



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
17079303	2 - FATAL 1 - INJURY 3 - PDD	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" 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 02	UNIT IN ERROR 01
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COUNTY * 57	CITY * BUTLER	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 12/09/2017	TIME OF CRASH 18:19	DAY OF WEEK Sat
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:51:43.15	LONGITUDE 0 / 084:15:15.89	DECIMAL DEGREES LATITUDE 39.861988	LONGITUDE 84.254413
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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 ² AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS MP - MILEPOST HW - HIGHWAY PK - PARKWAY LA - LAKE PL - PLACE RD - ROAD ST - STREET TE - TERRACE WA - WAY
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LOCATION ROUTE TYPE ¹	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME FREDERICK	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	LOCATION ROAD TYPE ² 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 ¹	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 7870	REFERENCE ROAD TYPE ²
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REFERENCE POINT USED 3 - HOUSE NUMBER	CRASH LOCATION 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	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 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 4 - CURVE GRADE	ROAD CONDITIONS PRIMARY 03	SECONDARY 04	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 3 - TWO MOTOR VEHICLES IN TRANSPORT	1 - NOT COLLISION BETWEEN 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 6 - CLOUDY	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 - ASPHALT	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK	4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 5	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	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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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 Frederick Pike in the southbound lane when at 7870, Unit #1 lost control due to speed, which was excessive for the road and weather conditions: snowing with snow and ice covered roadways. Unit #1 attempted to stop, but slid into a parked truck, which was parked facing north in the southbound lane, which was attempting to assist a stuck vehicle unrelated to this crash. The posted speed limit was 45 MPH.



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)
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DATE CRASH REPORTED 12/09/2017	TIME CRASH REPORTED 18:19	DISPATCH TIME 18:19	ARRIVAL TIME 18:21	TIME CLEARED 19:33	OTHER INVESTIGATION TIME	TOTAL MINUTES 72
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OFFICER'S NAME * Ofc. Brian Brown	OFFICER'S BADGE NUMBER 13	CHECKED BY Ofc. Chris Hammond	PAGE OF
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UNIT

LOCAL REPORT NUMBER

17079303

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) WARD, WILLIAM B	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 673-2810	DAMAGE SCALE 4	DAMAGED AREA FRONT 09 08 10 07 06 05 REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2726 CATALPA DR DAYTON, OH 45406			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER BIPP	VEHICLE IDENTIFICATION NUMBER KMHFU45E54A326396	# OCCUPANTS 01		2 - MINOR
VEHICLE YEAR 2004	VEHICLE MAKE Hyundai	VEHICLE MODEL Xg300	VEHICLE COLOR BLACK		3 - FUNCTIONAL
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ALLSTATE	POLICY NUMBER 980 751 834	TOWED BY Busy Bee Towing	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE		

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

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD					

SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 06 SECONDARY 06 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 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 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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	COLLISION WITH FIXED OBJECT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT

UNIT SPEED 015	POSTED SPEED 45	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED					PAGE OF



UNIT

LOCAL REPORT NUMBER

17079303

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) DEMOSS, LEWIS MICHAEL	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 607-9212	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 104 W MELFORD AVE DAYTON, OH 45405			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER HFH1681	VEHICLE IDENTIFICATION NUMBER 5N1ED28Y61C564845	2 - MINOR	
VEHICLE YEAR 2001	VEHICLE MAKE Nissan	VEHICLE MODEL Xterra	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY THE GENERAL	POLICY NUMBER OH 3748889	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
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CONTRIBUTING CIRCUMSTANCES PRIMARY 13 SECONDARY 01 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 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 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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
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UNIT SPEED 000	POSTED SPEED 45	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		PAGE OF	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

17079303

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER [01]	NAME: LAST, FIRST, MIDDLE WARD, WILLIAM B	DATE OF BIRTH 11/28/1962	AGE 55	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2726 CATALPA DR DAYTON, OH 45406	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [2]	INJURED TAKEN BY [2]	EMS AGENCY Butler Twp. Fire	MEDICAL FACILITY INJURED TAKEN TO Grandview Medical	SAFETY EQUIPMENT USED [04]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [01]	AIR BAG USAGE [2]	EJECTION [1]	TRAPPED [1]		
OL STATE [OH]	OPERATOR LICENSE NUMBER RG478835	OL CLASS [4]	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION [1]	ALCOHOL/DRUG SUSPECTED [1]	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)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY [1] []						

