



# TRAFFIC CRASH REPORT

|                       |   |                                 |
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| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                        |
| 17063395              | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDD | 2<br>1 - SOLVED<br>2 - UNSOLVED |

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| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC *<br>05724 | REPORTING AGENCY NAME *<br>BUTLER TWP PD | NUMBER OF UNITS<br>02 | UNIT IN ERROR<br>01<br>98 - ANIMAL<br>99 - UNKNOWN |
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| COUNTY *<br>57 | CITY *<br>BUTLER | CITY, VILLAGE, TOWNSHIP * | CRASH DATE *<br>09/30/2017 | TIME OF CRASH<br>20:33 | DAY OF WEEK<br>Sat |
|----------------|------------------|---------------------------|----------------------------|------------------------|--------------------|

|  |                               |  |                        |
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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>0 / 39:51:23.37 | LONGITUDE<br>0 / 084:13:35.52 | DECIMAL DEGREES<br>LATITUDE<br>39.856494 | LONGITUDE<br>84.226536 |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES<br>03 | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY CR - CIRCLE<br>AV - AVENUE CT - COURT<br>BL - BOULEVARD DR - DRIVE<br>HE - HEIGHTS HW - HIGHWAY<br>LA - LAKE MP - MILEPOST<br>PL - PLACE PK - PARKWAY<br>RD - ROAD SQ - SQUARE<br>ST - STREET TE - TERRACE<br>WA - WAY |
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| LOCATION ROUTE TYPE <sup>1</sup> | LOCATION ROUTE NUMBER | LOC PREFIX<br>N, S, E, W | LOCATION ROAD NAME<br>LITTLE YORK | RD | LOCATION ROAD TYPE <sup>2</sup> | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE<br>SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |
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|  |                            |                                   |                        |                          |  |    |                                  |
|--|----------------------------|-----------------------------------|------------------------|--------------------------|--|----|----------------------------------|
| DISTANCE FROM REFERENCE<br><input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br>N, S, E, W | REFERENCE ROUTE TYPE <sup>1</sup> | REFERENCE ROUTE NUMBER | REF PREFIX<br>N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>PETERS | PI | REFERENCE ROAD TYPE <sup>2</sup> |
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| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOUT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input checked="" type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
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| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>01 | SECONDARY | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS*<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN | * SECONDARY CONDITION ONLY |
|---|----------------------------------|-----------|---|----------------------------|

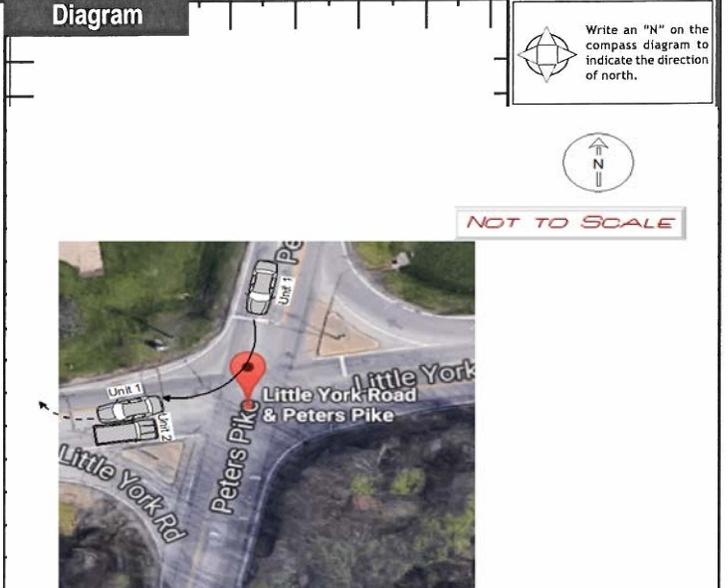
|  |  |
|--|--|
| MANNER OF CRASH COLLISION/IMPACT<br>8<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
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| ROAD SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>5<br>PRIMARY | SECONDARY | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN | * SECONDARY CONDITION ONLY | SCHOOL BUS RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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**NARRATIVE**

Unit #1 was traveling southbound on Peters Pike in the southbound lane and when at Little York Road, Unit #1 lost control while making a right turn onto eastbound Little York Road, and struck Unit #2, which was traveling westbound on Little York Road in the westbound lane and was stopped at the traffic signal.



