



# TRAFFIC CRASH REPORT

|                       |   |                            |
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| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                   |
| 18061294              | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDD | 1 - SOLVED<br>2 - UNSOLVED |

|  |  |                  |                                  |  |                       |  |
|--|--|------------------|----------------------------------|--|-----------------------|--|
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC *<br>05724 | REPORTING AGENCY NAME *<br>BUTLER TWP PD | NUMBER OF UNITS<br>02 | UNIT IN ERROR<br>99<br>98 - ANIMAL<br>99 - UNKNOWN |
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| COUNTY *<br>57 | CITY *<br>BUTLER | CITY, VILLAGE, TOWNSHIP * | CRASH DATE *<br>09/07/2018 | TIME OF CRASH<br>15:14 | DAY OF WEEK<br>Fri |
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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>0 / 39:54:22.08 | LONGITUDE<br>0 / 084:16:27.22 | DECIMAL DEGREES<br>LATITUDE<br>39.906136 | LONGITUDE<br>84.274230 |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES<br>02 | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY CR - CIRCLE<br>AV - AVENUE CT - COURT<br>BL - BOULEVARD DR - DRIVE<br>HE - HEIGHTS MP - MILEPOST<br>HW - HIGHWAY PK - PARKWAY<br>LA - LAKE PI - PIKE<br>PL - PLACE RD - ROAD<br>ST - STREET TE - TERRACE<br>WA - WAY SQ - SQUARE<br>TL - TRAIL |
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| LOCATION ROUTE TYPE <sup>1</sup> | LOCATION ROUTE NUMBER | LOC PREFIX<br>N, S, E, W | LOCATION ROAD NAME<br>FREDERICK | ROAD TYPE <sup>2</sup><br>PK | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE<br>SR - STATE ROUTE |
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| DISTANCE FROM REFERENCE<br>10.00<br><input type="checkbox"/> MILES<br><input checked="" type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br>W<br>N, S, E, W | REFERENCE ROUTE TYPE <sup>1</sup> | REFERENCE ROUTE NUMBER | REF PREFIX<br>N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>11027 | REFERENCE ROAD TYPE <sup>2</sup> |
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| REFERENCE POINT USED<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>01<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOUT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br>1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
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| ROAD CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>02<br>PRIMARY<br>SECONDARY | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE | 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
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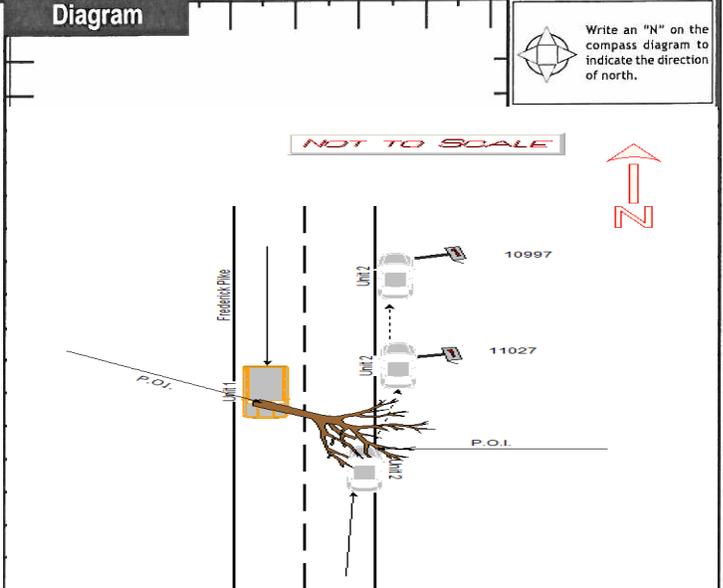
|  |  |
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| MANNER OF CRASH COLLISION/IMPACT<br>1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>4<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
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| ROAD SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER | SCHOOL BUS RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| WORK ZONE RELATED<br><input type="checkbox"/> | WORKERS PRESENT<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> | LAW ENFORCEMENT PRESENT (VEHICLE ONLY)<br><input type="checkbox"/> | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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**NARRATIVE**

Unit #1 was traveling southbound on Frederick Pike when Unit #1 was struck by a tree which had broke and caused a hazard on the roadway. Unit #2 was traveling northbound on Frederick Pike, and it also was struck by the same tree. Unit #2, which was trying to avoid the tree, collided with the mail box at 11027 Frederick Pike. The tree came from the property of 10997 Frederick Pike.



