

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

19-079162

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME BUTLER TWP PD		NCIC 05724	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 1	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN					
COUNTY 57	LOCALITY 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP Butler			CRASH DATE / TIME 11/12/19 2:16 pm		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5						
ROUTE TYPE <input type="checkbox"/> LOCATION		ROUTE NUMBER <input type="checkbox"/> REFERENCE	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Little York		ROAD TYPE RD		LATITUDE DECIMAL DEGREES 39.856775					
ROUTE TYPE <input type="checkbox"/> REFERENCE		ROUTE NUMBER <input type="checkbox"/> LOCATION	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 3248		ROAD TYPE <input type="checkbox"/> REFERENCE		LONGITUDE DECIMAL DEGREES -84.21893					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		ROUTE TYPE IR - INTERSTATE ROUTE (CTP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE FROM REFERENCE 15.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROUTE TYPE IR - INTERSTATE ROUTE (CTP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 2				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 - OTHER / UNKNOWN 1				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN 1			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1		CONDITIONS 1		SURFACE 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1				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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 2				CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
NARRATIVE Unit 1 was traveling east on Little York Rd., and when in the area of 3248 Little York Rd., Unit 1 went off roadway right getting stuck in the ditch.						<p style="text-align: center;">NOT TO SCALE</p>							
CRASH REPORTED DATE / TIME 11/12/19 2:16 pm		DISPATCH DATE / TIME 11/12/19 2:17 pm		ARRIVAL DATE / TIME 11/12/19 2:22 pm		SCENE CLEARED DATE / TIME 11/12/19 3:50 pm		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 65		TOTAL MINUTES 158		OFFICER'S NAME Ofc. James Hawkins		CHECKED BY OFFICER'S NAME Ofc. Troy Dexter		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
				OFFICER'S BADGE NUMBER 21				CHECKED BY OFFICER'S BADGE NUMBER 16					



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-079162

UNIT # 1	NAME: LAST, FIRST, MIDDLE LOW, SCOTT ROBERT		DATE OF BIRTH 08/31/1988		AGE 31	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 6182 SANDBURY DR, HUBER HEIGHTS, OH, 45424					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER redacted per ORC 4501:1-12		OFFENSE CHARGED 4511.19	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION DRIVING WHILE UNDER THE INFI		CITATION NUMBER 43666			
OL CLASS 4	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 6	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT			ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
LOW, SCOTT ROBERT

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
6182 SANDBURY DR, HUBER HEIGHTS, OH, 45424

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: (INCLUDE AREA CODE) (☐ SAME AS DRIVER)

DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE OH LICENSE PLATE # HLV3787 VEHICLE IDENTIFICATION # 1G1JF52T0T7122305 VEHICLE YEAR 1996 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR RED VEHICLE MODEL Cavalier

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME Busy Bee Towing

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

UNIT TYPE 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (6+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS)

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

SPECIAL FUNCTION 1

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 1

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 9

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

2 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 11

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACD/A 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 11 - DROVE OFF ROAD
6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

SEQUENCE OF EVENTS

08 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
44 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
6 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN
49 - FIRE HYDRANT

