



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 18047612 | 2 - FATAL 1 - INJURY 3 - PDD | 1 - SOLVED 2 - UNSOLVED |

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| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * 05724 | REPORTING AGENCY NAME * BUTLER TWP PD | NUMBER OF UNITS 06 | UNIT IN ERROR 01 |
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| COUNTY * 57 | CITY * Butler | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * 07/12/2018 | TIME OF CRASH 21:56 | DAY OF WEEK Thu |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:51:49.56 | LONGITUDE 0 / 084:13:50.70 | DECIMAL DEGREES LATITUDE 39.863769 | LONGITUDE 84.230750 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES 02 | ROAD TYPES OR MILEPOST ² AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD ST - STREET WA - WAY TE - TERRACE 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 PETERS | ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF N, S, E, W | REFERENCE ROUTE TYPE ¹ | REFERENCE ROUTE NUMBER | REF PREFIX N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 7961 | REFERENCE ROAD TYPE ² |
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| REFERENCE POINT USED 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 | <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 2 - STRAIGHT GRADE 3 - CURVE LEVEL | 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 |
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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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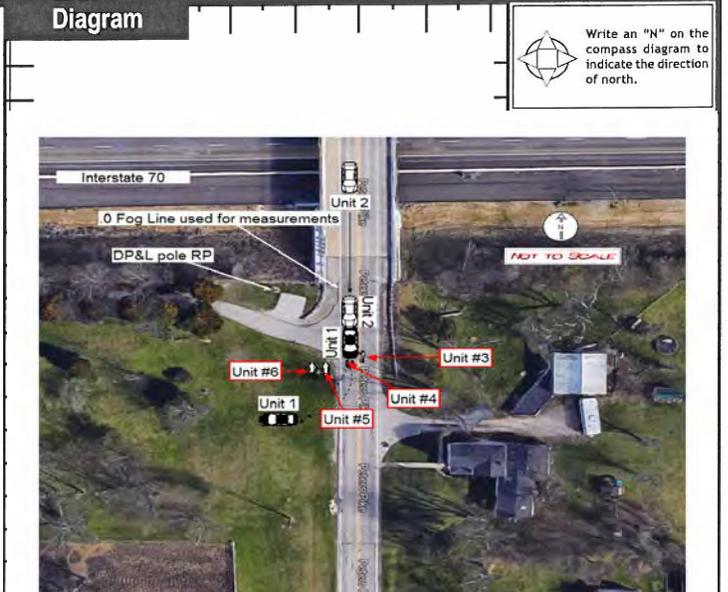
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| ROAD SURFACE 2 - BLACKTOP, BITUMINOUS, ASPHALT | 3 - BRICK/BLOCK | 4 - SLAG, GRAVEL, STONE | 5 - DIRT | 6 - OTHER | LIGHT CONDITIONS PRIMARY 3 | SECONDARY | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS RELATED <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 | <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 south on Peters Pike in the southbound lane. Unit #1 had become disabled and was in the roadway with no lights on. The occupants of Unit #1 all exited the car and became pedestrians, unit #3, unit #4, unit #5, and unit #6. Unit #2 was traveling south on Peters Pike in the southbound lane, and when at 7961 Peters Pike, unit #2 did not see that unit #1 was disabled in the roadway, and unit #2 collided with the rear of unit #1.

The impact of unit #2 with unit #1 caused unit #1 to strike units #3 and #4. Units #5 and #6 were also injured and were either struck by one of the vehicles or by debris from the impact between unit #1 and unit #2.



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| 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 ODDS) |
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| DATE CRASH REPORTED 07/12/2018 | TIME CRASH REPORTED 21:56 | DISPATCH TIME 21:56 | ARRIVAL TIME 21:57 | TIME CLEARED 0:11 | OTHER INVESTIGATION TIME | TOTAL MINUTES 134 |
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| OFFICER'S NAME * Ofc. Benton Smith | OFFICER'S BADGE NUMBER 12 | CHECKED BY Lt. Chris Guthrie | PAGE OF |
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18047612