UNIT NUMBER [02]	NAME: LAST, FIRST, MIDDLE DEMOSS, LEWIS MICHAEL	DATE OF BIRTH 09/08/1992	AGE 25	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 104 W MELFORD AVE DAYTON, OH 45405	CONTACT PHONE - INCLUDE AREA CODE (937) 607-9212
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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 TR977533	OL CLASS [4]	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION [1]	ALCOHOL/DRUG SUSPECTED [1]	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE [1]	ALCOHOL TEST VALUE [] [] [] []	DRUG TEST STATUS [1]	DRUG TEST TYPE [1]
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY [1] []						

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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LOCAL REPORT NUMBER 17079303	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 12 D 9 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

On Saturday, December 9, 2017, at 1819 hours, I was dispatched to 7870 Frederick Pike located in Butler Township, Montgomery County, Ohio, for an injury crash. I activated my emergency lights and siren and proceeded southbound on Frederick Pike from the scene of a disabled motorist. The region's first snowfall had occurred and the roadways were extremely slick with ice and snow.

As I approached the scene from the north at 1821 hours, I stepped on my brake pedal and slid southbound for over 30 yards before coming to a stop before a black Hyundai sedan bearing Ohio personalized registration BIPP. The Hyundai was facing to the southwest with its nose in the southbound lane and its tail in the northbound lane. I exited my vehicle and spoke with the driver of the Hyundai, who I later identified as William B. Ward, II, via his Ohio Driver License, who was sitting in the driver's seat with both front airbags deployed. I asked if he were ok and he replied that he was.

In the ditch on the westside of the road near the front of the Hyundai, was a black Honda sedan, which had slid off the road prior to this crash. The Honda was not involved in the crash.

Further south in the roadway were several people, two of which appeared to have been involved in the crash. One was sitting on the ground and was being assisted by the other. As I approached, the second assisted the first to a standing position. I asked if they were injured and they stated that they believed so. I instructed them to enter into the rear of my marked Butler Township Police vehicle to get out of the snow, warm up, and be protected from any other vehicular traffic. I radioed Officers J. Rieder and A. Hayslip and requested they close Frederick Pike near the location that Interstate 70 passes overhead as Frederick Pike was very slick. They complied. Fire department apparatus arrived and closed off Frederick Pike to the south of the crash scene. I also radioed dispatch and requested they contact the Montgomery County Road Department to treat the roadway surface.

I learned that a silver Nissan Xterra bearing Ohio registration HFH1861 had also been involved in the crash and learned that it and its driver were parked on Alvira Avenue. There were two witnesses to the crash, who I identified as Alexander B. Johnson and Danielle S. Wade via their names and dates of birth, and I received their verbal and written statements. Johnson and Wade stated that they and the driver of the Nissan, Lewis M. Demoss, had stopped to assist the occupants of the Honda, which had slid off the road. The Nissan was facing north in the southbound lane. The occupants of the Honda were later identified as Derek M. Helm and Pedro M. Campos. Demoss was in the driver's seat of the Nissan while Johnson and Wade stepped into a nearby driveway to get out of the roadway. Helm and Campos were attempting to attach a tow cable to the rear of the Nissan as the Hyundai was traveling southbound in the southbound lane. Johnson and Wade both opined that the Hyundai was traveling between 40 and 50 miles per hour. They saw the Hyundai begin to slide and yelled out a warning for the others. Demoss later stated he jumped out of the Nissan just prior to the impact. Helm later stated that he pushed himself away from the left of the Nissan prior to the impact while Campos who was standing directly behind the Nissan was struck by the rear of the Nissan after it was struck by the Hyundai.

