



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
17024360	<input checked="" 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	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 02	UNIT IN ERROR 01
---	--	------------------	---	---	------------------------------	----------------------------

COUNTY * 57	CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Butler	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 04/18/2017	TIME OF CRASH 17:13	DAY OF WEEK Tue
-----------------------	--	---------------------------	-----------------------------------	-------------------------------	---------------------------

DEGREES / MINUTES / SECONDS LATITUDE 39:51:23.37	LONGITUDE 084:13:35.52	OR	DECIMAL DEGREES LATITUDE 39.856494	LONGITUDE 84.226536
---	----------------------------------	----	---	-------------------------------

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 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 LITTLE YORK	LOCATION ROAD TYPE 2 RD	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE 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 #) PETERS	REFERENCE ROAD TYPE 2 PI
--	----------------------------	----------------------------------	--------------------------	---	------------------------------------

REFERENCE POINT USED 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 02 01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 02 - FOUR-WAY INTERSECTION 07 - ON RAMP 03 - T-INTERSECTION 08 - OFF RAMP 04 - Y-INTERSECTION 09 - CROSSOVER 05 - TRAFFIC CIRCLE/ROUNDBOUT 10 - DRIVEWAY/ALLEY ACCESS	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE
---	--	---	---

ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER 03 - SNOW 07 - SLUSH 99 - UNKNOWN 04 - ICE 08 - DEBRIS*	* SECONDARY CONDITION ONLY
---	--	----------------------------

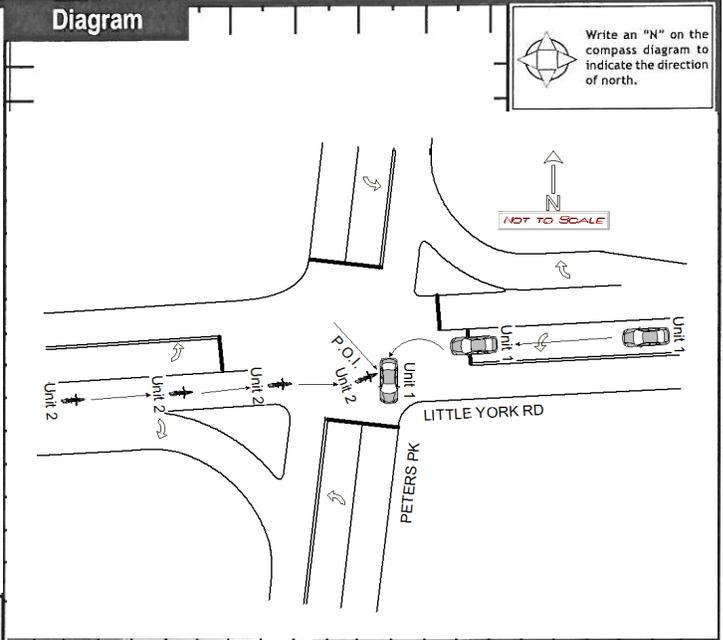
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN
--	---

ROAD SURFACE 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 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	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	---	--

WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) <input type="checkbox"/>
---	---	---	--	--

NARRATIVE

Unit 1 was traveling westbound on Little York Road attempting to turn left onto southbound Peters Pike, and in so doing, failed to yield to unit 2, which was traveling eastbound on Little York Road approaching Peters Pike.



DATE CRASH REPORTED 04/18/2017	TIME CRASH REPORTED 17:13	DISPATCH TIME 17:14	ARRIVAL TIME 17:17	TIME CLEARED 18:18	OTHER INVESTIGATION TIME 0045	TOTAL MINUTES 106
--	-------------------------------------	-------------------------------	------------------------------	------------------------------	---	-----------------------------

OFFICER'S NAME * Ofc. John Rieder	OFFICER'S BADGE NUMBER 15	CHECKED BY Sgt. Mark Morgan	PAGE OF
---	-------------------------------------	---------------------------------------	---------



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
17024360

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE LEWIS, BRITTANY R	DATE OF BIRTH 02/11/1991	AGE 26	GENDER F F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 20 ELM HILL DR DAYTON, OH 45415	CONTACT PHONE- INCLUDE AREA CODE (937) 405-8163
---	---

