



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
17028588	<input checked="" type="checkbox"/> 1 - FATAL <input checked="" type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDD	<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 * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01
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COUNTY * 57	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Butler	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 05/06/2017	TIME OF CRASH 19:17	DAY OF WEEK Sat
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DEGREES / MINUTES / SECONDS LATITUDE 39:51:23.83	LONGITUDE 084:14:06.10	OR	DECIMAL DEGREES LATITUDE 39.856622	LONGITUDE 84.235029
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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 HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE 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 RD - ROAD TE - TERRACE SR - STATE 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 NUMBER TYPE 1	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 2640	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	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 1 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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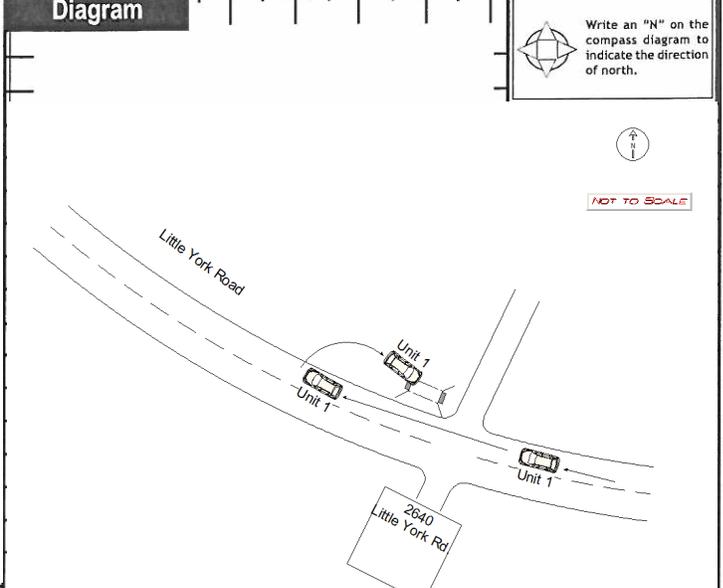
MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1	SECONDARY	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 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 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 westbound on Little York Road in the westbound lane and when at 2640, Unit #1 lost control of the vehicle while making a U-turn, went off the road on the north side of the roadway, and got stuck in the ditch.



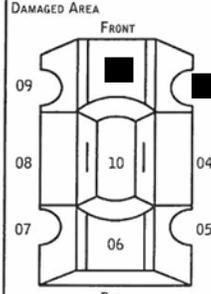
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 05/06/2017	TIME CRASH REPORTED 19:17	DISPATCH TIME 19:18	ARRIVAL TIME 19:24	TIME CLEARED 22:08	OTHER INVESTIGATION TIME	TOTAL MINUTES 164
OFFICER'S NAME * Ofc. Brian Brown	OFFICER'S BADGE NUMBER 13	CHECKED BY Sgt. Lonnie Bilbrey	PAGE 01 OF					



UNIT

LOCAL REPORT NUMBER

17028588

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BROADCAST DIRECT INC	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3020 E RIVER RD DAYTON, OH 45439				1 - NONE
LP STATE OH	LICENSE PLATE NUMBER GREEN11	VEHICLE IDENTIFICATION NUMBER 3A4FY48BX7T563094	# OCCUPANTS 02	2 - MINOR
VEHICLE YEAR 2007	VEHICLE MAKE Chrysler	VEHICLE MODEL PT Cruiser	VEHICLE COLOR CREAM/IVORY	3 - FUNCTIONAL
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 16 - OTHER/UNKNOWN	<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 06 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 03 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 07 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 07 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 08 2 42 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2 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
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UNIT SPEED 010	POSTED SPEED 35	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 3 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



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
17028588

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MORNING, BENJAMIN G	DATE OF BIRTH 08/09/1977	AGE 39	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 721 CHERRY DR APT 1 DAYTON, OH 45406	CONTACT PHONE- INCLUDE AREA CODE (937) 850-8516
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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	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No VALID OL <input checked="" type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 2	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 2	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 42610	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MILLS, KNESHIA N	DATE OF BIRTH 01/14/1986	AGE 31	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 721 CHERRY DR APT 1 DAYTON, OH 45406	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY Butler Twp. Fire	MEDICAL FACILITY INJURED TAKEN TO Good Samaritan Hosp	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 3
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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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SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY BUTLER TWP PD INCIDENT NUMBER 17-028588