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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |
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|                                   |                              |                        |                       |                       |                                  |                     |
|-----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|----------------------------------|---------------------|
| DATE CRASH REPORTED<br>09/30/2017 | TIME CRASH REPORTED<br>20:33 | DISPATCH TIME<br>20:34 | ARRIVAL TIME<br>20:34 | TIME CLEARED<br>20:46 | OTHER INVESTIGATION TIME<br>0045 | TOTAL MINUTES<br>57 |
|-----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|----------------------------------|---------------------|

|                                      |                              |                                 |         |
|--------------------------------------|------------------------------|---------------------------------|---------|
| OFFICER'S NAME *<br>Ofc. Brian Brown | OFFICER'S BADGE NUMBER<br>13 | CHECKED BY<br>Sgt. Todd Stanley | PAGE OF |
|--------------------------------------|------------------------------|---------------------------------|---------|



# UNIT

LOCAL REPORT NUMBER

**17063395**

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

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

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

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

|                          |                           |   |  |   |  |
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| UNIT SPEED<br><b>015</b> | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|--------------------------|---------------------------|---|--|---|--|



# UNIT

LOCAL REPORT NUMBER

**17063395**

|  |   |  |                                   |                  |
|--|---|--|-----------------------------------|------------------|
| UNIT NUMBER<br><b>02</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>BAGENT, AMANDA JEAN</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>(727) 483-8625</b> | DAMAGE SCALE<br><b>2</b>          | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>8024 HARRINGTON AVE DAYTON, OH 45415</b> |   |  | 1 - NONE                          |                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>HEJ6794</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1GNCS13X04K167563</b>  | 2 - MINOR                         |                  |
| VEHICLE YEAR<br><b>2004</b>  | VEHICLE MAKE<br><b>Chevrolet</b>  | VEHICLE MODEL<br><b>Blazer</b>   | 3 - FUNCTIONAL                    |                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br><b>USAA</b>  | POLICY NUMBER<br><b>01892 68 75C 71018</b>   | 4 - DISABLING                     |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |  | 9 - UNKNOWN                       |                  |
|  |   |  | CARRIER PHONE - INCLUDE AREA CODE |                  |

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

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

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

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| UNIT SPEED<br><b>000</b>   | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |   |  |   | PAGE OF  |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

17063395

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

|                   |   |               |     |                    |
|-------------------|---|---------------|-----|--------------------|
| UNIT NUMBER<br>01 | NAME: LAST, FIRST, MIDDLE<br>HITSKIP UNIT | DATE OF BIRTH | AGE | GENDER<br>M - MALE |
|-------------------|---|---------------|-----|--------------------|

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| ADDRESS, CITY, STATE, ZIP<br>UNKNOWN | CONTACT PHONE - INCLUDE AREA CODE |
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|------------------------------|-------------------------|-----------------|-----------------------------------|-----------------------------|---------------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| INJURIES<br>1                | INJURED TAKEN BY        | EMS AGENCY      | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>99 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>9     | EJECTION<br>1      | TRAPPED<br>1          |                     |
| OL STATE                     | OPERATOR LICENSE NUMBER | OL CLASS        | No VALID OL<br>M/C END.           | CONDITION<br>1              | ALCOHOL/DRUG SUSPECTED<br>1     | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION     | CITATION NUMBER | HANDS-FREE DEVICE USED            | DRIVER DISTRACTED BY<br>1   |                                 |                          |                        |                    |                       |                     |

|                   |   |                             |           |                    |
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| UNIT NUMBER<br>02 | NAME: LAST, FIRST, MIDDLE<br>WILLIAMS, ROBERT C | DATE OF BIRTH<br>06/07/1983 | AGE<br>34 | GENDER<br>M - MALE |
|-------------------|---|-----------------------------|-----------|--------------------|

