



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
18053753	2 - FATAL 1 - INJURY 3 - PDD	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 05724	REPORTING AGENCY NAME * BUTLER TWP PD	NUMBER OF UNITS 01	UNIT IN ERROR 01	98 - ANIMAL 99 - UNKNOWN
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COUNTY * 57	CITY * VILLAGE * TOWNSHIP * Butler	CRASH DATE * 08/08/2018	TIME OF CRASH 11:25	DAY OF WEEK Wed
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:50:29.82	LONGITUDE 0 / 084:11:31.91	DECIMAL DEGREES LATITUDE 39.841619	LONGITUDE 84.192199
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ROADWAY DIVISION DIVIDED UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND S - SOUTHBOUND E - EASTBOUND W - WESTBOUND	NUMBER OF THRU LANES 07	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY
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LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME BENCHWOOD	RD	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup> 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 MILES FEET YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) MILLER	LA	REFERENCE ROAD TYPE <sup>2</sup>
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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/ROUNDBOUT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	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 SECONDARY 02	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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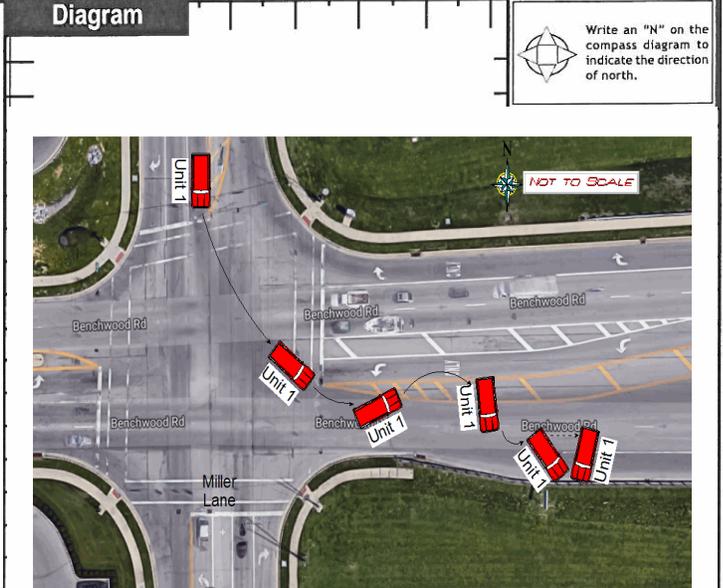
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 4	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE	4 - RAIN 5 - SLEET, 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 SECONDARY 1	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED	WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) 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 Miller Lane in the left turn lane and when at Benchwood Road, Unit #1 lost control of the vehicle while making a left turn (east) onto Benchwood Road and began to slide sideways, over corrected and struck the face of the guard rail on the south side of the roadway.



REPORT TAKEN BY POLICE AGENCY MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
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DATE CRASH REPORTED 08/08/2018	TIME CRASH REPORTED 11:25	DISPATCH TIME 11:26	ARRIVAL TIME 11:31	TIME CLEARED 12:12	OTHER INVESTIGATION TIME	TOTAL MINUTES 41
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OFFICER'S NAME * Sgt. Lonnie Bilbrey	OFFICER'S BADGE NUMBER 4	CHECKED BY Sgt. Lonnie Bilbrey	PAGE OF
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18053753

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER [ 01 ]	NAME: LAST, FIRST, MIDDLE CARTER, CIARA MERCEDES	DATE OF BIRTH 10/05/1996	AGE 21	GENDER F - FEMALE M - MALE [ F ]
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ADDRESS, CITY, STATE, ZIP 625 GRAFTON AVE DAYTON, OH 45406	CONTACT PHONE- INCLUDE AREA CODE (202) 445-9203
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INJURIES [ 3 ]	INJURED TAKEN BY [ 2 ]	EMS AGENCY Butler Twp. Fire	MEDICAL FACILITY INJURED TAKEN TO Miami Valley Hospi	SAFETY EQUIPMENT USED [ 04 ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ 01 ]	AIR BAG USAGE [ 1 ]	EJECTION [ 1 ]	TRAPPED [ 1 ]
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OL STATE [ CO ]	OPERATOR LICENSE NUMBER 162280446	OL CLASS [ 4 ]	No VALID OL <input type="checkbox"/>	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 ) 4511.202	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 43254	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY [ 1 ] [ ]
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UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ]
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OL STATE [ ] [ ] [ ]	OPERATOR LICENSE NUMBER	OL CLASS [ ] [ ] [ ]	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION [ ] [ ] [ ] [ ]	ALCOHOL/DRUG SUSPECTED [ ] [ ] [ ] [ ]	ALCOHOL TEST STATUS [ ] [ ] [ ] [ ]	ALCOHOL TEST TYPE [ ] [ ] [ ] [ ]	ALCOHOL TEST VALUE [ ] [ ] [ ] [ ]	DRUG TEST STATUS [ ] [ ] [ ] [ ]	DRUG TEST TYPE [ ] [ ] [ ] [ ]
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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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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER [ 01 ]	NAME: LAST, FIRST, MIDDLE WEINKAUF, ADAM C	DATE OF BIRTH 11/21/1992	AGE 25	GENDER F - FEMALE M - MALE [ M ]
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ADDRESS, CITY, STATE, ZIP 625 GRAFTON AVE DAYTON, OH 45406	CONTACT PHONE- INCLUDE AREA CODE (719) 445-9203
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INJURIES [ 3 ]	INJURED TAKEN BY [ 1 ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ 04 ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ 03 ]	AIR BAG USAGE [ 1 ]	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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# UNIT

