



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
17057090	2 - FATAL 1 - INJURY 3 - PDD	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 01
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COUNTY * 57	CITY * Butler	CRASH DATE * 09/03/2017	TIME OF CRASH 18:50	DAY OF WEEK Sun
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:52:41.77	LONGITUDE 0 / 084:15:51.85	DECIMAL DEGREES LATITUDE 39.878271	LONGITUDE 84.264404
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input 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 - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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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) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) MEEKER	REFERENCE ROAD TYPE ² RD
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 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	<input type="checkbox"/> 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 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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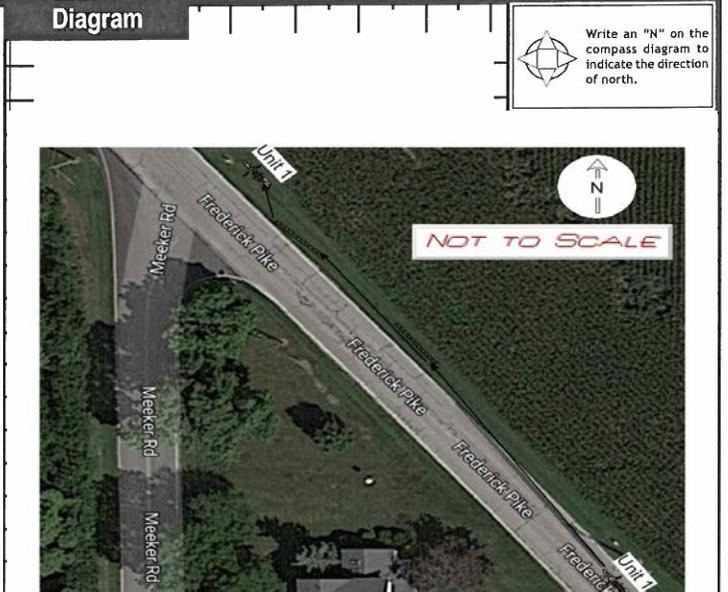
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 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	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

Unit #1 was traveling northbound on Frederick Pike (north of Interstate 70) in the northbound lane and when at Meeker Road, unit #1 lost control of the vehicle, went off the road to the right and into the ditch.



REPORT TAKEN BY <input 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 09/03/2017	TIME CRASH REPORTED 18:50	DISPATCH TIME 18:51	ARRIVAL TIME 18:55	TIME CLEARED 21:43	OTHER INVESTIGATION TIME	TOTAL MINUTES 168
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OFFICER'S NAME * Ofc. Brian Brown	OFFICER'S BADGE NUMBER 13	CHECKED BY Sgt. Lonnie Bilbrey	PAGE OF
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UNIT

LOCAL REPORT NUMBER

17057090

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) CARMICHAEL, DOUGLAS L	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 832-2524	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 107 PHILLIPSBURG UNION RD UNION, OH 45322			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER JA6P	VEHICLE IDENTIFICATION NUMBER 0H5724989	2 - MINOR	
VEHICLE YEAR 1989	VEHICLE MAKE Harley-Davidson	VEHICLE MODEL Other	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY	POLICY NUMBER	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
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 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 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 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 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 17 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 08 2 44 3 01 4 01 5 01 6 01 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 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 035	POSTED SPEED 50	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 type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED					PAGE OF



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

17057090

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER [01]	NAME: LAST, FIRST, MIDDLE CARMICHAEL, DOUGLAS L	DATE OF BIRTH [08/10/1958]	AGE 59	GENDER [M] F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 107 PHILLIPSBURG UNION RD UNION, OH 45322	CONTACT PHONE- INCLUDE AREA CODE (937) 832-2524
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INJURIES [2]	INJURED TAKEN BY []	EMS AGENCY []	MEDICAL FACILITY INJURED TAKEN TO []	SAFETY EQUIPMENT USED [01]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [01]	AIR BAG USAGE [5]	EJECTION [2]	TRAPPED [1]		
OL STATE [OH]	OPERATOR LICENSE NUMBER RS513278	OL CLASS [4]	No <input type="checkbox"/> VALID OL	M/C END. <input checked="" type="checkbox"/>	CONDITION [2]	ALCOHOL/DRUG SUSPECTED [5]	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 002718	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 []	No <input type="checkbox"/> VALID OL	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 []	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 17057090	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 9 D 3 Y 2017
IN COUNTY OF MONTGOMERY	CRASH LOCATION FREDERICK PI/ MEEKER RD	



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

INCIDENT NUMBER	17-057090
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	09/03/2017 18:49
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On Sunday, September 3, 2017, at 1851 hours, I was dispatched to Frederick Pike and Meeker Road on a reported injury crash. The caller said a motorcyclist crashed and was injured. I arrived at 1857 hours, and saw the motorcyclist standing next to his motorcycle, which was standing up now, the fire department, Officer Brown, and Officer Stock, of the Five Rivers MetroParks police department.