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLU AND TIME 05/06/2017 19:00

NAME/DESCRIPTIVES

NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____		CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
NAME (Last, First, Middle) MORNING, BENJAMIN G			SSN XXX-XX-3698		
ALIASES			GANG AFFILIATION		
ADDRESS (Street, Apt., City, State, Zip) 721 CHERRY DR APT 1 DAYTON, OH 45406			PHONE (937) 850-8516		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE		
PLACE OF BIRTH		DL#/STATE		OCCUPATION/SCHOOL	
*AGE/ D.O.B. 39	08/09/1977	*SEX M	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY N	*HEIGHT 511
MARITAL STATUS		SCARS, MARKS, TATOOS			
ADDITIONAL DESCRIPTIVES					
SUSPECTED OF USING <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		POTENTIAL INJURIES?			
*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input checked="" type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN					
*ARRESTEE WAS ARMED WITH					
ARRESTEE ARMED WITH 1. 99 2. _____ 3. _____					
99	NONE	13B	OTHER FULLY AUTOMATIC FIREARM	16	IMITATION FIREARM
11	FIREARM	14	SHOTGUN	17	SIMULATED FIREARM
12	HANDGUN	15	OTHER FIREARM	18	BB/PELLET GUN
12A	AUTOMATIC HANDGUN	15A	SEMI-AUTOMATIC SPORTING RIFLE	20	KNIFE/CUTTING INSTRUMENT
13	RIFLE	15B	SEMI-AUTOMATIC ASSAULT FIREARM	30	BLUNT OBJECT
13A	FULLY AUTOMATIC RIFLE	15C	MACHINE PISTOL	50	POISON
				60	EXPLOSIVES
				65	FIRE/INCENDIARY DEVICE
				70	DRUGS/NARC/SLEEPING PILLS
				80	OTHER WEAPON

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1 DRIVING WHILE UNDER THE INFLU	1 4511.19A1A	1 M-1	1	23A POCKET PICKING
2 Operating a motor vehicle wit	2 4510.12A1	2 M-M	2	23B PURSE SNATCHING
3 Stopping after accident on p	3 4549.02	3 M-1	3	23C SHOPLIFTING
4 Failure to Control	4 4511.202	4 M-M	4	23D THEFT FROM BUILDING
5	5	5	5	23E THEFT FROM COIN-OP MACH.
				23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.
				240 THEFT OF MOTOR VEHICLE
				23H OTHER: _____
*ARREST DATE 05/06/2017	TIME 19:44	ARREST LOCATION (Street, Apt., City, State, Zip) 2640 LITTLE YORK RD, DAYTON, OH, 45414		
*INCIDENT TRACKING NUMBER	ARREST DISPOSITION		BAIL \$0.00	
MIRANDA WITNESSED BY:				TIME READ
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.
*MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> N/A		*ARREST TYPE	1 <input type="checkbox"/> COMPLAINT 2 <input type="checkbox"/> IN-PROGRESS	3 <input type="checkbox"/> WARRANT 4 <input type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 9 <input type="checkbox"/> OTHER

JUVENILE

JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP	PHONE
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP	PHONE