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	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 TF631297	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.42	OFFENSE DESCRIPTION FAILURE TO YIELD WHILE TURNING LEFT	CITATION NUMBER 002426	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
---	---	----------------------------------	---	----------------------------------

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE HAFFNER, BRUCE M	DATE OF BIRTH 07/16/1965	AGE 51	GENDER M F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 5527 PREBLE CO LINE LEWISBURG, OH 45338	CONTACT PHONE- INCLUDE AREA CODE (937) 623-1633
---	---

INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY Butler Twp. Fire	MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RH877852	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C END. <input checked="" type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> 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
--	---	--	--	---

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

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

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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

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

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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------



UNIT

LOCAL REPORT NUMBER

17024360

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) LEWIS, BRITTANY R	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 405-8163	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 20 ELM HILL DR DAYTON, OH 45415			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER FBT2139	VEHICLE IDENTIFICATION NUMBER 1C4BJWDG5DL589793	2 - MINOR	
VEHICLE YEAR 2013	VEHICLE MAKE Jeep	VEHICLE MODEL Wrangler	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY AMERICAN FAMILY INS CO	POLICY NUMBER 1941-6439-02-89-FPPA-	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP OH			9 - UNKNOWN	
			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 01	TRAFFICWAY DESCRIPTION 1
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	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	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 CLASS NUMBER		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 06	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 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 04	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 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
-------------------------------	---	---	---	--------------------------------	--	---	--------------------	--

PRE-CRASH ACTIONS 06	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
--------------------------------	--	---	--	--	--------------------------------

CONTRIBUTING CIRCUMSTANCES PRIMARY 02	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 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	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			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

UNIT SPEED 005	POSTED SPEED 35	TRAFFIC CONTROL 04	01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 3 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
--------------------------	---------------------------	------------------------------	---	--	---	---	--	--	-------------



UNIT

LOCAL REPORT NUMBER

17024360

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) HAFFNER, BRUCE M	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 623-1633	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 5527 PREBLE CO LINE LEWISBURG, OH 45338			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER ARB20	VEHICLE IDENTIFICATION NUMBER 1HD1BFV17EB021506	2 - MINOR	
VEHICLE YEAR 2014	VEHICLE MAKE Harley-Davidson	VEHICLE MODEL M-50	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY STATE FARM	POLICY NUMBER 1218554816	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP /		TOWED BY Busy Bee Towing	9 - UNKNOWN	
			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 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO. 1	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			<input type="checkbox"/> HIT / SKIP UNIT

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 09 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 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
--	---	---	--	---	--

PRE-CRASH ACTIONS 01 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
--	---	--	--	--------------------------------

