------	--------------------------------------	-----------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JAMES WILKINS (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
SGT. M. MORGAN (OFFICERS NAME) AT 3880 LITTLE FORK RD. (LOCATION)

Man crossed road in front of RTA bus.  
 Bus slowed down to allow man to cross road.  
 Bus did not come to complete stop but did swerve out to miss the man. Note: I did not see a bus stop sign.

When the bus did not stop to allow the man to get on the man fell to the ground as the bus was pulling away. As the man fell his legs protruded out into the path of the right rear bus tire.

It looked, to me, like the tire rolled over the man's ~~left~~ right lower leg/ankle.  
 Bus stopped and I called 911.

ADDRESS OF WITNESS 6905 BEJAY DR TIPP CITY OH 45371	PHONE 937 623 1487
SIGNATURE OF WITNESS <i>Jane Wells</i>	OFFICERS SIGNATURE SGT. M. D. Morgan #15



LOCAL REPORT NUMBER <b>15-055652</b>	REPORTING AGENCY <b>BUTLER TWP. P.D.</b>	DATE OF CRASH M <b>08</b>   D <b>31</b>   Y <b>16</b>
---	---	--

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Pam Luke HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Lt. GUTHRIE AT BTPD  
OFFICER'S NAME LOCATION

I was Traveling east on Little York Rd. towards POE AVE.  
 At the curve by Singing Ridge a man was walking in <sup>West.</sup>  
 the middle ~~of the~~ <sup>of</sup> Little York Rd.

the car in front of me swerved into the other  
 lane to miss him. He would not get out of the  
 road. I swerved into the other lane to miss him.

I looked at my <sup>rearview</sup> mirror, he was walking straight  
 in the middle of Little York. Nothing phased him.

ADDRESS OF WITNESS <b>3510 Sudachi Dr. Dayton Oh 45414</b>	PHONE <b>8/31/16</b>
SIGNATURE OF WITNESS X <u>Pam Luke</u>	OFFICER'S SIGNATURE X <u>Lt. Guthrie</u>

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY BUTLER TWP. P.D.	DATE OF CRASH M 08   D 31   Y 16
----------------------------------	--------------------------------------	-------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Erika Vogel HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Lt. Guthrie AT BTPD  
OFFICER'S NAME LOCATION

At approximately 8:23 AM I was traveling East bound on Little York Rd. into the sun. Entering one of the curves, there was a black male wearing a blue t-shirt carrying a bag, walking down the center of the lane of travel (walking in the west direction - east bound lane). I had to swerve into the west bound lane to miss hitting him. There were no cars heading west bound at the time. He did not move out of the way. He continued to walk down the center of the lane and did not react in any way to the incident. Traveling behind me was another co-worker who I also witnessed swerve to avoid hitting the man. I called Lt. Guthrie and asked him to check on the man and gave him his description + location.

ADDRESS OF WITNESS 3510 Sudaachi Dr. Dayton OH 45414	PHONE 898-6735
SIGNATURE OF WITNESS X <u>Erika Vogel</u>	OFFICER'S SIGNATURE X <u>Lt. Guthrie</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16-055652	REPORTING AGENCY Butler Twp. P.D.	DATE OF CRASH MO8 10 31 16
----------------------------------	--------------------------------------	-------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Deborah L. Flohre (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
St. Morgan (OFFICERS NAME) AT 3880 Little York (LOCATION) (8:25 Am)

We had just left a stop at Rockwell going west on Little York when an RTA Bus traveling East on Little York swirled into our lane to miss hitting a Black male wearing Blue t-shirt and khaki jeans. He appeared out of no where and was trying to get the bus to stop it seemed to pick him up. As the RTA bus passed us he was laying in the grass at 3880. We stopped to help and call into dispatch to call the police. We do not know if the RTA bus made contact with him. He was just laying there saying his leg his leg was hurt.

*Deborah Flohre*

ADDRESS OF WITNESS 1700 Hedgestone Dr. Dayton Ohio 45414	PHONE 937-304-7206
SIGNATURE OF WITNESS <i>Deborah L Flohre</i>	OFFICERS SIGNATURE SGT. M. D. Morgan #5