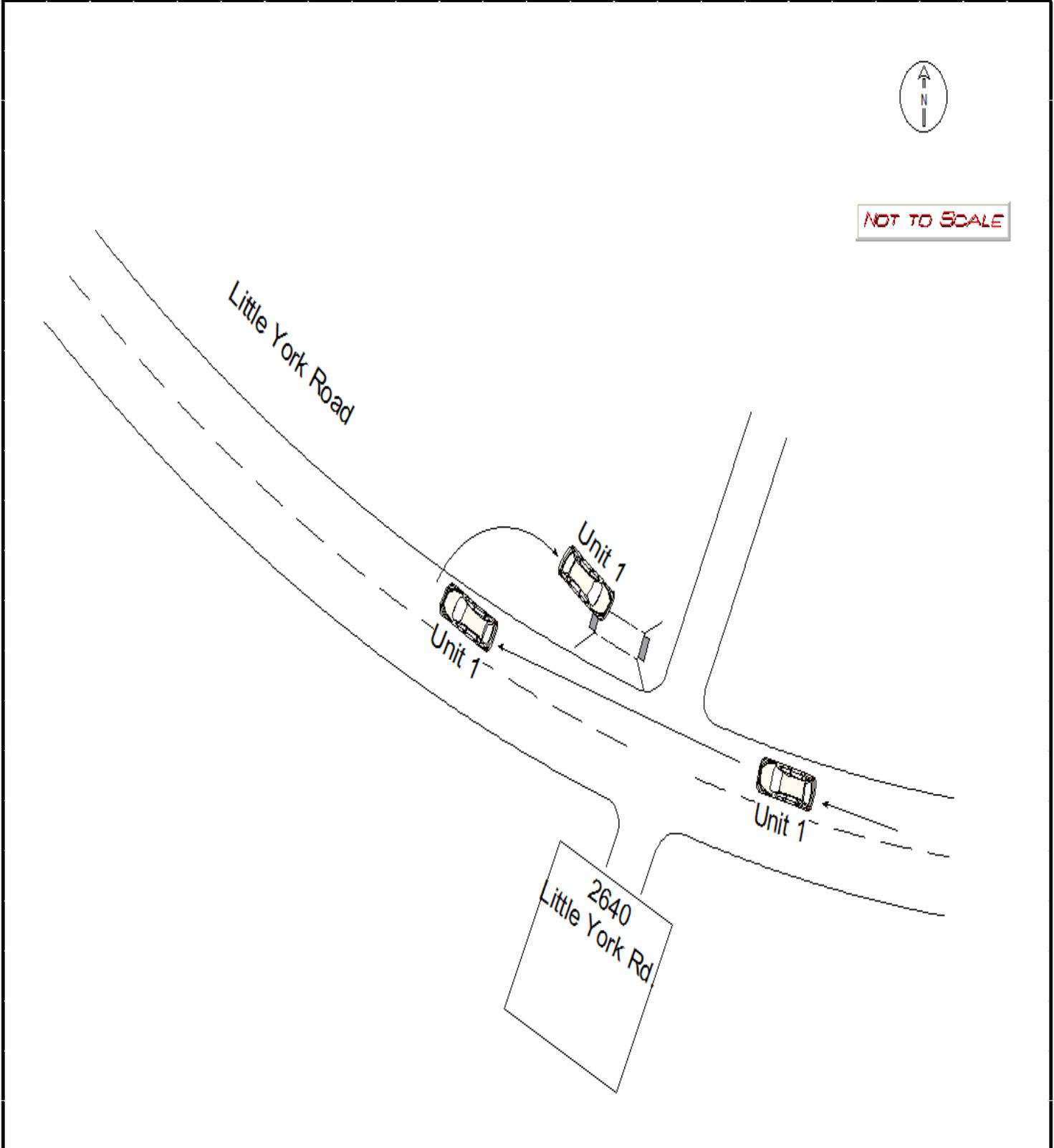
RUNAWAYS /MISSING

PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
LAST SEEN WEARING				

REPORTING OFFICER Ofc. Brian Brown	BADGE NO. 13	DATE 05/07/2017
APPROVING OFFICER Sgt. Lonnie Bilbrey	BADGE NO. 4	DATE 05/08/2017
COURT	DATE	



LOCAL REPORT NUMBER 17028588	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 5 D 6 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION 2640 LITTLE YORK RD	



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

INCIDENT NUMBER	17-028588
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	05/06/2017 19:00
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On Saturday, May 6, 2017, at 1918 hours, I was dispatched to 2640 Little York Road located in Butler Township, Montgomery County, Ohio, for a property damage crash.