LOCAL REPORT NUMBER

**18053753**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>WEINKAUF, ADAM C</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>(719) 339-3608</b>	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>625 GRAFTON AVE DAYTON, OH 45406</b>			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE <b>CO</b>	LICENSE PLATE NUMBER <b>0259307</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNDDT13S422126467</b>	# OCCUPANTS <b>02</b>	
VEHICLE YEAR <b>2002</b>	VEHICLE MAKE <b>Chevrolet</b>	VEHICLE MODEL <b>Trailblazer</b>	VEHICLE COLOR <b>RED</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>INSURANCE ANSWER CENTER I</b>	POLICY NUMBER <b>1140551660</b>	TOWED BY	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ CARRIER PHONE- INCLUDE AREA CODE \_\_\_\_\_

US DOT <b>1</b>	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	CARGO BODY TYPE <b>01</b> 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 <b>1</b> 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 <input type="checkbox"/> HIT / SKIP UNIT
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NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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
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SPECIAL FUNCTION <b>01</b> 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 <b>03</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>06</b> 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 <b>17</b> SECONDARY <b>99 - UNKNOWN</b>	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 <b>01</b> 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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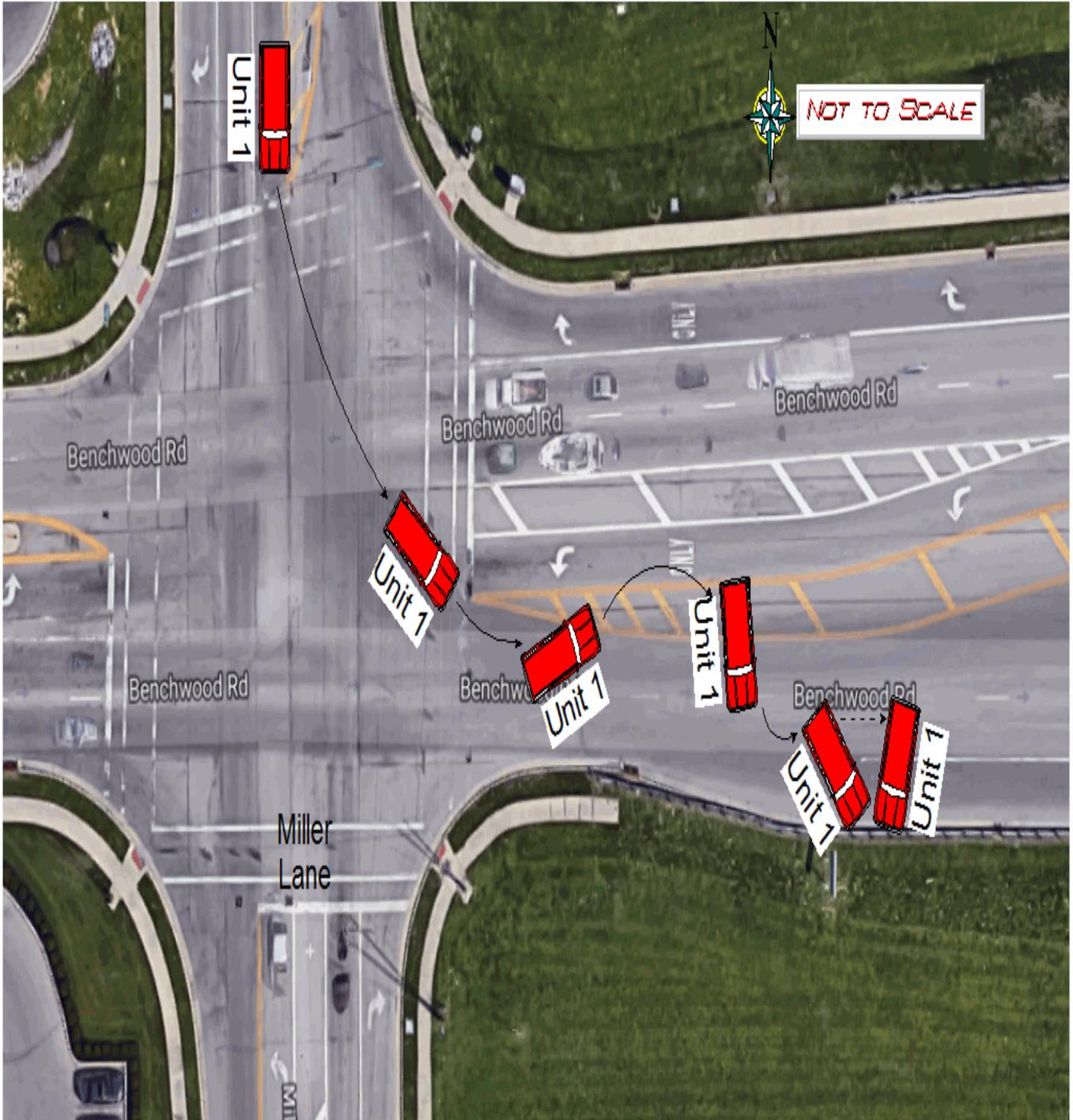
SEQUENCE OF EVENTS 1 <b>13</b> 2 <b>30</b> 3 <b>99 - UNKNOWN</b> 4 <b>99 - UNKNOWN</b> 5 <b>99 - UNKNOWN</b> 6 <b>99 - UNKNOWN</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>2</b>	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT 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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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 <b>015</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>04</b> 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 <b>1</b> TO <b>3</b> 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 18053753	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8   D 8   Y 2018
IN COUNTY OF MONTGOMERY	CRASH LOCATION BENCHWOOD RD/ MILLER LA	