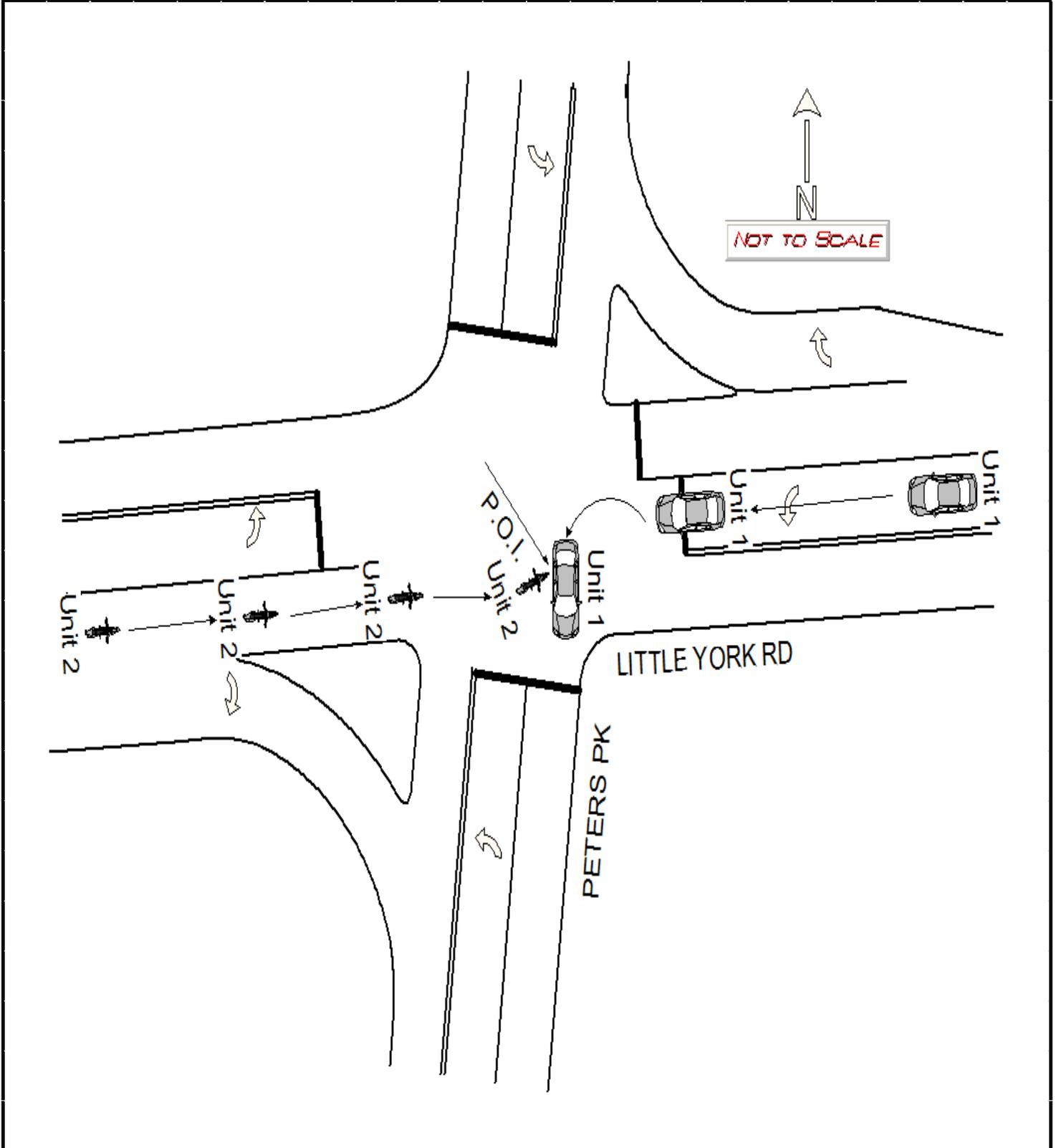
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 11 - IMPROPER 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 <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 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
--	--	--

UNIT SPEED 035	POSTED SPEED 35	TRAFFIC CONTROL 04 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 4 TO 3 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 17024360	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 18 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION LITTLE YORK RD/ PETERS PI	



OFFICER'S SIGNATURE X Ofc. John Rieder	BADGE NUMBER 15
---	--------------------

LOCAL REPORT NUMBER 17024360	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 18 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION LITTLE YORK	

Upon arrival at the scene, I learned the rider of unit 2 was a CCW carrier and had his gun on his person. The gun had fallen from his holster after the crash and was lying on the ground under the handlebars. I collected the Kimber 9mm handgun and made it safe. Unit 2 also gave me a case that had 2 loaded clips of ammo and a pocket knife. I took all for safe keeping, as he was transported to the hospital.

Sergeant Stanley and I obtained several witness statements attached to this report. The driver of Unit 1 said the sun was in her eyes, and she could not see the motorcycle and turned left in front of the motorcycle before she knew it. Several other witnesses completed statements to the same effect that she turned left in front of the motorcycle failing to yield.

I spoke to unit 2's father, Bruce Haffner Sr. He was at the hospital and said his son was still being treated. He later responded to post, took possession of his son's items, and signed the property receipt. I learned he was also a CCW permit holder, and there was nothing barring him from possessing the weapon.

On Wednesday, April 19, 2017, I spoke to Mr. Haffner Sr. on the phone. He said his son was still in the hospital going through treatment and was not available to give a written statement. I did obtain his insurance information and verified it with his agent. At this time, there was no statement available from unit 2.