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

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| UNIT NUMBER [02] | NAME: LAST, FIRST, MIDDLE COLE, FARRAH LYNNE | DATE OF BIRTH 10/07/1999 | AGE 18 | GENDER F - FEMALE M - MALE [F] |
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| ADDRESS, CITY, STATE, ZIP 7204 HARDWICKE PL DAYTON, OH 45414 | CONTACT PHONE - INCLUDE AREA CODE (937) 654-1753 |
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| INJURIES [1] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [04] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [01] | AIR BAG USAGE [4] | EJECTION [1] | TRAPPED [1] | |
| OL STATE [OH] | OPERATOR LICENSE NUMBER UM418429 | OL CLASS [4] | No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END. | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] [] [] [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY [7] [] | | | | | |

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| UNIT NUMBER [03] | NAME: LAST, FIRST, MIDDLE MISHRA, ISHAN NAWAL | DATE OF BIRTH 05/11/2000 | AGE 18 | GENDER F - FEMALE M - MALE [M] |
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| ADDRESS, CITY, STATE, ZIP 6606 CHERI LYNNE DR DAYTON, OH 45415 | CONTACT PHONE - INCLUDE AREA CODE (937) 573-8132 |
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| INJURIES [2] | INJURED TAKEN BY [2] | EMS AGENCY Butler Twp. Fire | MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi | SAFETY EQUIPMENT USED [09] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [15] | AIR BAG USAGE [5] | EJECTION [4] | TRAPPED [1] | |
| OL STATE [OH] | OPERATOR LICENSE NUMBER UE836082 | OL CLASS [4] | No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END. | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] [] [] [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY [] [] | | | | | |

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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 [02] | NAME: LAST, FIRST, MIDDLE MARCUM, STEPHANIE ELYSSA | DATE OF BIRTH 12/12/1999 | AGE 18 | GENDER F - FEMALE M - MALE [F] |
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| ADDRESS, CITY, STATE, ZIP 3157 GREEN TURTLE DR DAYTON, OH 45414 | CONTACT PHONE - INCLUDE AREA CODE (937) 716-4238 |
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| INJURIES [1] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [04] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [03] | AIR BAG USAGE [4] | EJECTION [1] | TRAPPED [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 [] |
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MOTORIST / Non-MOTORIST / OCCUPANT

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| UNIT NUMBER [04] | NAME: LAST, FIRST, MIDDLE CULLEN, MICHAEL BRIAN | DATE OF BIRTH [06/27/2001] | AGE 17 | GENDER [M] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6706 CHERI LYNNE DR DAYTON, OH 45415 | CONTACT PHONE - INCLUDE AREA CODE (937) 931-3713 |
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| INJURIES [2] | INJURED TAKEN BY [2] | EMS AGENCY Clayton Fire | MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi | SAFETY EQUIPMENT USED [09] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [15] | AIR BAG USAGE [5] | EJECTION [4] | TRAPPED [1] | |
| OL STATE [] | OPERATOR LICENSE NUMBER [] | OL CLASS [] | No <input type="checkbox"/> VALID OL M/C END. <input type="checkbox"/> | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |

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| 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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| UNIT NUMBER [05] | NAME: LAST, FIRST, MIDDLE BROOKS, ZOE SKY | DATE OF BIRTH [09/15/1998] | AGE 19 | GENDER [F] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 5165 WINTERHILL CT TIPP CITY, OH 45371 | CONTACT PHONE - INCLUDE AREA CODE (937) 750-5531 |
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| INJURIES [2] | INJURED TAKEN BY [9] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi | SAFETY EQUIPMENT USED [09] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [15] | AIR BAG USAGE [5] | EJECTION [4] | TRAPPED [1] | |
| OL STATE [OH] | OPERATOR LICENSE NUMBER UQ574599 | OL CLASS [4] | No <input type="checkbox"/> VALID OL M/C END. <input type="checkbox"/> | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |

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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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| 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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MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

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| UNIT NUMBER [06] | NAME: LAST, FIRST, MIDDLE STANOIKOVICH, RONDA S | DATE OF BIRTH [01/05/1979] | AGE 39 | GENDER [F] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3186 MALINA AVE DAYTON, OH 45414 | CONTACT PHONE- INCLUDE AREA CODE (937) 313-9891 |
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| INJURIES [2] | INJURED TAKEN BY [2] | EMS AGENCY Butler Twp. Fire | MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi | SAFETY EQUIPMENT USED [09] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [15] | AIR BAG USAGE [5] | EJECTION [4] | TRAPPED [1] | |
| OL STATE [OH] | OPERATOR LICENSE NUMBER RK290229 | OL CLASS [4] | No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END. | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] [] [] [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY | | | | | |

