

ADMINISTRATIVE	AGENCY NAME BUTLER TWP PD				*INCIDENT NUMBER 18-071361			
	CALL NUMBER 18-071361		*GEOCODE 1		*CLEARANCES			
	TOD 20:08		<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 20:22				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued	
TOC 21:36		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending			
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE: 10/22/2018		CLEARED BY: 16		
				MONTH DAY YEAR TIME		MONTH DAY YEAR TIME		MONTH DAY YEAR TIME
10 21 2018 20:07		10 21 2018 20:07		10 21 2018 20:07				
INCIDENT LOCATION (Street, Apt., City, State, Zip) KLEY RD@ANTIOCH SCHOOL VANDALIA, OH 45377								
*OFFENSE *OFFENSE CODE *A/C F/M & DEGREE *HATE/BIAS *LARCENY *TYPE CRIMINAL ACTIVITY								
1. DRIVING WHILE UNDER THE INFLUENCE		1. 4511.19A1A		C		M-1 N		
2. Driving While Under the Influence		2. 4511.19A1H		C		M-1 N		
3. Failure to Control		3. 4511.202		C		M-1 N		
4.		4.						
5.		5.						
(Enter up to three for each offense) 1. _____ 2. _____ 3. _____ B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY								
*LOCATION OF OFFENSE (Enter up to two)								
1. 47		12 Jail/Prison		59 Daycare Facility		40 Other Retail Store		
RESIDENTIAL STRUCTURE		13 Parking Garage		41 Factory/Mill/Plant		OTHER		
01 Single Family Home		14 Other Public Access Buildings		42 Other Building		53 Abandoned/		
02 Multiple Dwelling		RETAIL		26 Bar		Condemned Structure		
03 Residential Facility		27 Buy/Sell/Trade Shop		43 Yard		55 Arena/Stadium/		
04 Other Residential		28 Restaurant		44 Construction Site		Fairgrounds/Coliseum		
05 Garage/Shed		29 Gas Station		45 Lake/Waterway		58 Cargo Container		
PUBLIC ACCESS BLDGS.		30 Auto Sales Lot		46 Field/Woods		60 Dock/Wharf/Freight/		
06 Transit Facility		31 Jewelry Store		47 Street		Modal Terminal		
07 Government Office		32 Clothing Store		48 Parking Lot		61 Farm Facility		
08 School		33 Drugstore		49 Park/Playground		62 Gambling Facility/		
09 College		34 Liquor Store		50 Cemetery		Casino/Race Track		
67 Library		35 Shopping Mall		51 Public Transit Vehicle		63 Military Installation		
10 Church		36 Sporting Goods		52 Other Outside Location		65 Shelter-Mission/		
11 Hospital		37 Grocery/Supermarket		53 Camp/Campground		Homeless		
		38 Variety/Convenience		54 Rest Area		66 Tribal Lands		
		39 Department Store				67 Other		
		56 ATM Machine Separate from Bank						
*SUSPECTED OF USING								
A <input checked="" type="checkbox"/> ALCOHOL								
D <input type="checkbox"/> DRUGS								
C <input type="checkbox"/> COMPUTER EQUIPMENT								
N <input type="checkbox"/> NOT APPLICABLE								
*TYPE WEAPON/FORCE USED								
1. 99 2. _____ 3. _____								
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT			*METHOD OF ENTRY - BURGLARY/B&E			
1 <input type="checkbox"/> FORCE		01 <input type="checkbox"/> Motor Running/Keys in Car			ENTRY EXIT			
2 <input type="checkbox"/> NO FORCE		02 <input type="checkbox"/> Unlocked			1 <input type="checkbox"/> DOOR <input type="checkbox"/>			
*NO. PREMISES ENTERED		03 <input type="checkbox"/> Duplicate Key Used			2 <input type="checkbox"/> WINDOW <input type="checkbox"/>			
		04 <input type="checkbox"/> Window Broken			3 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/>			
		05 <input type="checkbox"/> Towed			4 <input type="checkbox"/> GARAGE <input type="checkbox"/>			
		06 <input type="checkbox"/> Hot Wire			5 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>			
		07 <input type="checkbox"/> Slim Jim/Coat Hanger			5 <input type="checkbox"/> OTHER <input type="checkbox"/>			
		08 <input type="checkbox"/> Tumblers Removed						
		09 <input type="checkbox"/> Column Peeled						
		10 <input type="checkbox"/> Ignition Peeled						
METHODS OF OPERATION								
*CARGO THEFT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>								
*NO. *TOTAL *VICTIM TYPE								
1		1		I <input type="checkbox"/> INDIVIDUAL		F <input type="checkbox"/> FINANCIAL INSTITUTION		
				B <input type="checkbox"/> BUSINESS		G <input type="checkbox"/> GOVERNMENT		
				P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)		S <input checked="" type="checkbox"/> SOCIETY		
				R <input type="checkbox"/> RELIGIOUS ORGANIZATION		O <input type="checkbox"/> OTHER		
				U <input type="checkbox"/> UNKNOWN				
NAME (Last, First, Middle) SOCIETY								
ADDRESS (Street, Apt., City, State, Zip)						PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE		
*AGE/ D.O.B.		*SEX		*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U		ETHNICITY	HGT	
OCCUPATION		SSN		*RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER		STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN		
*VICTIM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		IF INJURED, DESCRIBE INJURIES:						
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK		
		TYPE OF ACT. ASSIGN. TYPE ORI - OTHER		0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		4511.19A1A, 4511.19A1H, 4511.202		
My signature verifies that the information on this report is accurate and true								
DATE _____								
REPORTING OFFICER Ofc. Troy Dexter				BADGE NO. 16		DATE 10/21/2018		
APPROVING OFFICER Ofc. John Rieder				BADGE NO. 15		DATE 10/24/2018		
FOLLOW-UP? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If yes, follow-up Assignment:						
ADDITIONAL SUPPLEMENTS		<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS		FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> SPECIAL COPIES				
		<input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER		<input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS				