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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |
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|                                   |                              |                        |                       |                       |                                  |                      |
|-----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|----------------------------------|----------------------|
| DATE CRASH REPORTED<br>09/07/2018 | TIME CRASH REPORTED<br>15:14 | DISPATCH TIME<br>15:29 | ARRIVAL TIME<br>15:36 | TIME CLEARED<br>17:12 | OTHER INVESTIGATION TIME<br>0060 | TOTAL MINUTES<br>156 |
|-----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|----------------------------------|----------------------|

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| OFFICER'S NAME *<br>Ofc. Andrew Hayslip | OFFICER'S BADGE NUMBER<br>18 | CHECKED BY<br>Sgt. Mark Morgan | PAGE OF |
|---|------------------------------|--------------------------------|---------|



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

18061294

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

|                       |   |                                 |           |  |
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| UNIT NUMBER<br>[ 01 ] | NAME: LAST, FIRST, MIDDLE<br>SELLS, EDNA MARJORIE | DATE OF BIRTH<br>[ 08/01/1958 ] | AGE<br>60 | GENDER<br>[ F ] F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>6056 IDDINGS RD WEST MILTON, OH 45383 | CONTACT PHONE- INCLUDE AREA CODE<br>(937) 510-7069 |
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| INJURIES<br>[ 1 ]                                       | INJURED TAKEN BY                    | EMS AGENCY        | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br>[ 04 ]      | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>[ 01 ]        | AIR BAG USAGE<br>[ 1 ]       | EJECTION<br>[ 1 ]          | TRAPPED<br>[ 1 ]                              |                           |                         |
| OL STATE<br>[ OH ]                                      | OPERATOR LICENSE NUMBER<br>RF283928 | OL CLASS<br>[ 4 ] | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br>[ 1 ]  | ALCOHOL/DRUG SUSPECTED<br>[ 1 ]   | ALCOHOL TEST STATUS<br>[ 1 ] | ALCOHOL TEST TYPE<br>[ 1 ] | ALCOHOL TEST VALUE<br>[ ] [ ] [ ] [ ] [ ] [ ] | DRUG TEST STATUS<br>[ 1 ] | DRUG TEST TYPE<br>[ 1 ] |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) | OFFENSE DESCRIPTION                 | CITATION NUMBER   |   |                                      | HANDS-FREE DEVICE USED<br><input type="checkbox"/>          | DRIVER DISTRACTED BY<br>[ 1 ] [ ] |                              |                            |   |                           |                         |

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| UNIT NUMBER<br>[ 02 ] | NAME: LAST, FIRST, MIDDLE<br>SALDANA, LYNN E | DATE OF BIRTH<br>[ 10/17/1979 ] | AGE<br>38 | GENDER<br>[ F ] F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>145 LEMONWOOD SPRINGBORO, OH 45066 | CONTACT PHONE- INCLUDE AREA CODE<br>(614) 545-8960 |
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| INJURIES<br>[ 1 ]                                       | INJURED TAKEN BY                    | EMS AGENCY        | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br>[ 04 ]      | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>[ 01 ]        | AIR BAG USAGE<br>[ 1 ]       | EJECTION<br>[ 1 ]          | TRAPPED<br>[ 1 ]                              |                           |                         |
| OL STATE<br>[ OH ]                                      | OPERATOR LICENSE NUMBER<br>RM469354 | OL CLASS<br>[ 4 ] | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br>[ 1 ]  | ALCOHOL/DRUG SUSPECTED<br>[ 1 ]   | ALCOHOL TEST STATUS<br>[ 1 ] | ALCOHOL TEST TYPE<br>[ 1 ] | ALCOHOL TEST VALUE<br>[ ] [ ] [ ] [ ] [ ] [ ] | DRUG TEST STATUS<br>[ 1 ] | DRUG TEST TYPE<br>[ 1 ] |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) | OFFENSE DESCRIPTION                 | CITATION NUMBER   |   |                                      | HANDS-FREE DEVICE USED<br><input type="checkbox"/>          | DRIVER DISTRACTED BY<br>[ 1 ] [ ] |                              |                            |   |                           |                         |