While en route, dispatch advised that the driver, a black male wearing a red shirt exited the vehicle and was walking towards Peters Pike. Near 2935 Little York I saw a black male wearing a black jacket walking eastbound. I stopped and asked the man if he had been involved in a crash. The man replied that he had not. I resumed driving to the crash location where I arrived at 1924 hours. Upon my arrival I observed a cream colored Chrysler PT Cruiser bearing Ohio registration Green 11 facing east and north of the roadway. The right front wheel was in a ditch and touching a concrete culvert. The rear left wheel was off of the ground due to the depth of the ditch the vehicle was in. The vehicle had a Green Scape Horticultural Services logo on the sides and ends. I also observed a black female sitting in the passenger floorboard. I identified the female as Kneshia N. Mills via her social security number. Mills stated that she could not move and I could observed a bump in the middle of her forehead as well as a scratch on the side of her face. I notified dispatch that I had an injury crash and had one trapped. I asked Mills who was driving and she replied "Ben Morning". Also on scene were three black females who stated that they had observed the crash. I obtained written witness statements from those females. All three statements indicated that a black male was driving and had departed the scene on foot after the crash. I then took several digital photographs of the crash scene. As this was going on, Officer J. Rieder had made contact with the same man I had seen walking towards Peters Pike at 2935 Little York and identified him as Benjamin Morning. Rieder detained Morning and returned him to the crash scene. Morning was wearing a black jacket.

Upon Rieder's arrival at the crash scene, I went to his marked Butler Township Police vehicle and opened the rear seat to see the same man I had passed while en route to the crash scene. Upon opening the door, I could smell the odor of an alcoholic beverage coming from Morning. I also observed that his eyes were glazed. I had Morning step out. I asked Morning to submit to a standardized field sobriety test, which he refused. Morning denied that he had been driving. I informed Morning that he was under arrest for operating a vehicle while intoxicated in violation of 4511.19 of the Ohio Revised Code. I handcuffed Morning's hands behind his back, checked for proper spacing, and double-locked the handcuffs. I searched Morning incident to his arrest and placed him into the rear of my marked Butler Township Police vehicle. I learned that the medics had removed Mills from the vehicle and were transporting her to the Good Samaritan Hospital. I called for a tow truck. Officer B. Smith had arrived and took touch DNA samples from the steering wheel and gear shift selector. I witnessed as he moistened the swabs with distilled water and rubbed the steering wheel with two swabs. He then placed the swabs into a slide box. I witnessed as he moistened different swabs with distilled water and rubbed the gear shift selector. He then placed those swabs into a slide box. He handed the slide boxes to me and I placed them into an evidence envelope. Busy Bee arrived, winched the vehicle out of the ditch and onto the truck, and departed.

I returned to the Butler Township Police Department where I read the Bureau of Motor Vehicles form 2255 to Morning, which was witnessed by Rieder. Morning refused to submit to any tests. I completed citation 42610 and charged Morning with operating a vehicle while under the influence in violation of 4511.19 of the Ohio Revised Code. I also charged him with driving without a license in violation of 4510.12 of the Ohio Revised Code, failing to stop after an accident on a public road in violation of 4549.02 of the Ohio Revised Code, and failure to control in violation of 4511.202 of the Ohio Revised Code. I transported Morning to the Montgomery County Jail where I transferred him and his property to the corrections staff.

I drove to the Good Samaritan Hospital located at 2222 Philadelphia Drive in Dayton and entered into emergency room #10 where Mills was receiving care. I recorded an interview with Mills, which was uploaded to this report. Mills stated that Ben Morning had been driving the vehicle at the time of the crash. Mills stated that she and Morning are in a relationship. Mills stated that she and Morning were en route to their home located on Cherry Street after having dined on Miller Lane, but could not recall the restaurant. She stated that they both had consumed alcohol with their meal. Mills stated that Morning insisted on driving, and was upset that he had left her in the car and fled. I advised Mills that the car had been towed by Busy Bee and gave her a business card with their information.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. Brian Brown			BADGE NO.	DATE
				37	05/07/2017
APPROVING OFFICER	Sgt. Lonnie Bilbrey			BADGE NO.	DATE
				4	05/08/2017

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	17-028588
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME 05/06/2017 19:00
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I returned to the Butler Township Police Department where I booked Morning's jacket, a comb, a knife, and the touch DNA swabs into the property room.