INCIDENT NUMBER 18-071361

INCIDENT REPORT - PART 2

INCIDENT NUMBER 18-071361

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 10/21/2018 20:07

REPORTER	NO. 1	NAME (Last, First, Middle) DEXTER, TROY, C	AGE/D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)			PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BUTLER TWP POLICE			PHONE (937) 890-2671

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	<input type="checkbox"/> DAMAGE TO VEHICLE <input checked="" type="checkbox"/> THEFT FROM VEHICLE	LIC VRYMTL	LIS OH	LIY	LIT PC	VIN/OAN 2G1FJ1EW3F9129271	*VALUE \$0.00	
VYR 2015	VMA Chevrolet	VMO Camaro	VST	VCO TOP SILVER/ALU	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 1 VEHICLE TOWED? Y N TOWED BY 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	U UNKNOWN	P PHOTO E EVIDENCE	TOTAL VALUE \$0.00
*LOSS CODE E	QUANTITY 1.000	DESCRIPTION 1 SLIDER BOX W/ SUSPECTS DNA STANDARD AND 1 BOX W/ SWAB OF BLOOD						*PROP CODE 54	*VALUE \$0.00	
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED			
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE \$0.00	
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED			
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE \$0.00	
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED			
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE \$0.00	
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED			

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

NARRATIVE

Male suspect crashed his vehicle into a ditch while intoxicated. Refused SFTS's but submitted to breath test, and was over the per se level.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	BUTLER TWP PD	INCIDENT NUMBER	18-071361
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VICTIM SOCIETY	OFFENSE	INCIDENT DATE AND TIME
	DRIVING WHILE UNDER THE INFLUENCE	10/21/2018 20:07