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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 <input type="checkbox"/> END. | 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 <input type="checkbox"/> DEVICE USED | 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 ID "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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UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MISHRA, ISHAN NAWAL | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 750-5531 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6606 CHERI LYNNE DR DAYTON, OH 45415 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER HMP2179 | VEHICLE IDENTIFICATION NUMBER 1FACP42E6LF225216 | 2 - MINOR | |
| VEHICLE YEAR 1990 | VEHICLE MAKE Ford | VEHICLE MODEL Mustang | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input type="checkbox"/> | INSURANCE COMPANY | POLICY NUMBER | 4 - DISABLING | |
| | | | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |
| | | | Busy Bee Towing | |

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| 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 | | | |

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| 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 03 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 | | |

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| 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 06 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 5 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 10 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 13 SECONDARY 09 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 09 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 20 2 14 3 14 4 14 5 14 6 00 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | 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 |

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| UNIT SPEED 000 | POSTED SPEED 45 | 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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | | | PAGE OF |



UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) COLE, URSULA E | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937) 654-1753 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 7204 HARDWICKE PL DAYTON, OH 45414 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GQA4128 | VEHICLE IDENTIFICATION NUMBER 3N1AB7AP0FY213289 | 2 - MINOR | |
| VEHICLE YEAR 2015 | VEHICLE MAKE Nissan | VEHICLE MODEL SENTRA | 3 - FUNCTIONAL | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY CALIFORNIA CASULTY | POLICY NUMBER 101 7504960 | 4 - DISABLING | |
| | | TOWED BY Busy Bee Towing | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| 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 | | | |

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| 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 03 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 | | | | | |

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| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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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 01 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 21 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | 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 |

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| UNIT SPEED 040 | POSTED SPEED 45 | 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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | | | PAGE OF |



UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 03 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MISHRA, ISHAN NAWAL | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 573-8132 | DAMAGE SCALE <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6606 CHERI LYNNE DR DAYTON, OH 45415 | | | | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |

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| 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 <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION <input checked="" type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | <input type="checkbox"/> HIT / SKIP UNIT |

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|---|--|---|---|---|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input checked="" type="checkbox"/> 05 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 <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input checked="" type="checkbox"/> 26 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"/> SPECIAL FUNCTION | | | <input type="checkbox"/> MOST DAMAGED AREA | | <input checked="" type="checkbox"/> ACTION |

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| <input type="checkbox"/> SPECIAL FUNCTION | <input type="checkbox"/> MOST DAMAGED AREA | <input type="checkbox"/> IMPACT AREA | <input checked="" type="checkbox"/> ACTION |
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| PRE-CRASH ACTIONS <input checked="" type="checkbox"/> 20 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 <input checked="" type="checkbox"/> 25 SECONDARY <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 23 FIRST HARMFUL EVENT | 2 <input type="checkbox"/> MOST HARMFUL EVENT | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | | | | | | | | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | | 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | 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 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED | TRAFFIC CONTROL <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 04 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) CULLEN, MICHAEL BRIAN | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 931-3713 | DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING <input type="checkbox"/> UNKNOWN | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 6706 CHERI LYNNE DR DAYTON, OH 45415 | | | | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| 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 <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION <input checked="" type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 05 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 <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input checked="" type="checkbox"/> 26 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"/> SPECIAL FUNCTION | | | <input type="checkbox"/> MOST DAMAGED AREA | | <input checked="" type="checkbox"/> ACTION |