2 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

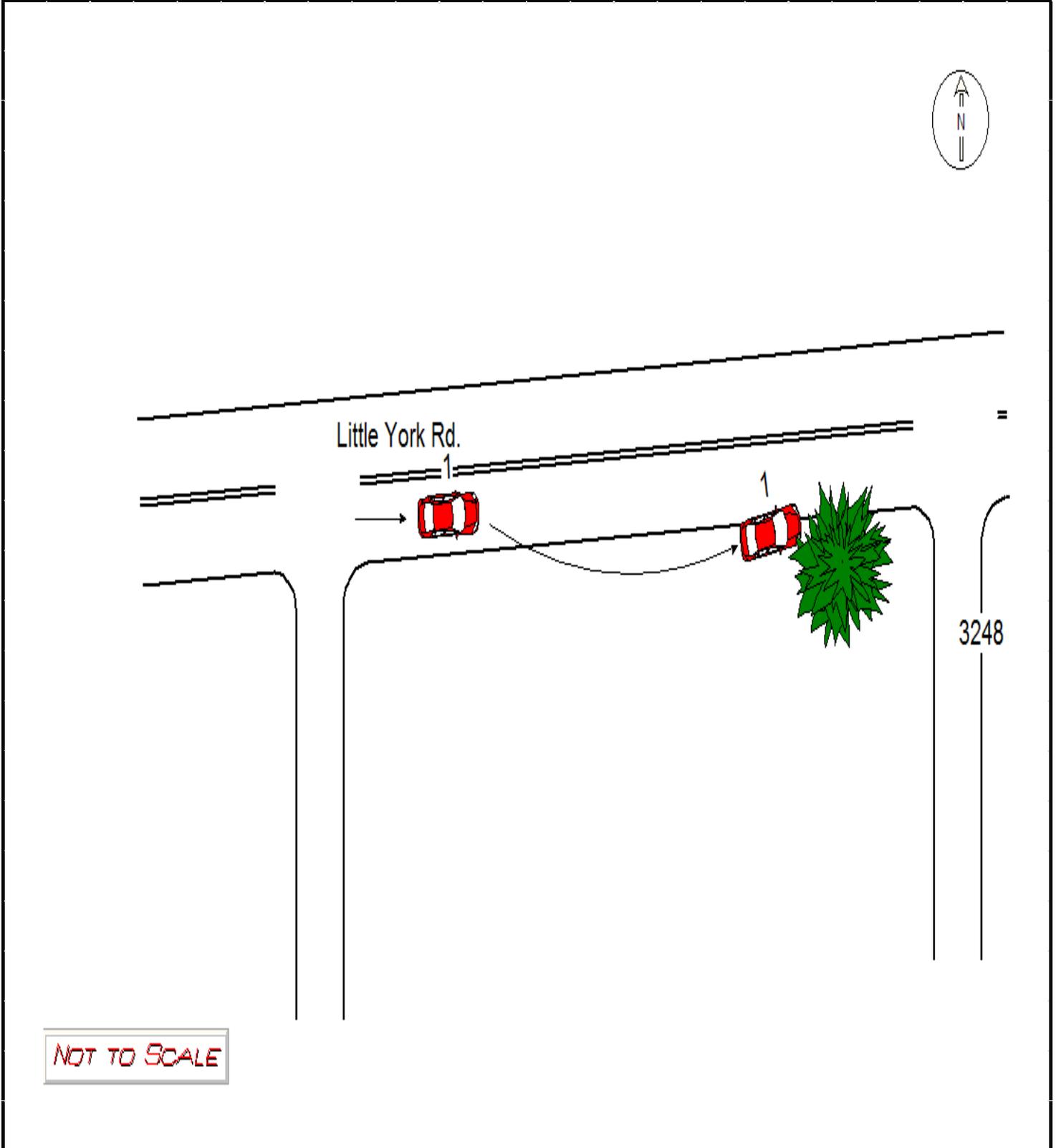
UNIT SPEED 35

DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 35



LOCAL REPORT NUMBER 19-079162	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 11 D 12 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION 3248 Little York Road	



OFFICER'S SIGNATURE X Ofc. James Hawkins	BADGE NUMBER 21
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NARRATIVE SUPPLEMENT

INCIDENT NUMBER 19-079162

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 11/12/2019 14:10

On 11/12/2019 at approximately 14:16 hours, I was dispatched to the area of Little York Rd. and Peters Pk., on the report of a property damage crash. The car was described, by dispatch, as a small red car.

While en-route I located a red Chevrolet Cavalier, HLY3787, partially in the ditch in front of 3248 Little York Rd. As I was approaching the car in my cruiser there was what appeared to be a lot of smoke coming from the car. I turned my cruiser around and stopped directly behind the car. As I was stopping, the smoke was coming from the driver, who was trying to drive the car out of the ditch. The driver who was later identified from his BMV photograph as Scott Low, was now passed out in the driver seat. I knocked on the hard on the window and that was enough to wake Mr. Low. At that time I ordered Mr. Low to roll down his window or open his door. Mr. Low just stared at me for a short period of time before opening the door. When Mr. Low opened the door Mr. Low began trying to speak however his speech was so slurred I had a hard time understanding what he was trying to say. I inquired if he had any medical condition that I needed to be aware of and he stated "no, but I have been drinking". At that time I placed Mr. Low into handcuffs, that were spaced and double locked, before placing him in the rear of my cruiser.