I walked up to the scene and learned the rider had minor, visible injuries. I could see blood on his arms, face, and hands. As I walked past the rider, who was later identified as Douglas Carmichael, I could smell an odor of an alcoholic beverage from his person. He was talking on a cellular phone, and smoking a cigarette.

I approached him and asked him to get off the phone. He said he was talking to his wife. I noted a slur to his speech, his eyes were very bloodshot and glassy, and as he spoke, the odor of an alcoholic beverage on his breath was overpowering. I asked if he was going to be treated, and he said he was fine, and not injured. I pointed out the blood, but he still said he was fine.

I asked him how much he had to drink, and he replied "not much." I asked him for his driver license, and as he retrieved it from his wallet, I noticed his fine motor skills were slow, and he had difficulty discerning his license from other papers, and trouble grasping them. I asked him to walk up to the side of the road, and he did. He did have a slight stumble, but I noted his pants were dirty, and he could be injured.

I continued to encourage him to be treated by medics, and evaluated at a hospital, but he refused treatment. He complained of back pain as well. I pointed out his safety was the most important thing, and he said "I don't want to get a DUI".

Based on the fact that he told me he crashed, with no reason given, and my stated observations above, I believed Mr. Carmichael was impaired, under the influence of alcohol, and/or a drug of abuse, and should not have been operating a motor vehicle. Based on his potential injuries, including the potential head injury, I did not conduct any field sobriety tests. After he refused treatment for the final time, I arrested Mr. Carmichael for OVI. Before I handcuffed him, I pleaded again for him to get examined at the hospital. And he refused.

I asked the medics to wipe down the blood on his arms and hands, and to place band aids on his scrapes before handcuffing him. As they did that, I began removing his property from his pockets. I found he had a lot of property in his pockets, making it difficult to remove. I placed handcuffs on him, checking the proper spacing, and double locking them. I located a pill bottle in his front left jeans pocket. I opened the bottle and found it contained less than 100 grams of marijuana. I also located a smoking pipe in his jeans pocket that contained marijuana resin. I also located a small metal screw-top container that contained a pill, and 1/2 of a pill. I took all 3 as evidence.

Mr. Carmichael then told me that his kickstand fell down as he was trying to turn, and he rode off the road to avoid hitting a telephone pole. I read and showed him BMV form 2255, assisted by Officer Stock. Mr. Carmichael refused to submit to a chemical test, and I told him his license was now suspended pursuant to ALS.

Mr. Carmichael became boisterous about how his kickstand fell, and he had to lay it down. He repeated this over and over. He would tell me that he was not "Fucked up", referring to the level of his impairment. I pointed out that I was not grading his level, just enforcing the fact he is impaired. It should be noted that I never questioned Mr. Carmichael about this incident, after arrest, and he voluntarily engaged me in conversation, making his statements voluntarily.

Officer Brown handled the crash report, and he had allowed Mrs. Carmichael to arrange for the removal of the motorcycle. While I was completing the paperwork, and waiting for the removal of the motorcycle, Mr. Carmichael was insinuating that he has been driving impaired for a long time, and has never had problems. At one point, as I explained the charges, he said, "I mean, Yeah, I agree, I had a little buzz but nothing..." and paused. I looked at the clock and saw it said 2030 hours, in order to easily find it on the recording from my cruiser.

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	09/04/2017
APPROVING OFFICER	Sgt. Lonnie Bilbrey			BADGE NO.	DATE
				4	09/05/2017

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	17-057090
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	09/03/2017 18:49
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He explained the pills were prescribed to him, one was a Viagra, and one was an Imodium AD. I prepared a citation for OVI, and for failure to control. I also issued him affidavits for possession of less than 100 grams of alcohol, and possession of marijuana drug paraphernalia. I gave him his copy of BMV form 2255. I learned he had a prior refusal, within the past 6 years, and I explained it was a 2 year suspension for the refusal. I transported him to the Montgomery County Jail, and booked him in on the OVI. I took the evidence to post and secured it in a property room locker for further processing.

Respectfully,

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	
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