NAME/DESCRIPTIVES	NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY		SUSPECT/ARRESTEE			RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER <input type="checkbox"/>		CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																								
	NAME (Last, First, Middle)							SSN																										
	MCNABB, MARK M							XXX-XX-9192																										
	ALIAS							GANG AFFILIATION																										
	ADDRESS (Street, Apt., City, State, Zip)							PHONE																										
	115 MARRETT FARM RD UNION, OH 45322																																	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)							PHONE																										
	PLACE OF BIRTH							DL#/STATE		OCCUPATION/SCHOOL																								
								RZ978534 OH																										
	*AGE/ D.O.B. 47 01/21/1971		*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	ETHNICITY N	*HEIGHT 511	*WEIGHT 215	*HAIR BRO	*EYES HAZ																								
MARITAL STATUS D		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. _____																																		
<table border="0"> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARC/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC RIFLE</td> <td>15C MACHINE PISTOL</td> <td></td> <td></td> </tr> </table>											99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON	11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES	12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE	12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARC/SLEEPING PILLS	13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON	13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL		
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13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL																																	

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 INFLUENCE	1 4511.19A1A	1 M-1	1	23A POCKET PICKING	
	2 Driving While Under the Influence	2 4511.19A1H	2 M-1	2	23B PURSE SNATCHING	
	3 Failure to Control	3 4511.202	3 M-M	3	23C SHOPLIFTING	
	4	4	4	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		TIME	ARREST LOCATION (Street, Apt., City, State, Zip)			
10/21/2018		20:07				
*INCIDENT TRACKING NUMBER			ARREST DISPOSITION		BAIL	
			CITED AND RELEASED		\$0.00	
MIRANDA WITNESSED BY:						TIME READ
FINGERPRINTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#	
*MULTIPLE ARRESTEE SEGMENTS INDICATOR			*ARREST TYPE			
<input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input checked="" type="checkbox"/> N/A			1 <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
	LAST SEEN WEARING				

REPORTING OFFICER	Ofc. John Rieder	BADGE NO.	15	DATE	10/24/2018
APPROVING OFFICER	Ofc. John Rieder	BADGE NO.	15	DATE	10/24/2018
COURT				DATE	



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
18071361	3 1 - FATAL 2 - INJURY 3 - PDO	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 <input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 57	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Butler	CRASH DATE * 10/21/2018	TIME OF CRASH 20:07	DAY OF WEEK Sun
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	OR	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / 0	0 / 0			

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 KLEY	LOCATION ROAD TYPE ² RD	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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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 #) ANTIOCH SCHOOL	REFERENCE ROAD TYPE ² RD
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REFERENCE POINT USED 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 - 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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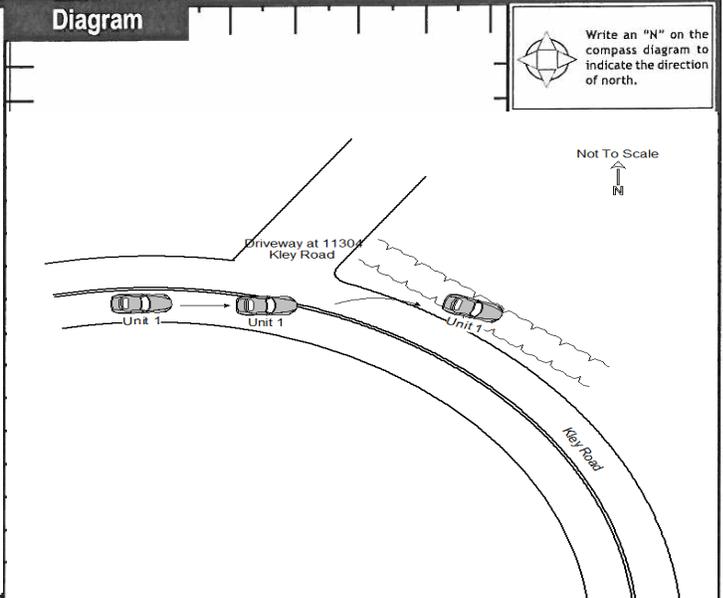
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, 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 05 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
--	--	---	---

