



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

19-036868

LOCAL INFORMATION

REPORTING AGENCY NAME

NCIC

HIT/SKIP
1 - SOLVED
2 - UNSOLVEDNUMBER OF UNITS
2UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN**BUTLER TWP PD****05724**COUNTY **57** LOCALITY **3**
1 - CITY
2 - VILLAGE
3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP

Butler

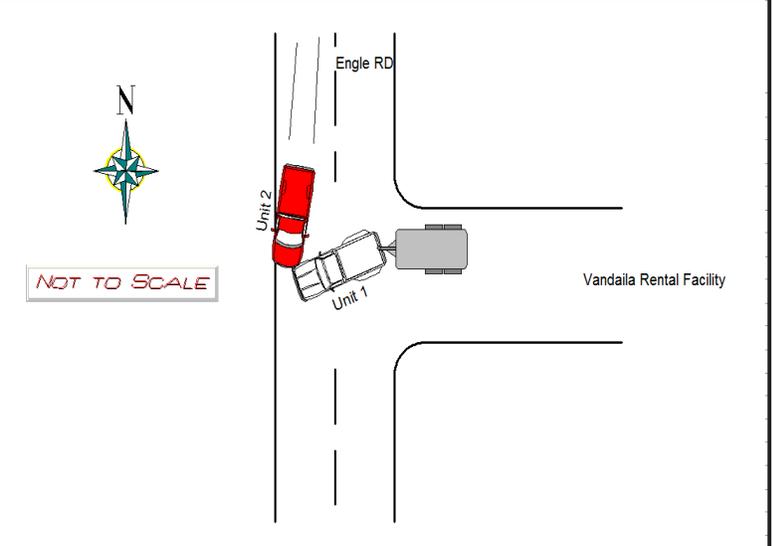
CRASH DATE / TIME

6/3/19 5:07 pm

CRASH SEVERITY

3
1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLYROUTE TYPE **TR** ROUTE NUMBER **1** PREFIX **2**
1 - NORTH
2 - SOUTH
3 - EAST
4 - WESTLOCATION ROAD NAME
EngleROAD TYPE **RD**LATITUDE DECIMAL DEGREES
39.904962ROUTE TYPE **TR** ROUTE NUMBER **2** PREFIX **4**
1 - NORTH
2 - SOUTH
3 - EAST
4 - WESTREFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
11063 Engle

ROAD TYPE

LONGITUDE DECIMAL DEGREES
-84.18939REFERENCE POINT FROM REFERENCE
3
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #DIRECTION FROM REFERENCE
1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WESTROUTE TYPE
IR - INTERSTATE ROUTE (CTP)
US - FEDERAL US ROUTE
SR - STATE ROUTE
CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEROAD 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 - WAYINTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHESROADWAY
 ROADWAY DIVIDEDLOCATION OF FIRST HARMFUL EVENT
1
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFIC WAY
7 - ON RAMP
8 - OFF RAMPMANNER OF CRASH COLLISION/IMPACT
6
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 / UNKNOWNDIRECTION OF TRAVEL
1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WESTMEDIAN TYPE
1
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 WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONEWORK ZONE TYPE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION OF CRASH IN WORK ZONE
1
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREACONTOUR
1
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER/UNKNOWNCONDITIONS
1
1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWNSURFACE
2
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWNLIGHT CONDITION
1
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWNWEATHER
1
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 / UNKNOWNNARRATIVE
Unit #1 was making a left turn to head southbound and was unaware and pulled out in front of Unit #2 to which Unit #1 was struck.CRASH REPORTED DATE / TIME
6/3/19 5:07 pmDISPATCH DATE / TIME
6/3/19 5:08 pmARRIVAL DATE / TIME
6/3/19 5:14 pmSCENE CLEARED DATE / TIME
6/3/19 6:05 pmREPORT TAKEN BY
 POLICE AGENCY
 MOTORISTTOTAL TIME ROADWAY CLOSED
0OTHER INVESTIGATION TIME
0TOTAL MINUTES
57OFFICER'S NAME
Ofc. Brandon Lingenfelter
OFFICER'S BADGE NUMBER
41CHECKED BY OFFICER'S NAME
Sgt. Todd Stanley
CHECKED BY OFFICER'S BADGE NUMBER
3 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-036868