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| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | NON-MOTORIST<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
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| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
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| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO ID "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER<br>[ 01 ] | NAME: LAST, FIRST, MIDDLE<br>SELLS, JACQUELINE | DATE OF BIRTH<br>[ 06/21/1989 ] | AGE<br>29 | GENDER<br>[ F ] F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>822 ASH OKAN RD ENGLEWOOD, OH | CONTACT PHONE- INCLUDE AREA CODE<br>(937) 510-7069 |
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| INJURIES<br>[ 1 ] | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>[ 04 ] | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>[ 03 ] | AIR BAG USAGE<br>[ 1 ] | EJECTION<br>[ 1 ] | TRAPPED<br>[ 1 ] |
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| UNIT NUMBER<br>[ 01 ] | NAME: LAST, FIRST, MIDDLE<br>SELLS, MILLIE | DATE OF BIRTH<br>[ 02/03/2015 ] | AGE<br>3 | GENDER<br>[ F ] F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>6056 S IDDINGS RD WEST MILTON, OH 45383 | CONTACT PHONE- INCLUDE AREA CODE<br>(937) 510-7069 |
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| INJURIES<br>[ 1 ] | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>[ 05 ] | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br>[ 04 ] | AIR BAG USAGE<br>[ 1 ] | EJECTION<br>[ 1 ] | TRAPPED<br>[ 1 ] |
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UNIT

LOCAL REPORT NUMBER

18061294

|  |   |   |                                  |   |
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| UNIT NUMBER<br>01  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>SELLS, EDNA MARJORIE | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br>(937) 510-7069 | DAMAGE SCALE<br>2                | DAMAGED AREA<br>FRONT<br>09<br>08<br>10<br>07<br>06<br>05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>6056 IDDINGS RD WEST MILTON, OH 45383 |   |   | 1 - NONE                         |   |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>HJH2351   | VEHICLE IDENTIFICATION NUMBER<br>2GNAXJEV2J6142828  | 2 - MINOR                        |   |
| VEHICLE YEAR<br>2018   | VEHICLE MAKE<br>Chevrolet   | VEHICLE MODEL<br>Equinox  | 3 - FUNCTIONAL                   |   |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br>USAA   | POLICY NUMBER<br>017351686U   | 4 - DISABLING                    |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |   | 9 - UNKNOWN                      |   |
|  |   |   | CARRIER PHONE- INCLUDE AREA CODE |   |

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

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

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

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| UNIT SPEED<br>050   | POSTED SPEED<br>50 | TRAFFIC CONTROL<br>12<br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM 1 TO 2<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED |                    |  |  |   | PAGE OF  |

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| UNIT NUMBER<br>02  | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br>SALDANA, LYNN E | OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)<br>(614) 545-8960 | DAMAGE SCALE<br>2 | DAMAGED AREA<br>FRONT<br>09<br>08<br>10<br>07<br>06<br>05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)<br>145 LEMONWOOD SPRINGBORO, OH 45066 |   |  | 1 - NONE          |   |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>FMG9137                                     | VEHICLE IDENTIFICATION NUMBER<br>4T1BB46K08U059326                     | 2 - MINOR         |   |
| VEHICLE YEAR<br>2008   | VEHICLE MAKE<br>Toyota  | VEHICLE MODEL<br>Camry   | 3 - FUNCTIONAL    |   |
| VEHICLE COLOR<br>WHITE   | INSURANCE COMPANY<br>USAA   | POLICY NUMBER<br>017351686U  | 4 - DISABLING     |   |
| PROOF OF INSURANCE SHOWN   |   | TOWED BY   | 9 - UNKNOWN       |   |

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| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE - INCLUDE AREA CODE  |  |  |
| US DOT                                  | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |