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> 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 east on Kley Road in the east bound lane of travel, when at 11304 Kley Road he failed to maintain reasonable control, exited the north side of the roadway and struck a 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 10/21/2018	TIME CRASH REPORTED 20:07	DISPATCH TIME 20:08	ARRIVAL TIME 20:22	TIME CLEARED 21:36	OTHER INVESTIGATION TIME 0060	TOTAL MINUTES 134
OFFICER'S NAME * Ofc. Tim Maples		OFFICER'S BADGE NUMBER 17		CHECKED BY Ofc. John Rieder		PAGE OF		



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
18071361

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MCNABB, MARK M	DATE OF BIRTH 01/21/1971	AGE 47	GENDER M F - FEMALE M - MALE
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Address, City, State, ZIP: **115 MARRETT FARM RD UNION, OH 45322**
CONTACT PHONE- INCLUDE AREA CODE

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RZ978534	OL CLASS 4	No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 4	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE 190	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE)
4511.19A1A

OFFENSE DESCRIPTION
DRIVING WHILE UNDER THE INFLUENCE

CITATION NUMBER
003636

HANDS-FREE DEVICE USED

DRIVER DISTRACTED BY
1

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

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 <input type="checkbox"/> M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED (LOCAL CODE)

OFFENSE DESCRIPTION

CITATION NUMBER

HANDS-FREE DEVICE USED

DRIVER DISTRACTED BY

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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

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

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

LOCAL REPORT NUMBER

18071361

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) MCNABB, MARK M	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 219-5593	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 115 MARRETT FARM RD UNION, OH 45322				1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN
LP STATE OH	LICENSE PLATE NUMBER VRYMTL	VEHICLE IDENTIFICATION NUMBER 2G1FJ1EW3F9129271	# OCCUPANTS 01	
VEHICLE YEAR 2015	VEHICLE MAKE Chevrolet	VEHICLE MODEL Camaro	VEHICLE COLOR SILVER/ALUMINUM	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY SAFECO	POLICY NUMBER K3066922	TOWED BY Busy Bee Towing	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP /			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO. 1	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 04 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 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 13 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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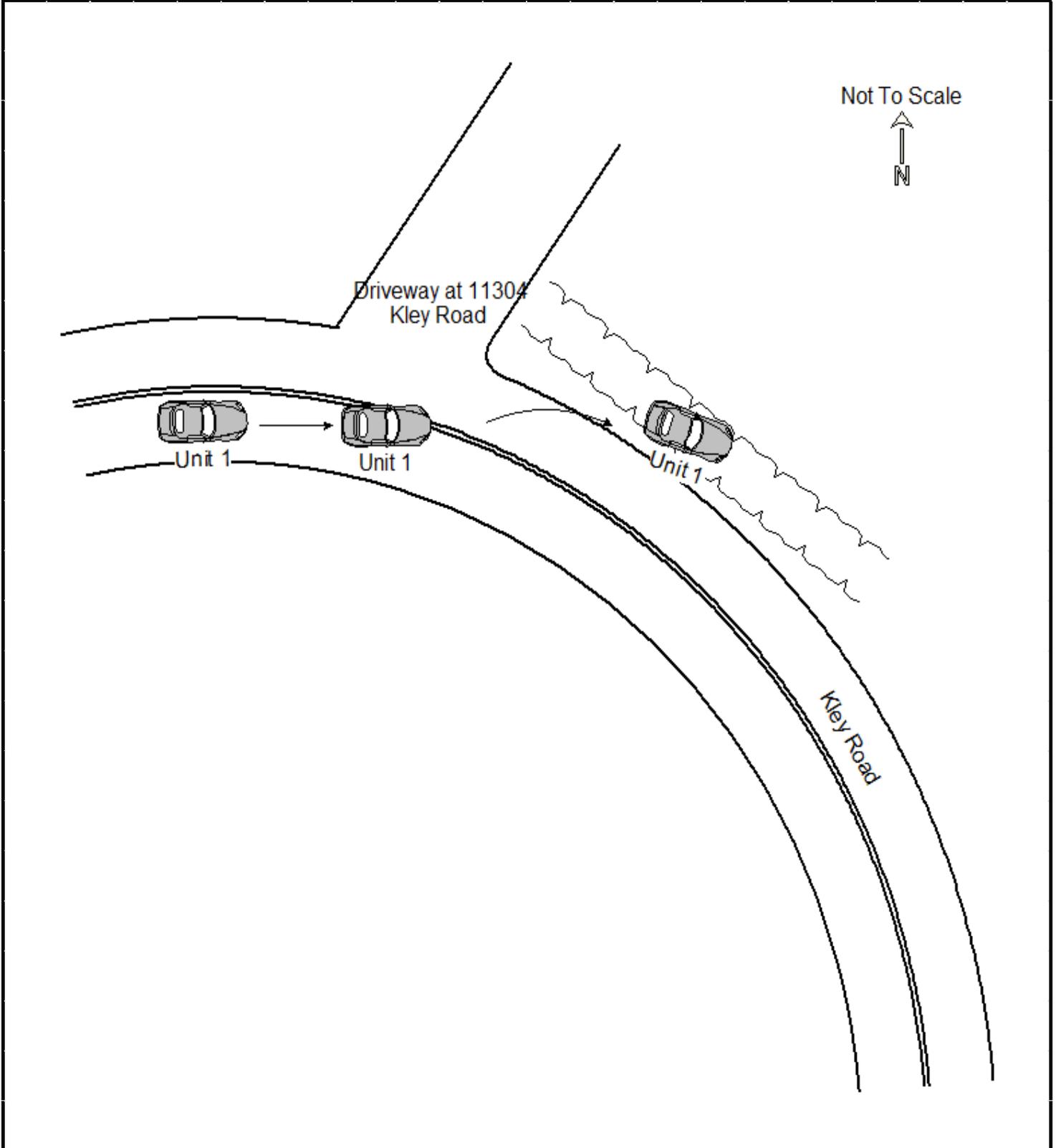
CONTRIBUTING CIRCUMSTANCES 17 PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RED LIGHT 04 - RED STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 44 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 050	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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED			PAGE OF