UNIT # 1	NAME: LAST, FIRST, MIDDLE HUELSKAMP, EUGENE ROBERT		DATE OF BIRTH 08/05/1963		AGE 55	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 13060 CO RD 25A RD, ANNA, OH, 45302				CONTACT PHONE - INCLUDE AREA CODE 9375386860						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) Butler Twp. Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<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 4511.44		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Right of Way from Private Property		CITATION NUMBER 43338		
OL CLASS 1	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 1	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4	

UNIT # 2	NAME: LAST, FIRST, MIDDLE SMITH, CODY RYAN		DATE OF BIRTH 06/20/1991		AGE 27	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 1631 S SMITHVILLE RD, DAYTON, OH, 45410				CONTACT PHONE - INCLUDE AREA CODE 9374990506						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) Butler Twp. Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<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		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
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 1	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	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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

19-036868

OCCUPANT		UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
1		1		LWIS, SHAWN		10/29/2012		6	M		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
13060 CO RD 25A RD, ANNA, OH, 45302											
OCCUPANT		UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
3		2		RANDOLPH JR, SAMUEL EARL		12/01/1986		32	M		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
1248 S KOMENSKY AVE, CHICAGO, IL, 60623											
OCCUPANT		UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT		UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER		
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED					
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT					
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE					
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE					
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		5 - SECOND - MIDDLE		5 - NOT APPLICABLE					
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN					
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION					
2 - EMS		8 - HELMET USED		8 - THIRD - MIDDLE		1 - NOT EJECTED					
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED					
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING		10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED					
		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE					
		99 - OTHER / UNKNOWN		12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED					
				13 - TRAILING UNIT		1 - NOT TRAPPED					
				14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS					
				15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS					
				99 - OTHER / UNKNOWN							
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
		GOINS, BREWT					M				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
305 S UMDEMANK RD, SIDNEY, OH, 45365						9377263806					
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
WITNESS		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
SMITH, CODY RYAN OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
9374990506

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
1631 S SMITHVILLE RD, DAYTON, OH, 45410

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # HRH8486 VEHICLE IDENTIFICATION # 1GCEC14HXRE152273 VEHICLE YEAR 1994 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY progressive INSURANCE POLICY # 926688393 COLOR RED VEHICLE MODEL Silverado

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 2 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS. 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 4

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 3 PRE-CRASH ACTIONS 1

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

1 20

2 _____

3 _____

4 _____

5 _____

6 _____

1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

INITIAL POINT OF CONTACT

10 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

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

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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

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

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

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

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO /EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTORVEHICLE 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 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