Very Respectfully,

Officer B. Brown #13

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. Brian Brown			BADGE NO. 37	DATE 05/07/2017
APPROVING OFFICER	Sgt. Lonnie Bilbrey			BADGE NO. 4	DATE 05/08/2017

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	17-028588
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	05/06/2017 19:00
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On Saturday, May 6, 2017, at 1918 hours, Officer Brown and I were dispatched to 2640 Little York Road on a reported crash. Dispatch said a the driver, a black male, was walking away from the scene towards Peters Pike. I started driving that way from post.

As I got close to Peters Pike on Little York Road, at least 4 drivers coming from the direction of the crash, and towards me, flashed their headlights to get my attention. I stopped and 4 people told me the driver from the crash on Little York was walking this way. They said he was a black male wearing all black.

I continued driving past Peters Pike and located a black male wearing all black walking in front of 2935 Little York Road. He was the only person walking on Peters Pike and matched the description given by the people who flagged me down. I activated my lights and made contact with him.

I asked the male if he had just been involved in a crash. He said "No" and my partner had already stopped him and asked about it. He said he was just walking to get some cigarettes. I could smell a strong odor of an alcoholic beverage on his breath and noted his eyes were bloodshot and glassy. His speech appeared slurred and he was swaying while standing still.

I explained that people had told me he was the driver of the vehicle. He got upset and said I could not stop "every black man" I saw. I explained again the people and dispatch we received. He then said something to the effect that that women's boyfriend "beats her ass" and he tried to save her. He stopped and said something to the effect that he saw the crash and knew the people in it, but was not involved. He then said he saw the driver run through the bushes.

Based on the fact that dispatch had reported the driver walking away from the crash towards Peters Pike, he matched the description of the driver who walked away, and the drivers all flagging me down indicating he was the driver from the crash, I believed, in fact, that he was the driver. I told him I was going to take him back to the crash scene while we continue the investigation. He again insinuated I was just "harassing a black man" and told me to "just take me to jail, I'll call my dad. Just take me to jail, I aint got nothin to due with that."

I placed him in my back seat after patting him down for weapons. He verbally indicated his name is Ben Germaine Morning. I found he had no OL and a warrant out of the pickup radius in Florida. I transported him to the crash scene.

I had heard Officer Brown call for the fire department and he had an injured passenger trapped in the vehicle. I learned from Officer Brown that the passenger told him the driver of the vehicle was Ben Morning. I told him I had Mr. Morning in my back seat.

I returned to Mr. Morning and told him he was lying to me and he had been identified as the driver of the vehicle. He continued to deny the fact and continued saying I was just harassing him. He then began saying "It's all them white mother fuckers who told you it was a black man." He obviously did not know the witnesses at the scene were also, in fact, black.

Officer Smith arrived on scene and collected DNA swabs from the vehicle as evidence. Officer Brown took Mr. Morning to his cruiser and after his observations, asked him to submit to a field sobriety test. He replied by saying he didn't drive nothing and I never saw him driving. Officer Brown arrested him for OVI.

I assisted Officer Brown with reading the BMV form 2255 to Mr. Morning. I held the form up in the back seat for him to read and he laid down and away from me. He then acted as if he was snoring. Officer Brown continued reading and Mr. Morning popped up and began yelling about him not driving. He made several racial comments and slurs towards me and began staring directly at my eyes, as if trying to intimidate me. He stared at my name tag intensely then back at me. After the reading was done I walked away from his tirade and continued my paperwork.