LOCAL REPORT NUMBER 18071361	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 10 D 21 Y 2018
IN COUNTY OF MONTGOMERY	CRASH LOCATION KLEY RD/ ANTIOCH SCHOOL RD	



OFFICER'S SIGNATURE X Ofc. Tim Maples	BADGE NUMBER 17
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NARRATIVE SUPPLEMENT

INCIDENT NUMBER	18-071361
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	10/21/2018 20:07
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On October 21, 2018, at 20:08 hours, I was dispatched to a property damage crash on Kley Rd. near Antioch School Rd. The only information available at the time was a vehicle in a ditch and two guys standing next to it.

I arrived at 20:22 hours, and located the grey Chevy Camaro (Ohio registration VRY MTL) submerged in the ditch on the east side of Kley Rd, just north of Antioch School Rd. The vehicle was facing south, with the drivers side wedged into the ditch, and the passenger side facing up toward the road. Whoever was in the vehicle at the time of the crash could have only exited from the passenger side door. The vehicle had heavy front left end damage as a result of this crash, but also had red or dark orange paint transfer on the passenger side front bumper and fender. This damage was also fresh but could not associated with anything at this scene at the time of my arrival.

Within a few seconds of my arrival, I made contact with the two males described in the call. The first male I spoke to did not want to write a statement or be called into court, but did tell me that he noticed a vehicle in the ditch and stopped to make sure nobody was injured. He advised the male that is with him now was inside the car fumbling around, and was trying to get a ride from his ex-wife just before I arrived. He stated this subject sat in his truck while he was waiting.

As the second male approached me, I noticed he was staggering, and had a very strong odor of an alcoholic beverage on or about his person. I also noticed he had glossy and slightly bloodshot eyes, and some minor abrasions on his chin and right hand. This person was identified as Mark M. McNabb, the owner of the Camaro. When I asked McNabb how much he had to drink tonight, he stated he had not been drinking at all. At that time, I requested a second officer for back up, and patted McNabb down prior to having him sit in my patrol vehicle until back up arrived. McNabb had a wallet, check book, and keys to the Camaro in his pocket, but asked that I find his cell phone and cigarettes.