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|---|---|---|---|--|---|
| <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - TAXI <input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS) <input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="checkbox"/> 05 - BUS - TRANSIT <input type="checkbox"/> 06 - BUS - CHARTER <input type="checkbox"/> 07 - BUS - SHUTTLE <input type="checkbox"/> 08 - BUS - OTHER | <input type="checkbox"/> 09 - AMBULANCE <input type="checkbox"/> 10 - FIRE <input type="checkbox"/> 11 - HIGHWAY/MAINTENANCE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - OTHER GOVERNMENT <input type="checkbox"/> 16 - CONSTRUCTION EQUIP. | <input type="checkbox"/> 17 - FARM VEHICLE <input type="checkbox"/> 18 - FARM EQUIPMENT <input type="checkbox"/> 19 - MOTORHOME <input type="checkbox"/> 20 - GOLF CART <input type="checkbox"/> 21 - TRAIN <input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE) | <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 07 - LEFT REAR | <input type="checkbox"/> 08 - LEFT SIDE <input type="checkbox"/> 09 - LEFT FRONT <input type="checkbox"/> 10 - TOP AND WINDOWS <input type="checkbox"/> 11 - UNDERCARRIAGE <input type="checkbox"/> 12 - LOAD/TRAILER <input type="checkbox"/> 13 - TOTAL(ALL AREAS) <input type="checkbox"/> 14 - OTHER | <input checked="" type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING/STRUCK <input type="checkbox"/> 9 - UNKNOWN |
|---|---|---|---|--|---|

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|---|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS <input checked="" type="checkbox"/> 20 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 <input checked="" type="checkbox"/> 27 SECONDARY <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 23 FIRST HARMFUL EVENT | 2 <input type="checkbox"/> MOST HARMFUL EVENT | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | | 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | 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 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED | TRAFFIC CONTROL <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 05 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BROOKS, ZOE SKY | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 750-5531 | DAMAGE SCALE <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 5165 WINTERHILL CT TIPP CITY, OH 45371 | | | | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| 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 <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION <input checked="" type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | <input type="checkbox"/> HIT / SKIP UNIT |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT <input checked="" type="checkbox"/> 05 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 <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input checked="" type="checkbox"/> 26 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 | | |

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| SPECIAL FUNCTION <input type="checkbox"/> 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 <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS <input checked="" type="checkbox"/> 20 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 <input checked="" type="checkbox"/> 25 SECONDARY <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 23 FIRST HARMFUL EVENT | 2 <input type="checkbox"/> MOST HARMFUL EVENT | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | | | 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | 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 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED | TRAFFIC CONTROL <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER

18047612

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| UNIT NUMBER 06 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) STANOIKOVICH, CODY | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937) 313-9891 | DAMAGE SCALE <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3186 MALINA AVE DAYTON, OH 45414 | | | | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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