TRAFFIC

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

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

OF THROUGH LANES ON ROAD 2

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

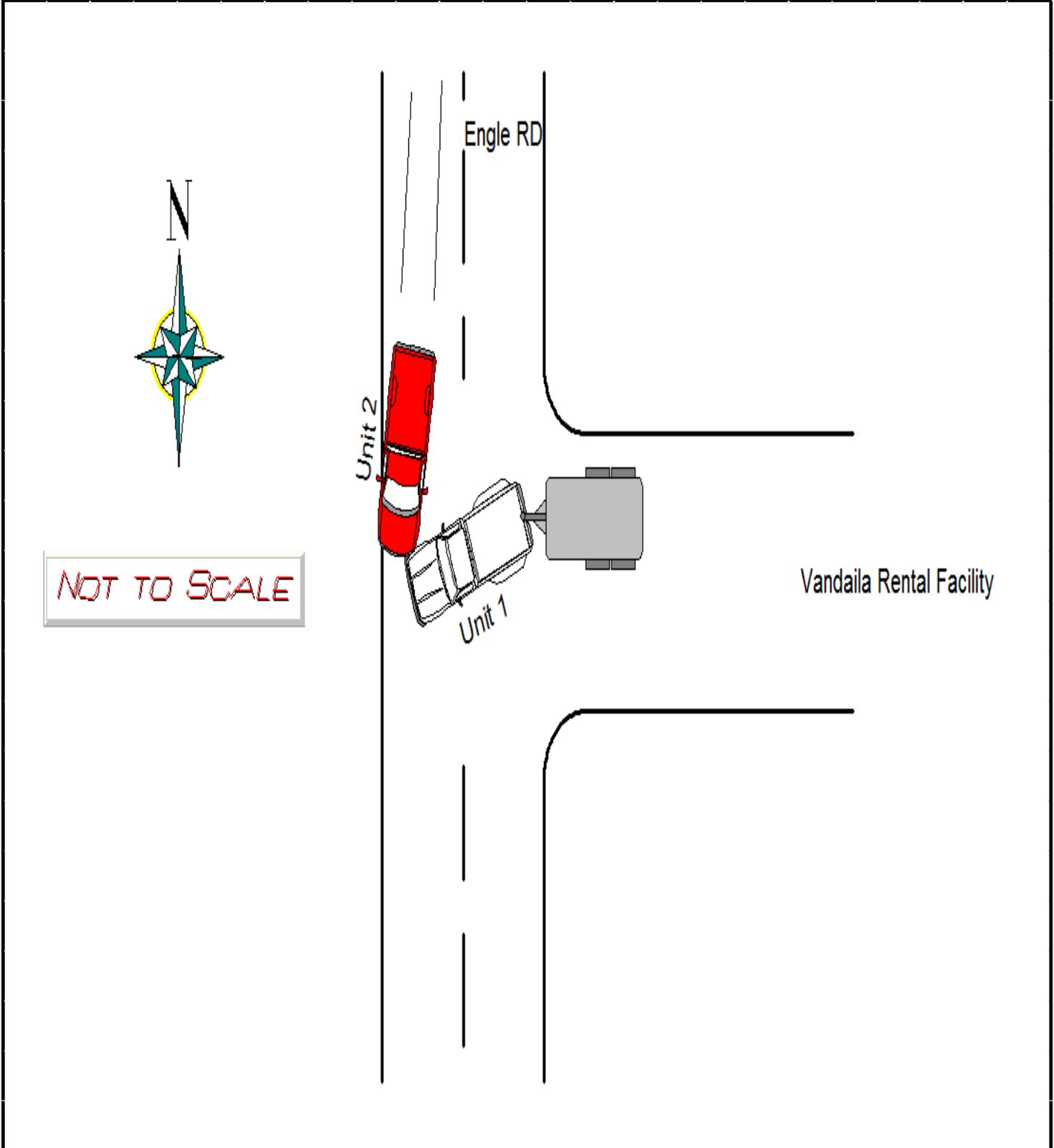
UNIT SPEED 47

POSTED SPEED 35

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



LOCAL REPORT NUMBER 19-036868	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 6 D 3 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION 11063 Engle WEST 1	



OFFICER'S SIGNATURE <input checked="" type="checkbox"/> Ofc. Brandon Lingenfelter	BADGE NUMBER 41
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LOCAL REPORT NUMBER 19-036868	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 6 D 3 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION 11063 Engle WEST 1	

On Monday, June 03, 2019 at 1708 hours, I was in a marked patrol cruiser in my duty issued uniform responding to an injury crash on Engle Rd in Butler Township.

I arrived on scene to see a white a chevy pick up truck with an Ohio Plate GJQ8056 with a trailer with Ohio Plate TNN1668 attached towing heavy construction machinery. I observed the front passenger wheel side had been damaged. I spoke with the driver of the vehicle who was identified as Eugene Robert Huelskamp through his Ohio Drivers License. Mr. Huelskamp stated he was making a left turn going southbound from the Vandalia Rental facility when he was struck by a red truck heading southbound that he did not see. I asked Mr. Huelskamp if he or his passenger was injured to which he said no along with his passenger. I observed no physical injuries to Mr. Huelskamp or his passenger.

I then spoke to the driver of the red truck who was identified as Cody Smith. Mr. Smith stated he was heading southbound on Engle Rd when he observed a white pick up truck suddenly pull out in front of him and struck Mr. Huelskamp's vehicle. I asked Mr. Smith if he was injured to which he said he was fine. I observed no physical injuries to Mr. Smith. I also observed Mr. Smith's vehicle was damaged on the front drivers side of the tire and was in no condition to function.

I filled out an exchange of information for both parties involved along with a failure to yield for Mr. Huelskamp While Sgt. Bilbery took several photos of the incident and radioed dispatch to call for a Busy Bee tow to a location at the owners choice.