I placed McNabb in the back seat of my patrol vehicle and begin looking for the cell phone and cigarettes. I located McNabb's cell phone in the driveway just north of us, next to the truck belonging to the passerby. I also located a pack of Newport Red cigarettes between the drivers door and seat of McNabb's Camaro. I took inventory of the cars contents at that time and noticed several sleeping bags in the trunk otherwise, no valuables were located. I also noticed what appeared to be a blood smear on the inside of the passenger door window, which I suspect came from McNabb's hand upon exiting the car. I took a sample of this blood smear using a sterile cotton tip stick diluted with sterile water. I placed this sample in a white slider box and secured it in an envelope as evidence.

I went back to my patrol vehicle to interview McNabb about what occurred. I first informed him of his Miranda rights, which he responded to by saying he wasn't answering anything.

Once Officer Maples arrived, I asked McNabb if he would be willing to take a series of field sobriety tests, but he refused to do so. I then informed McNabb that he was under arrest operating a motor vehicle while impaired. I placed him in handcuffs which I checked for proper spacing before they were double locked. I advised McNabb that I found his phone and cigarettes. Over the next several minutes, McNabb asked if I located his cell phone at least 3 more times, and each time I informed him I had.

Officer Maples waited at the scene until the vehicle was removed by Busy Bee. Due to the reddish orange paint transfer on the passenger side of the vehicle, I placed an investigative hold on the vehicle, and asked dispatch to send a county wide bolo for red or orange vehicle involed in an H&R crash.

At approximately 21:30 hours, I read the BMV2255 form to McNabb, and asked if he was willing to take a breath test. McNabb agreed to this test and was transported to the Vandalia Police Department, where Officer Andrew Wehner administered the test at 21:52 hours. McNabb registered a .190 BAC. While I was working on my paperwork at VPD, McNabb finally admitted to wrecking his car but still insisted he was not impaired. I transported McNabb to the Butler Township Police Department for further processing.

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 checked="" 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	10/22/2018
	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. Troy Dexter			BADGE NO.	DATE
				16	10/22/2018
APPROVING OFFICER	Ofc. John Rieder			BADGE NO.	DATE
				15	10/24/2018

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	18-071361
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME 10/21/2018 20:07
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While on post, I read the notice of suspension section to McNabb, which he acknowledged and signed. At approximately 23:20 hours, I advised McNabb of his Miranda rights again, and this time had him sign the pre-interview form. I also asked for McNabb's consent to search his phone and obtain a saliva sample from him for DNA comparison purposes. McNabb consented to both, but wanted to make sure I was not going to keep his phone. I told him I only wanted to get a copy of the text message conversation between he and his ex-wife around the time of the crash. McNabb opened his phone to these text messages allowing Officer Rieder to photograph them in my presence. McNabb received a message from his ex-wife at 20:14 hours directing him to park behind his daughter's car, and McNabb responded with "I just wrecked" and "come get me". These photos will be uploaded to this case file along with the photos taken at the scene.

I collected McNabb's saliva using a sterile cotton tip stick, which I immediately placed into a white slider box. McNabb placed his initials on this box, which I later packaged as evidence along with the sample of blood collected at the scene, and will send them to the Miami Valley Regional Crime Laboratory for comparison.

I provided McNabb with a copy of his citation which I explained to him. I also provided him with copies of the BMV2255, and tow report. I explained his court date and time and the consequences for failing to appear at that time.

At approximately 23:50 hours, McNabb was released to his daughter, Sommer McNabb, after verifying she was a sober adult, who was willing to take responsibility for him this evening.

Copies of the cruiser and interview room video have been uploaded to this case file and copies on DVD have been forwarded to VMC for their records.

Respectfully,

Officer T.C. Dexter #16

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 checked="" 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	10/22/2018
	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. Troy Dexter			BADGE NO.	DATE
				16	10/22/2018
APPROVING OFFICER	Ofc. John Rieder			BADGE NO.	DATE
				15	10/24/2018