Respectfully,

Officer John Rieder, #15

OFFICER'S SIGNATURE X Ofc. John Rieder	BADGE NUMBER 15
--	--------------------



LOCAL REPORT NUMBER 17-024360	REPORTING AGENCY Butler Township P.D.	DATE OF CRASH M 04 D 18 Y 17
----------------------------------	--	-------------------------------------

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

I, Brittany Lewis PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
John Rieder OFFICER'S NAME AT Little York and Peters LOCATION

motorcyclist was last car through the light,
 I turned left and hit him. The sun
 was in my eyes and I did not see him.
 It was hard to see him with the sun
 and the small figure of a motorcycle.
 The time was 17:17 on 4/18/17. I was
 wearing my seatbelt and looking ahead. It
 was very sunny. I pulled off the road
 to call 911 but bystanders already called.

20 Elm Hill Dr. Dayton OH 45415
ADDRESS OF WITNESS PHONE 937-405-8163

Brittany Lewis SIGNATURE OF WITNESS ofc. John Rieder OFFICER'S SIGNATURE

LOCAL REPORT NUMBER 17-024360	REPORTING AGENCY Butler Township P.D.	DATE OF CRASH M 04 D 18 Y 17
---	---	--

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

I, Monica J. Evans HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
John J. Rieder AT Peters Pk / Little York Rd
OFFICER'S NAME LOCATION

At approximately 1710 hours I was sitting behind another vehicle facing north on Peters Pk at Little York waiting at the red light I observed a copper color motorcycle traveling east through the intersection. As the motorcycle, being driven by a white male in cowboy boots, a KD shirt and no helmet, got to the intersection, a black Jeep turned left to travel south on Peters from Little York. The Jeep turned in front of the motorcycle. The driver of the motorcycle did not have time to stop & collided w/ the passenger side of the Jeep. The driver of the motorcycle was limping & bleeding. The license plate on the Jeep was OH LP# FBT2139. When I made contact with the driver of the Jeep, she made a phone call & stated to the person on the other end, "The sun was in my eyes. I couldn't see. It was a motorcycle I hit a guy on a motorcycle."

ADDRESS OF WITNESS 335 W. Third St. D/o 45402	PHONE 937-623-2632
SIGNATURE OF WITNESS X Monica Evans	OFFICER'S SIGNATURE X osc. John Rieder

LOCAL REPORT NUMBER 17-024360	REPORTING AGENCY Butler Township P.D.	DATE OF CRASH M 04 D 18 Y 17
----------------------------------	--	---------------------------------

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

I, Sakinah A Hummons PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
John Rieder OFFICER'S NAME AT North Peter Pike LOCATION

I was driving north on Peter Pike and at the stop of cross section of Peter Pike and Little York Rd a jeep traveling east made a left striking a motorcycle going west of Little York Rd

Herlight Red.
E & W Green

ADDRESS OF WITNESS <u>1612 Ace Pl Dayton OH 45417</u>	PHONE <u>937-231-7902</u>
SIGNATURE OF WITNESS <u>X Sakinah A. Hummons</u>	OFFICER'S SIGNATURE <u>X ofc. John J. Rieder</u>

LOCAL REPORT NUMBER 17-024360	REPORTING AGENCY Butler Township P.D.	DATE OF CRASH M 4 10 18 17
---	---	--------------------------------------

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

I, Brenda Brammer HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

John Rieder AT Little York & Peters Pike
OFFICER'S NAME LOCATION

Around 5:08p

Motorcycle was traveling on Little York Road crossing Peter Pike when a black Jeep (FBT 2139) traveling toward the motorcycle (^{Jeep was} in the turning lane) & pulled in front of the motorcycle causing the motorcycle to crash into the Jeep.

The Jeep was turning left onto Peters Pike.

The guy on the motorcycle limped to the crash area & said his leg feels broken. & needed his oxygen.

I called the guy's father - Mr. Bruce @ 937-266-~~6788~~ 6788

ADDRESS OF WITNESS <u>4366 Satellite Drive Clayton 45415</u>	PHONE <u>937-554-6496</u>
SIGNATURE OF WITNESS <u>Brenda R. Brammer</u>	OFFICER'S SIGNATURE <u>Off. John J. Rieder</u>