Respectfully,

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. John Rieder			BADGE NO.	DATE
				15	05/07/2017
APPROVING OFFICER	Sgt. Lonnie Bilbrey			BADGE NO.	DATE
				4	05/08/2017

NARRATIVE SUPPLEMENT

INCIDENT NUMBER 17-028588

VICTIM SOCIETY

OFFENSE DRIVING WHILE UNDER THE INFLUE

INCIDENT DATE AND TIME 05/06/2017 19:00

Officer John J. Rieder, #15.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. John Rieder			BADGE NO. 15	DATE 05/07/2017
APPROVING OFFICER	Sgt. Lonnie Bilbrey			BADGE NO. 4	DATE 05/08/2017

ADMINISTRATIVE	AGENCY NAME BUTLER TWP PD				*INCIDENT NUMBER 17-028588				
	CALL NUMBER 17-028588		*GEOCODE 2		*CLEARANCES				
	TOD 19:18		<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile		
	TOA 19:24				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued		
TOC 22:08		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending				
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE: 05/06/2017		CLEARED BY: 37			
				MONTH DAY YEAR TIME		MONTH DAY YEAR TIME		MONTH DAY YEAR TIME	
05 06 2017 19:17		05 06 2017 19:00		05 06 2017 19:17					
INCIDENT LOCATION (Street, Apt., City, State, Zip) 2640 LITTLE YORK RD DAYTON, OH 45414									
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
	1. DRIVING WHILE UNDER THE INFLU...		1. 4511.19A1A		C	M-1			1. _____ 2. _____ 3. _____
	2. Operating a motor vehicle with...		2. 4510.12A1		C	M-M			1. _____ 2. _____ 3. _____
	3. Stopping after accident on pu...		3. 4549.02		C	M-1			1. _____ 2. _____ 3. _____
	4. Failure to Control		4. 4511.202		C	M-M			1. _____ 2. _____ 3. _____
	5.		5.						1. _____ 2. _____ 3. _____
*LOCATION OF OFFENSE (Enter up to two)								*SUSPECTED OF USING	
1. 47		12 Jail/Prison		59 Daycare Facility		40 Other Retail Store			A <input checked="" type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE
RESIDENTIAL STRUCTURE		COMMERCIAL LOCATIONS		RETAIL		OUTSIDE		*TYPE WEAPON/FORCE USED	
01 Single Family Home		15 Auto Shop		26 Bar		43 Yard			1. 99 2. _____ 3. _____
02 Multiple Dwelling		16 Financial Institution		27 Buy/Sell/Trade Shop		44 Construction Site			
03 Residential Facility		17 Barber/Beauty Shop		28 Restaurant		45 Lake/Waterway			
04 Other Residential		18 Hotel/Motel		29 Gas Station		46 Field/Woods			
05 Garage/Shed		19 Dry Cleaners/Laundry		30 Auto Sales Lot		47 Street			
PUBLIC ACCESS BLDGS.		20 Professional Office		31 Jewelry Store		48 Parking Lot			
06 Transit Facility		21 Doctor's Office		32 Clothing Store		49 Park/Playground			
07 Government Office		22 Other Business Office		33 Drugstore		50 Cemetery			
08 School		23 Recreation/Entertainment Center		34 Liquor Store		51 Public Transit Vehicle			
09 College		24 Rental Storage Facility		35 Shopping Mall		52 Other Outside Location			
10 Church		25 Other Commercial Service Loc.		36 Sporting Goods		53 Abandoned/			
11 Hospital		26 ATM Machine Separate from Bank		37 Grocery/Supermarket		54 Condemned Structure			
				38 Variety/Convenience		55 Arena/Stadium/			
				39 Department Store		56 Fairgrounds/Coliseum			
				40 Rest Area		57 Cargo Container			
						58 Dock/Wharf/Freight/			
						59 Modal Terminal			
						60 Farm Facility			
						61 Gambling Facility/			
						62 Casino/Race Track			
						63 Military Installation			
						64 Shelter-Mission/			
						65 Homeless			
						66 Tribal Lands			
						67 Other			
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INCIDENT REPORT - PART 2

INCIDENT NUMBER 17-028588

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 05/06/2017 19:00

NO. 1 NAME (Last, First, Middle) MAPLES, JENNY AGE/ D.O.B. SSN

ADDRESS (Street, Apt., City, State, Zip) 2640 LITTLE YORK RD DAYTON, OH 45414 PHONE (937) 387-9765

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. 1 DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC GREEN11 LIS OH LIY LIT VIN/OAN 3A4FY48BX7T563094 *VALUE \$0.00

VYR 2007 VMA Chrysler VMO PT Cruiser VST VCO TOP CREAM/IVOR VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N CONTENTS Y N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? Y N TOWED BY Busy Bee Towing OWNERSHIP VERIFIED BY: TAG RECEIPT BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN BUSINESS RESID. RURAL ADDITIONAL DESCRIPTION

AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION Y N WHERE RECOVERED?