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| NON-MOTORIST LOCATION PRIOR TO IMPACT <input checked="" type="checkbox"/> 05 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 <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input checked="" type="checkbox"/> 26 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 |
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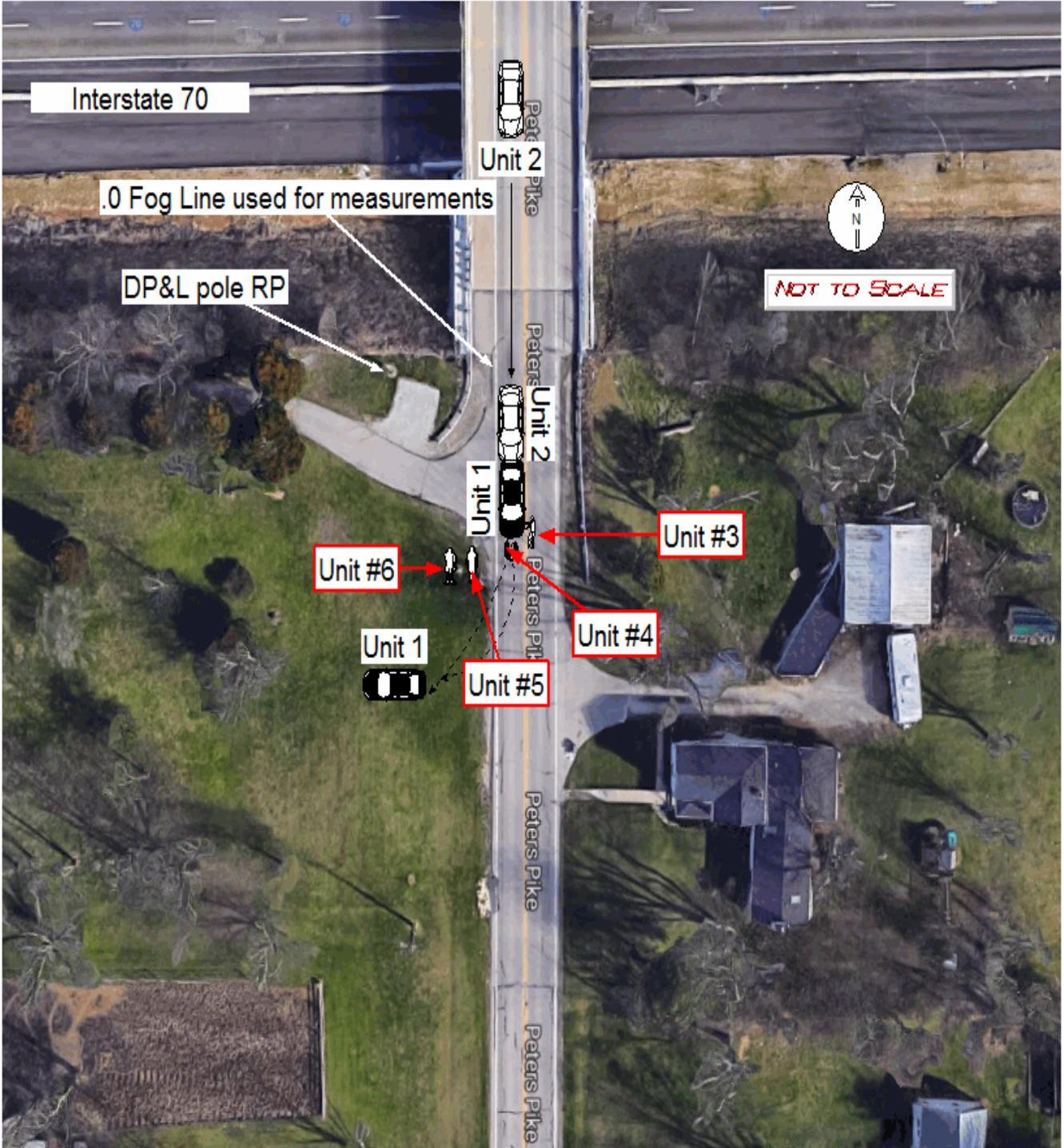
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| PRE-CRASH ACTIONS <input checked="" type="checkbox"/> 20 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC 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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| SEQUENCE OF EVENTS 1 <input checked="" type="checkbox"/> 23 FIRST HARMFUL EVENT | 2 <input type="checkbox"/> MOST HARMFUL EVENT | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 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 | | | | | | | | | | | | | | |
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| UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED | TRAFFIC CONTROL <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 1 TO <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | 9 - UNKNOWN | PAGE OF |
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| LOCAL REPORT NUMBER 18047612 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 12 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION 7961 PETERS PI | |



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| OFFICER'S SIGNATURE X Ofc. John Rieder | | BADGE NUMBER 15 |
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| LOCAL REPORT NUMBER 18047612 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 12 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION PETERS | |

On Thursday, July 12, 2018, at 2156 hours, Officer Jackson, Officer Rieder, and I responded to the area of Little York Road and Peters Pike for a two vehicle crash.

Upon arrival, we were informed by dispatch that the vehicle crash was at 7961 Peters Pike. Dispatch advised that there were four subjects lying on the ground. Once on scene, I observed a black Ford Mustang, bearing Ohio registration HMP2179, with heavy rear end damage, and a white Nissan Sentra, bearing Ohio registration GQA4128, with heavy front end damage.

The female driver of the Nissan Sentra, who was identified as Farrah Cole, stated that she was traveling south on Peters Pike at about 40 MPH, when she noticed that several vehicles were flashing their headlights at her. Ms. Cole advised that when she realized why other drivers were flashing their headlights at her, she had approached the Ford Mustang, which was stalled in the roadway. Ms. Cole said that she did not have enough time to react, and she slammed into the rear of the Ford Mustang. Ms. Cole said that the Ford Mustang did not have any lights on.