OFFICER'S SIGNATURE X Sgt. Lonnie Bilbrey	BADGE NUMBER 4
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LOCAL REPORT NUMBER 18053753	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 8   D 8   Y 2018
IN COUNTY OF MONTGOMERY	CRASH LOCATION BENCHWOOD	

On Wednesday, August 8, 2018 at 1129 hours, I was dispatched to Benchwood Road at Miller Lane in Butler Township, Montgomery County, Ohio regarding an injury accident.

Upon arrival, I located a red 2002 Chevrolet Trailblazer with Colorado license plate O259307 that had crashed into a guard rail on the south side of Benchwood Road. The operator Ciara M. Carter had a leg injury (unknown severity). Additionally, Mrs. Carter was pregnant and was transported to Miami Valley Hospital by Butler Township Medics for evaluation. I was unable to speak to Mrs. Carter.

I spoke to the right front passenger of the vehicle, Adam C. Weinkauff. Mr. Weinkauff is the registered owner of the vehicle. Mr. Weinkauff stated Mrs. Carter was turning left onto Benchwood Road from Miller Lane at approximately 15 miles per hour when the vehicle began to slide sideways.

Mr. Weinkauff stated Mrs. Carter attempted to correct the vehicle from sliding, when she over corrected the vehicle and the vehicle struck the guard rail face.

Mr. Weinkauff stated he had a hand injury and refused to be seen by medics crews. Mr. Weinkauff stated the vehicle had minor damage and he could drive vehicle to the hospital and he would have his hand evaluated at the hospital.

I photographed the vehicle and damage to the guard rail. I was unable to obtain a written statement, however I was able to obtain Mrs. Carter's personal information from her drivers license that Mr. Weinkauff presented to me, including insurance information for the vehicle.

I completed citation number 43254 for Mrs. Carter and requested the court to serve Mrs. Carter.

Respectfully,  
Sergeant Bilbrey

Guard Rail Maintained by ODOT : Damaged

ODOT: 300 Smith Drive  
Clayton, Ohio 45315  
Phone: (937) 832-1824

										OFFICER'S SIGNATURE <b>X</b> Sgt. Lonnie Bilbrey	BADGE NUMBER 4
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