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| HM PLACARD ID NO. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED | NON-MOTORIST LOCATION PRIOR TO IMPACT<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br>IN EMERGENCY RESPONSE | UNIT TYPE<br>03<br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
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| SPECIAL FUNCTION<br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | ACTION<br>4<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br>01<br>SECONDARY<br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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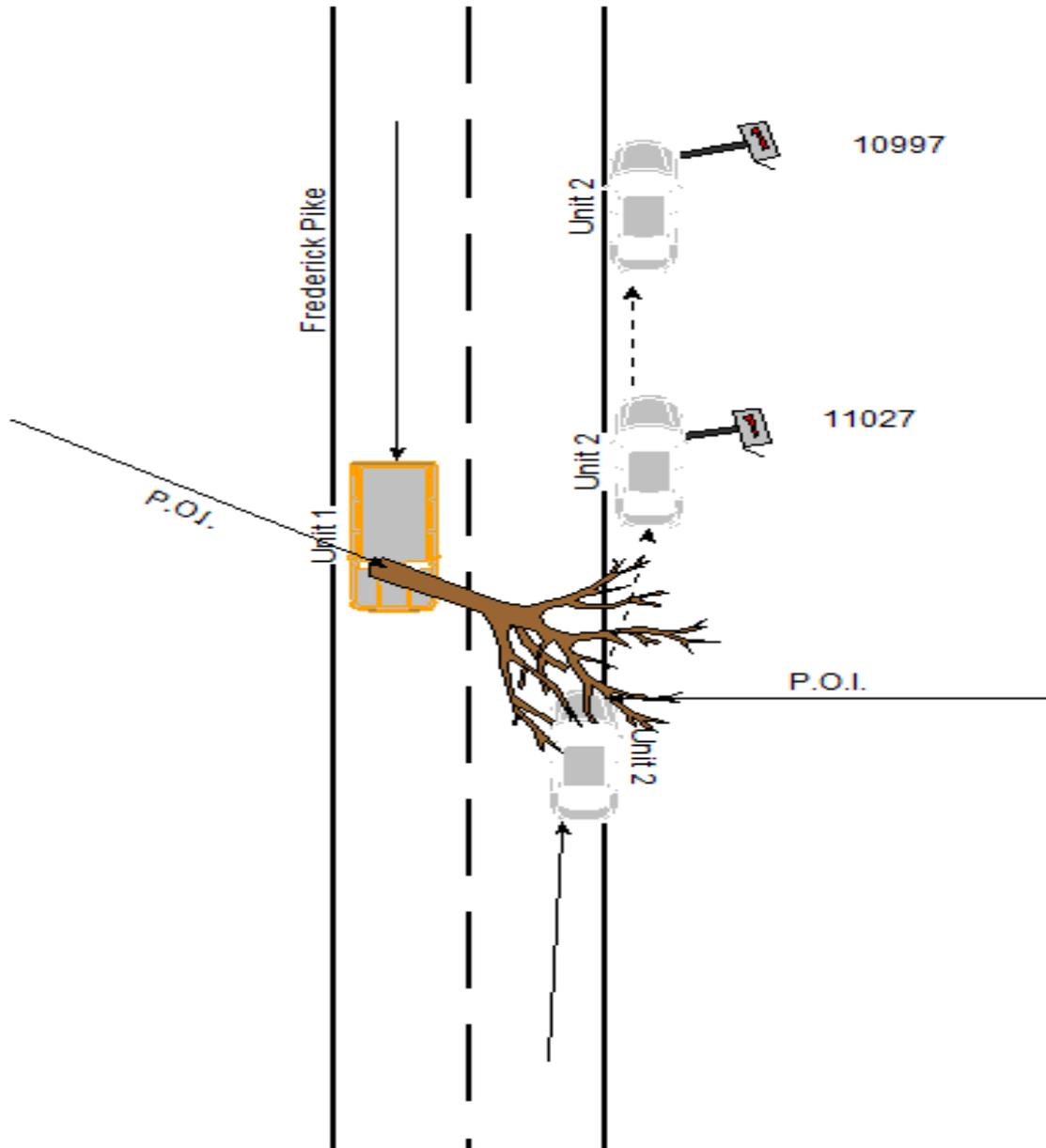
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| SEQUENCE OF EVENTS<br>1 24 2 47 3 4 5 6<br>FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1<br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |   |  |
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| UNIT SPEED<br>050 | POSTED SPEED<br>50 | TRAFFIC CONTROL<br>12<br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM 2 TO 1<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST | 9 - UNKNOWN |
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|                                 |                                      |                                     |
|---------------------------------|--------------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>18061294 | REPORTING AGENCY<br>BUTLER TWP PD    | DATE OF CRASH<br>M 9   D 7   Y 2018 |
| IN COUNTY OF<br>MONTGOMERY      | CRASH LOCATION<br>11027 FREDERICK PK |                                     |