The owner of the Ford Mustang, who was identified as Ishan Mishra, stated that he was traveling south on Peters Pike, when his vehicle stalled just south of the IR-70 overpass. Mr. Mishra said that he had his three passengers exited the vehicle, and he attempted to work on the vehicle. Mr. Mishra said that all of the vehicle's occupants were standing outside of the vehicle, when the accident occurred.

All four occupants from Mr. Mishra's vehicle were taken to Miami Valley Hospital. Busy Bee Towing responded to the scene and towed both vehicles.

No citations were issued due to the vehicle being stalled in the roadway.

Officer B. Smith #12

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| | | | | | | | | | | OFFICER'S SIGNATURE X Ofc. Benton Smith | BADGE NUMBER 12 |
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| LOCAL REPORT NUMBER 18047612 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 12 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION PETERS | |

On Wednesday July 19, 2018, I conducted a follow up with the pedestrians from Unit 1. I spoke with Mr. Mishra and he advised me that he was traveling south on Peters Pike, when his vehicle began to overheat. Mr. Mishra said that he turned his flashers on to warn other vehicles.

Mr. Mishra said that Michael Cullen exited the vehicle to assist him with the vehicle. Mr. Mishra said that he was on the driver side of the vehicle, bent over, trying to work on the vehicle. I asked him where Mr. Cullen was and he said he was in front of the vehicle, holding the hood up. Mr. Mishra said that at one point, another vehicle almost struck them. he said that he told Ms. Brooks and Mr. Stanoikovich to exit the vehicle. He said once the two exited the vehicle, the stood in the grass.

I contacted Mr. Cullen and he explained to me that the vehicle began to overheat and the vehicle completely stopped in the roadway. Mr. Cullen said that he was holding up the hood of the car, while his friend worked on the engine.

I spoke with Ms. Brooks at 3186 Malina Avenue. She advised me that she was standing approximately ten feet from the passenger side of the vehicle, along with Mr. Stanoikovich. She advised me that Mr. Mishra was standing on the left front side of the vehicle, while Mr. Cullen was in front of the vehicle, holding up the hood.

Mr. Mishra and Mr. Cullen were struck by unit #1 after unit #2 struck unit #1. Ms. Brooks and Mr. Stanoikovich were struck by unit #1 and/or debris from unit #1.

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| OFFICER'S SIGNATURE X Ofc. Benton Smith | BADGE NUMBER 12 |
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| LOCAL REPORT NUMBER 18047612 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 7 D 12 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION PETERS | |

On Friday July 20, 2018, I spoke with Prosecutor Caldwell in regards to this crash investigation. There was no specific guidance on who was at fault. Based on the investigation, I will not be issuing a citation in this crash.

I will notify the owners of my findings. There was nothing further to report.

Respectfully,

Officer B. Smith #12

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| OFFICER'S SIGNATURE X Ofc. Benton Smith | BADGE NUMBER 12 |
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| LOCAL REPORT NUMBER 18-047612 | REPORTING AGENCY TSTPD | DATE OF CRASH M 7 D 12 Y 18 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Stephanie Marcum PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

B. Smith OFFICER'S NAME AT 7961 PETERS PIKE LOCATION

I was in the white Nissan, my friend Farran Cole's car driving down Peter's pike. Farran was driving and I was the passenger. She was going the speed limit and we were just having a conversation when I looked up and realized there was a car in our lane with no lights on. Completely turned off in the middle of the road. Farran, the driver, braked as soon as she saw the car and heard my scream. He hit the tail end of their car, since nothing was visible to us. By the time we both noticed there was a car it was too late to get out of the way. I closed my eyes after impact and after I opened them I first checked to see if I was okay and if Farran was okay. She was talking so I opened my door and ran out to check on everyone else. There were about four or five people sitting on the ground, all conscious. We called 911 as soon as phones were found. Then police arrived.