I went back up to Mr. Low's car and the front right tire was missing, which was located in the front yard of 3236 Little York Rd. Also the front right wheel was broken in half, and pieces were strewn about in front of and under the car. It was obvious that Mr. Low had been attempting to drive away, but was unable to due to his front wheel and tire being damaged. The car also had damage to the right, passenger side, of the car. I went back to my cruiser and tried to ask Mr. Low, where he was coming from. Mr. Low stated that he was initially coming from Huber Heights, however the direction that he was traveling would not lend credibility to that. Mr. Low then changed his story that he was coming from a friends house on Susan Dr. While Mr. Low was speaking the odor of alcohol became stronger. Sergeant Carr drove back the route that Mr. Low claimed to be coming from, but was unable to locate anything that he may have struck.

I was able to photograph the scene where Mr. Low's car was located. Once I was back inside my cruiser, I asked Mr. Low since he had already told me that he had been drinking, how much had he drank. Mr. Low stated that he had drank 2 beers and 2 shots of Jagermeister. I asked Mr. Low if he had been drunk ever before and he stated that he had, so at that time I asked him since he has been drunk before, how would he rate his intoxication on a scale of 1-10 with 10 being extremely drunk and 1 being not drunk at all. Mr. Low said that he would rate his intoxication as a 6. I then asked Mr. Low if he would submit to Standardized Field Sobriety Tests (SFST') and he began arguing if I was going to be honest. I informed Mr. Low that it was a yes or no question, and at that time he stated "No".

Once Sergeant Carr arrived back on scene I read Mr. Low the BMV2255, and asked if he would be willing to submit to a chemical test. Mr. Low again began to argue and reference if I was going to be honest. I again asked him if he was willing to submit to the chemical test and he stated "No". I informed Mr. Low that he was being placed under an Administrative License suspension and arrested for Operating a Vehicle under the Influence (OVI).

Mr. Low was transported to the Montgomery County Jail and booked in on the OVI charge and provided a copy of the citation for OVI - 4511.19A1a, OVI - 4511.19A2a, for refusal after a prior conviction (Montgomery County Eastern Division, case #2007TRC01272), and Failure to Control - 4522.202A. Mr. Low was also provided a copy of the BMV2255 form.

Mr. Low's car was towed by Busy Bee towing to their tow lot. During the inventory of the car, Sergeant Carr located a small bag of marijuana that was collected and transported to the Butler Township Police Department property room, to await destruction.

Respectfully submitted,

Officer J. Hawkins

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Ofc. James Hawkins			BADGE NO. 21	DATE 11/12/2019
APPROVING OFFICER	Ofc. Troy Dexter			BADGE NO. 16	DATE 11/12/2019

INCIDENT REPORT - PART 2

INCIDENT NUMBER 19-079162

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 11/12/2019 14:10

REPORTER

NO. 1 NAME (Last, First, Middle) HAWKINS, JAMES AGE/ D.O.B. SSN
 ADDRESS (Street, Apt., City, State, Zip) 3510 SUDACHI DAYTON, OH 45414 PHONE
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BUTLER TOWNSHIP PHONE
 STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. 1 DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC HLY3787 LIS OH LIY 20 LIT PC VIN/OAN 1G1JF52T0T7122305 *VALUE \$0.00
 VYR 1996 VMA Chevrolet VMO Cavalier VST 4D VCO TOP RED VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N TITLE CONTENTS N
 VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 1 VEHICLE TOWED? Y N TOWED BY Busy Bee Towing OWNERSHIP VERIFIED BY: TAG RECEIPT BILL OF SALE OTHER
 STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN BUSINESS RESID. RURAL ADDITIONAL DESCRIPTION
 AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE
 MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION Y N WHERE RECOVERED?