*NOT TO SCALE*



OFFICER'S SIGNATURE  
**X** Ofc. Andrew Hayslip

BADGE NUMBER  
18

|                                 |                                   |                                     |
|---------------------------------|-----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>18061294 | REPORTING AGENCY<br>BUTLER TWP PD | DATE OF CRASH<br>M 9   D 7   Y 2018 |
| IN COUNTY OF<br>MONTGOMERY      | CRASH LOCATION<br>FREDERICK       |                                     |

On Friday, September 7, 2018, I responded to a vehicle crash involving a tree. Upon arrival, I met with Unit #1's driver, who advised they were traveling southbound on Frederick Pike. Near the address of 10997 Frederick Pike, a tree broke crossing the roadway. When the tree broke, it landed on top of Unit #1, which caused damage.

Unit #2 was traveling northbound on Frederick Pike and part of the tree also struck the top of this Unit causing damage. Unit #2 claimed they were trying to avoid the tree and struck the mail box of 11027 Frederick Pike but only the top part of the mail box was knocked off of the stand. There was also tree debris surrounding the mail box, as if the tree had knocked it down.

The mail box of 10997 Frederick Pike was also lying in the front yard. Unit #2 advised they did not hit this mail box and were unsure on how it became knocked down.

The mailbox at 10997 Frederick Pike belonged to Tanya Baltimore with phone number (937) 418-902.

The mailbox of 11027 Frederick Pike belonged to Douglas Edgington with phone number (937)-890-2787.

Respectfully,

Officer Andrew Hayslip #18

|   |                    |
|---|--------------------|
| OFFICER'S SIGNATURE<br><b>X</b> Ofc. Andrew Hayslip | BADGE NUMBER<br>18 |
|---|--------------------|

|                                  |   |                                   |
|----------------------------------|---|-----------------------------------|
| LOCAL REPORT NUMBER<br>18-061294 | REPORTING AGENCY<br>Butler Twp Police Dep | DATE OF CRASH<br>M 9 / D 7 / Y 18 |
|----------------------------------|---|-----------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Edna Marjorie Sells (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Hayslip (OFFICER'S NAME) AT 11027 Frederick (LOCATION)

Driving south on Frederick when a large dead tree fell on us. My daughter Jacqueline Dee Sells and granddaughter Millie Ann Sells were in the car at the time of the accident. The tree fell from the right hand side of the road onto my car across the front end and roof of my car.

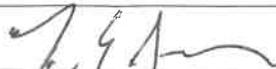
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|--|--|
| ADDRESS OF WITNESS<br>6056 S. Iddings Rd., West Milton, OH 45383 | PHONE<br>(937) 510-7069                |
| SIGNATURE OF WITNESS<br>Edna Marjorie Sells                      | OFFICER'S SIGNATURE<br>Off. A. Hayslip |

|                                  |                                       |                           |
|----------------------------------|---------------------------------------|---------------------------|
| LOCAL REPORT NUMBER<br>18-061294 | REPORTING AGENCY<br>Butler Twp Police | DATE OF CRASH<br>09/07/18 |
|----------------------------------|---------------------------------------|---------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LYNN SALDANA (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Hayslip (OFFICERS NAME) AT FREDERICK PIKE (LOCATION)

I WAS DRIVING NORTH ON FREDERICK PIKE WHEN A TREE ON THE WEST SIDE OF THE ROAD BROKE A BIG BRANCH OFF AND STRUCK MY VEHICLE WHEN MOVING. I SWERVED TO MISS THE BRANCH AND HIT A MAILBOX. THE BRANCH HIT THE FRONT OF MY VEHICLE AND BUSTED THE FRONT END AND WINDSHIELD.

|   |                                       |
|---|---------------------------------------|
| ADDRESS OF WITNESS<br>145 LEMONWOOD COURT SPRINGBORO OH   | PHONE<br>614 5458960                  |
| SIGNATURE OF WITNESS<br> | OFFICERS SIGNATURE<br>Off. A. Hayslip |