I returned to my patrol vehicle and spoke with Helm and Campos. I identified both of them via their names and dates of birth. Both Butler Township and Vandalia medics arrived and began assessing Ward, Helm, and Campos. The Butler medic transported Ward to Grandview Hospital while the Vandalia Medic transported Helm and Campos to Good Samaritan. Busy Bee arrived and began loading the Hyundai, the Nissan, and the Honda.

After they departed, I had Johnson and Wade enter my vehicle and took them to Alvira Avenue where I met with Demoss, the owner and operator of the Nissan. I identified him via his Ohio Driver License and received his verbal and written statement. Demoss stated that he stopped to assist the Honda and was stopped in the southbound lane when the Hyundai came south in the southbound lane and struck his stationary vehicle.

										OFFICER'S SIGNATURE X Ofc. Brian Brown	BADGE NUMBER 13
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LOCAL REPORT NUMBER 17079303	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 12 D 9 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

On Sunday, December 10, 2017, Wade arrived at the Butler Township Police Department where I received his written statement. His statement corroborated all the others with the only exception being the speed. Wade stated he was traveling between 10 and 15 miles per hour.

On Monday, December 11, 2017, I went to the homes of Campos and Helm. Both young men were released from the hospital with only minor bumps and bruises. I received a verbal and written statement from Campos while only speaking to Helm's father as Derek was at work.

OFFICER'S SIGNATURE X Ofc. Brian Brown	BADGE NUMBER 13
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LOCAL REPORT NUMBER 17079303	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 12 D 9 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK	

I elected to not assign blame to either Wade in the Hyundai or Demoss in the Nissan as both parties bear a shared responsibility. The Nissan was stopped facing north in the southbound lane. I suspect the Hyundai was traveling faster than the road conditions allowed. I know that Frederick Pike was exceptionally slick as I slid down the hill prior to reaching the scene.

Very Respectfully,

Officer B. Brown #13

OFFICER'S SIGNATURE X Ofc. Brian Brown	BADGE NUMBER 13
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
17079303

UNIT NUMBER [] []	NAME: LAST, FIRST, MIDDLE HELM, DEREK MICHAEL	DATE OF BIRTH 09/16/1997	AGE 20	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 812 NORDHOFF FARM DR UNION, OH 45322	CONTACT PHONE - INCLUDE AREA CODE (937) 529-9672
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Vandalia Fire	MEDICAL FACILITY INJURED TAKEN TO Good Smaritan Hosp	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 4	TRAPPED 1
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UNIT NUMBER [] []	NAME: LAST, FIRST, MIDDLE CAMPOS, PEDRO MANUEL	DATE OF BIRTH 03/26/1998	AGE 19	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 230 BRIARCLIFF RD DAYTON, OH 45415	CONTACT PHONE - INCLUDE AREA CODE (937) 432-5133
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Vandalia Fire	MEDICAL FACILITY INJURED TAKEN TO Good Smaritan Hosp	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 4	TRAPPED 1
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UNIT NUMBER [] []	NAME: LAST, FIRST, MIDDLE JOHNSON, ALEXANDER BRANDON	DATE OF BIRTH 06/10/1993	AGE 24	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 9477 N MONTGOMERY COUNTY LINE ENGLEWOOD, OH 45322	CONTACT PHONE - INCLUDE AREA CODE (937) 679-6021
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INJURIES 1	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 4	TRAPPED 1
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UNIT NUMBER [] []	NAME: LAST, FIRST, MIDDLE WADE, DANIELLE STARR	DATE OF BIRTH 06/12/1997	AGE 20	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 200 BRUBAKER DR APT 3 NEW CARLISLE, OH 45344	CONTACT PHONE - INCLUDE AREA CODE (937) 608-2498
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INJURIES 1	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 4	TRAPPED 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 []
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UNIT NUMBER [] []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER [] F - FEMALE [] M - MALE
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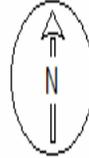
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	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
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LOCAL REPORT NUMBER 17079303	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 12 D 9 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION 7870 FREDERICK PI	



NOT TO SCALE

OFFICER'S SIGNATURE X Ofc. Brian Brown		BADGE NUMBER 13
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