|   |   |
|---|---|
| ADDRESS, CITY, STATE, ZIP<br>8024 HARRINGTON AVE DAYTON, OH 45415 | CONTACT PHONE - INCLUDE AREA CODE<br>(937) 369-8437 |
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|                              |                                     |                 |                                   |                             |                                 |                          |                        |                    |                       |                     |
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| INJURIES<br>1                | INJURED TAKEN BY                    | EMS AGENCY      | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION<br>01   | AIR BAG USAGE<br>1     | EJECTION<br>1      | TRAPPED<br>1          |                     |
| OL STATE<br>OH               | OPERATOR LICENSE NUMBER<br>SH771792 | OL CLASS<br>4   | No VALID OL<br>M/C END.           | CONDITION<br>1              | ALCOHOL/DRUG SUSPECTED<br>1     | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION                 | CITATION NUMBER | HANDS-FREE DEVICE USED            | DRIVER DISTRACTED BY<br>1   |                                 |                          |                        |                    |                       |                     |

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

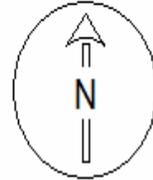
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|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
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| 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|



|                                 |   |                                      |
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| LOCAL REPORT NUMBER<br>17063395 | REPORTING AGENCY<br>BUTLER TWP PD           | DATE OF CRASH<br>M 9   D 30   Y 2017 |
| IN COUNTY OF<br>MONTGOMERY      | CRASH LOCATION<br>LITTLE YORK RD/ PETERS PI |                                      |



*NOT TO SCALE*



|  |  |                    |
|--|--|--------------------|
|  | OFFICER'S SIGNATURE<br><b>X</b> Ofc. Brian Brown | BADGE NUMBER<br>13 |
|--|--|--------------------|

|                                 |                                   |                                      |
|---------------------------------|-----------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER<br>17063395 | REPORTING AGENCY<br>BUTLER TWP PD | DATE OF CRASH<br>M 9   D 30   Y 2017 |
| IN COUNTY OF<br>MONTGOMERY      | CRASH LOCATION<br>LITTLE YORK     |                                      |

On Saturday, September 30, 2017, at 2034 hours, I was on Little York Road near Abraham Court located in Butler Township, Montgomery County, Ohio, on a unrelated traffic stop when a tan Chevrolet Blazer stopped and the driver informed me that someone had hit his car and continued on while he was at the intersection of Little York Road at Peters Pike. I instructed the man to pull into the Two Rivers Community Church located at 3400 Little York Road in order to receive his report.

I joined the man, who I identified as Robert C. Williams via his Ohio Driver License, and received his report. Williams stated that he was traveling westbound on Little York Road in the westbound Lane and when at Peters Pike he stopped for a red traffic signal. Williams continued that a large white sedan, no other identifying information, was traveling southbound on Peters Pike and slowed to turn right onto eastbound Little York Road. Williams stated that the white sedan swung wide and struck his driver's side view mirror with their driver's side view mirror and then fled the scene. Williams stated he turned around and attempted to follow the other vehicle, but lost it in traffic. He had not other description than a large white sedan and did not see the other driver. I looked inside Williams vehicle and saw the glass portion of his side view mirror. The plastic housing of his side view mirror was dangling by the power cord. I took several digital photographs of Williams's vehicle. Williams was driving a tan colored Chevrolet Blazer bearing Ohio registration HEJ6794.

Officer G. Jackson stopped by and I informed him of the crash. He proceeded to the intersection of Little York Road at Peters Pike where he recovered the side view view mirror presumably from Unit #1. He returned to me and gave me the mirror.

I returned to the Police Department where I booked the mirror into the property room as evidence.

I have no leads on Unit #1.

Very Respectfully,

Officer B. Brown #13

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|--|--|--|--|--|--|--|--|--|--|--|--------------------|
|  |  |  |  |  |  |  |  |  |  | OFFICER'S SIGNATURE<br><b>X</b> Ofc. Brian Brown | BADGE NUMBER<br>13 |
|--|--|--|--|--|--|--|--|--|--|--|--------------------|