*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

- PROPERTY CODES:**
- EXCHANGE MEDIUMS: 01 Money, 02 Credit/Debit Card, 03 Negotiable Instruments, 04 Other Exchange Mediums
 - DOCUMENTS: 05 Non-Negotiable Instruments, 06 Personal (Identity) Papers, 07 Other Documents, 08 Jewelry/Precious Metals, 09 Art Objects, Antiques
 - VALUABLES: 10 Other Valuables, 11 Clothing/Furs, 12 Purses/Handbags/Wallets, 13 Other Personal Effects, 14 Household Items, 15 Drug/Narcotic Equip., 16 Gambling Equipment, 17 Computer Hardware/Soft. EQUIPMENT, 18 Office Equipment, 19 Stereo TV Equip., 20 Recordings-Audio Visual, 21 Sports Equipment
 - PERSONAL EFFECTS: 22 Photographic Equipment, 23 Farm Equipment, 24 Heavy Construction/Industrial, 25 Building Supplies-Const., 26 Tools, 27 Vehicle Parts/Accessories, 28 School Supplies, 29 Artistic Supplies/Accessories, 30 Alcohol, 31 Drugs/Narcotics, 32 Consumable Goods, 33 Livestock, 34 Household Pets
 - VEHICLES: 35 Aircraft, 36 Automobiles, 37 Bicycles, 38 Buses, 39 Trucks, 40 Trailers, 41 Watercraft, 42 Recreational Vehicle, 43 Other Motor Vehicle, 44 Firearms, 45 Other Weapons, 64 Firearm Accessories
 - STRUCTURES: 46 Single Occupancy, 47 Other Dwellings, 48 Commercial/Business, 49 Industrial/Manufacturing, 50 Public/Community, 51 Storage, 52 Other Structure, 53 Merchandise, 54 Other Property, 55 Pending Inventory, 56 Identity-Intangible, 71 Metals, Non-Precious
 - OTHER: 57 Aircraft Parts/Accessories, 58 Camping/Hunting/Fishing Equipment/Supplies, 59 Logging Equipment, 60 Chemicals, 61 Crops, 62 Documents/Personal or Business, 63 Explosives, 64 Firearm Accessories, 65 Fuel, 66 Identity-Intangible, 67 Law Enforcement Equip., 68 Lawn/Yard/Garden Equip., 69 Logging Equipment, 70 Medical/Medical Lab Equip., 72 Musical Instruments, 73 Portable Electronic Equip., 74 Watercraft Equip./Parts/Acc., 75 Other Equipment, 76 Consumable Items, 77 Other Motor Vehicle, 78 Other Property, 79 Other Intangible, 80 Other Personal Effects, 81 Other Personal Effects, 82 Other Personal Effects, 83 Other Personal Effects, 84 Other Personal Effects, 85 Other Personal Effects, 86 Other Personal Effects, 87 Other Personal Effects, 88 Other Personal Effects, 89 Other Personal Effects, 90 Other Personal Effects, 91 Other Personal Effects, 92 Other Personal Effects, 93 Other Personal Effects, 94 Other Personal Effects, 95 Other Personal Effects, 96 Other Personal Effects, 97 Other Personal Effects, 98 Other Personal Effects, 99 Other Personal Effects

NARRATIVE

Injury crash. Driver exited vehicle and departed scene in front of multiple witnesses. Passenger trapped in car. Witnesses described driver and passenger identified driver. Driver located short distance away, was intoxicated, and arrested for OVI.