PROPERTY

*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE 1 QUANTITY 1.000 DESCRIPTION BAGGIE OF MARIJUANA *PROP CODE 1/2 *VALUE \$0.00

VICT. NO. 1 VEH. NO. 1 MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE \$0.00

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

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

NARRATIVE

Subject arrested for OVI.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY BUTLER TWP PD INCIDENT NUMBER 19-079162

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 11/12/2019 14:10

NAME/DESCRIPTIVES

NO.	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY				CHARGES FILED?		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> ARRESTEE	<input checked="" type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> MISSING	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
NAME (Last, First, Middle) LOW, SCOTT ROBERT								SSN XXX-XX-8354		
ALIAS								GANG AFFILIATION		
ADDRESS (Street, Apt., City, State, Zip) 6182 SANDBURY DR HUBER HEIGHTS, OH 45424								PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE		
PLACE OF BIRTH						DL#/STATE SZ336142 OH	OCCUPATION/SCHOOL			
*AGE/ D.O.B.	31 08/31/1988	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> N	ETHNICITY N	*HEIGHT 600	*WEIGHT 150	*HAIR BRO	*EYES BRO	
MARITAL STATUS	SCARS, MARKS, TATOOS									
ADDITIONAL DESCRIPTIVES										
SUSPECTED OF USING		POTENTIAL INJURIES?								
<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		NONE STATED NONE OBSERVED								
*RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	2 <input checked="" type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY	4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER (explain)	U <input type="checkbox"/> UNKNOWN				
*ARRESTEE WAS ARMED WITH										
ARRESTEE ARMED WITH 1. 99 2. _____ 3. _____										
99	NONE	13B	OTHER FULLY AUTOMATIC FIREARM	16	IMITATION FIREARM	50	POISON			
11	FIREARM	14	SHOTGUN	17	SIMULATED FIREARM	60	EXPLOSIVES			
12	HANDGUN	15	OTHER FIREARM	18	BB/PELLET GUN	65	FIRE/INCENDIARY DEVICE			
12A	AUTOMATIC HANDGUN	15A	SEMI-AUTOMATIC SPORTING RIFLE	20	KNIFE/CUTTING INSTRUMENT	70	DRUGS/NARC/SLEEPING PILLS			
13	RIFLE	15B	SEMI-AUTOMATIC ASSAULT FIREARM	30	BLUNT OBJECT	80	OTHER WEAPON			
13A	FULLY AUTOMATIC RIFLE	15C	MACHINE PISTOL							

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1 DRIVING WHILE UNDER THE INFLU	1 4511.19A1A	1 M-1	1	23A POCKET PICKING
2.	2.	2.	2.	23B PURSE SNATCHING
3.	3.	3.	3.	23C SHOPLIFTING
4.	4.	4.	4.	23D THEFT FROM BUILDING
5.	5.	5.	5.	23E THEFT FROM COIN-OP MACH.
				23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.
				240 THEFT OF MOTOR VEHICLE
				23H OTHER: _____

*ARREST DATE	TIME	ARREST LOCATION (Street, Apt., City, State, Zip)			
11/12/2019	14:22	3248 LITTLE YORK , DAYTON, OH, 45414			
*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL			
	INCARCERATED	\$0.00			
MIRANDA WITNESSED BY:		TIME READ			
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#
*MULTIPLE ARRESTEE SEGMENTS INDICATOR			*ARREST TYPE		
<input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input checked="" type="checkbox"/> N/A			1 <input type="checkbox"/> COMPLAINT 3 <input type="checkbox"/> WARRANT 5 <input type="checkbox"/> ORDER OF PROTECTION 2 <input checked="" type="checkbox"/> IN-PROGRESS 4 <input type="checkbox"/> SUMMONS 9 <input type="checkbox"/> OTHER		

JUVENILE

JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION	<input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE

RUNAWAYS /MISSING

PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
LAST SEEN WEARING				

REPORTING OFFICER Ofc. James Hawkins	BADGE NO. 21	DATE 11/12/2019
APPROVING OFFICER Ofc. Troy Dexter	BADGE NO. 16	DATE 11/12/2019
COURT VANDALIA MUNICIPAL COURT	DATE	