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| ADDRESS OF WITNESS 3157 Green Turtle Dr. Dayton, OH 45414 | PHONE 937-716-4238 |
| SIGNATURE OF WITNESS X <u>Stephanie Marcum</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> #12 |

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| LOCAL REPORT NUMBER 18-047612 | REPORTING AGENCY BTPD | DATE OF CRASH M 7 D 12 Y 18 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Farrak Lynne Cole PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
B Smith OFFICER'S NAME AT 7961 PETERS PIKE LOCATION
 Stephanie & I were driving down Peters, having conversation as normal we approached the bridge & as I we got to the end there was a car in the opposite lane that flashed me, which made me pause for a second & think to myself why they did that & that's when Steph screamed. I looked from the car that flashed me & realized that the car was inches from us so I slammed on the breaks & we hit them head on from the back. I didn't see the car at all because the car was dark & none of their lights were on. After we hit, I remember hearing screaming from outside the car & Stephanie talking, so I knew she was okay. She got out so I tried to get out, but my door wouldn't open so I crawled the passengers side. ~~down~~ As I approached the people laying down in the grass, I heard ~~at~~ whom I presume was driver, shouting at Stephanie, "Ya, I know my lights were off, my car fucking exploded." After that we checked if everyone was okay, there were witnesses helping & I called 911. I stayed on the phone with them until a police officer came over & I talked with me.

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| ADDRESS OF WITNESS 7204 Hardwicke Place | PHONE (937) 654-1753 |
| SIGNATURE OF WITNESS X <u>Farrak Cole</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> #12 |

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| LOCAL REPORT NUMBER 18-047612 | REPORTING AGENCY BTPD | DATE OF CRASH M 7 D 12 Y 18 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kurt Justice PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
B. Smith OFFICER'S NAME AT 7961 PETERS PIKE LOCATION

At about 9:50 P.M. on July 12, 2018 I was traveling southbound on Peters Pike, and nearly rear-ended a car parked in the middle of the road with no lights on. I saw them very late and had to come to a quick stop. It was very dark in that area, needed to use flashlights or something so people could see them. Looked like they were messing with something in the front of the car. But all lights were off.

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| ADDRESS OF WITNESS 7040 Fredrick Pike Dayton, OH 45414 | PHONE 957-474-2850 |
| SIGNATURE OF WITNESS X <u>Kurt Justice</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> #12 |

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| LOCAL REPORT NUMBER 18-047612 | REPORTING AGENCY BTPD | DATE OF CRASH M 7 D 12 Y 18 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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| I, <u>William Morrow</u> <small>PRINTED</small> | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| <u>B. SMITH</u> <small>OFFICER'S NAME</small> | AT <u>7961 PETERS PIKE</u> <small>LOCATION</small> |

I was driving along the opposite lane when I witnessed a vehicle being worked on with no lights on. As I continued on I viewed a white vehicle approaching the vehicle being worked on. I then saw the white vehicle hit the stranded vehicle. I parked my vehicle and ran down to see if everyone was okay. I seen four people injured and two young women trying to help them. The two young women were the driver and passenger of the white vehicle. The four injured were the people from the stranded vehicle. My vehicle was directly passing ~~the accident~~ as the accident happened.

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| ADDRESS OF WITNESS 799 Kildare Pl. Trotwood, OH 45426 | PHONE 937-416-8205 |
| SIGNATURE OF WITNESS X <u>William Morrow</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> #12 |



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| LOCAL REPORT NUMBER 18-047612 | REPORTING AGENCY BTPD | DATE OF CRASH M 7 D 12 Y 18 |
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MILINDA ZABRAMBA HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

B. SMITH AT 7961 PETERS PIKE
OFFICER'S NAME LOCATION

I WAS driving north bound on Peters Pike and saw a black disabled vehicle in opposite direction. White car traveling @ high speed southbound. I flashed my lights however vehicle did not stop or slow down. Collision with black disabled vehicle occurred.

I called SOS from my car. On scene 2 females from white car standing in field with no obvious injuries. 3-4 adults in field and one child (Cody) maybe 9-10 yr old. NO obvious injury in child. Zoe laying on side with blood covering face. Able to move extremities and appeared to be alert and oriented. Another male present w leg injury but also awake/alert. 2nd adult male with torn clothes and blood on shirt. NO obvious injury. EMS arrived in < 5 mins.

Milinda Zabramba OH DL# RN216997
 1224 GreyStone Cir
 Dayton, OH 45414
 (937) 684-3507

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| ADDRESS OF WITNESS | PHONE |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X #12 |