I gave Mr. Huelskamp his citation and explained it to him to which he understood, I asked Mr. Huelskamp if he had any questions to which he responded no.

Mr. Huelskamp and Mr. Smith both filled out traffic statements along with a witness identified as Brewt Goins who was not involved in the incident.

There were no further incidents.

Very Respectfully,

Officer Lingenfelter #41

OFFICER'S SIGNATURE X Ofc. Brandon Lingenfelter	BADGE NUMBER 41
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LOCAL REPORT NUMBER 19-036868	REPORTING AGENCY BUTLER TOWNSHIP PD	DATE OF CRASH M 6 D 3 Y 19
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PRINTED _____

OFFICER'S NAME: OFC LINGENFELTER #41 AT LOCATION: ENGLE RD

pulling out of vanale rental did not see truck coming

ADDRESS OF WITNESS 13060 Co Rd 25A Anna Ohio 45302	PHONE 937-538-6860
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i> #41



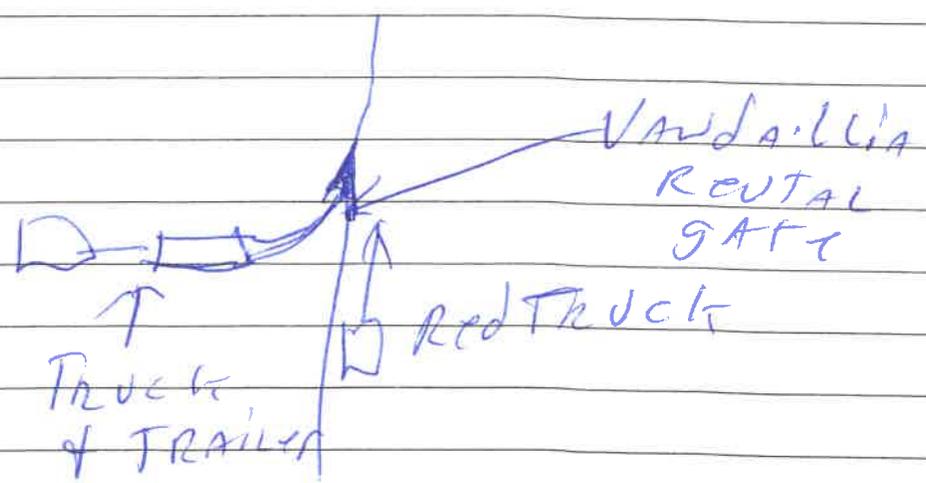
LOCAL REPORT NUMBER 19-036868	REPORTING AGENCY BUTLER TOWNSHIP PD	DATE OF CRASH M 6 D 3 Y 19
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brewt Goins HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

OFC LINGENFELTER #41 AT ENGLE RD
OFFICER'S NAME LOCATION

WATCHED Gene Huelkamp pull OUT INTO PATH OF ONCOMING TRUCK BOTH vehicles were heading SOUTH toward Northwoods Blvd. Gene's FRONT Right Hit the Red Truck FRONT LEFT



ADDRESS OF WITNESS 305 S. Vandenberg Rd Sidney OH 45365	PHONE 937-726-3806
SIGNATURE OF WITNESS X <u>Brewt Goins</u>	OFFICER'S SIGNATURE X <u>Lingenfelter #41</u>

LOCAL REPORT NUMBER 19-036868	REPORTING AGENCY BUTLER TOWNSHIP PD	DATE OF CRASH M 6 D 3 Y 19
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Cody Smith PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
OFCLIN GEN FELTER OFFICER'S NAME AT ENGLE RD LOCATION

I was driving down Engle Road and a white pickup truck pulled out in front of me and hit it in the drivers fender.

ADDRESS OF WITNESS 1210 Sanford Dr. Dayton OH 45432	PHONE 937-499-0506
SIGNATURE OF WITNESS X <u>Cody Smith</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #41



BUTLER TOWNSHIP POLICE DEPARTMENT

3510 Sudachi Drive, Dayton, OH 45414 - Phone #937-890-2671

EXCHANGE OF INFORMATION

Crash report taken (Report #: 19-038868) Exchange of information only (D#: _____)

Date/Time: 06/3/2019 1707 Location: ENGLE RD

Officer's Name/Unit #: LINGENFELTER #41

UNIT# 1 Vehicle Pedestrian Private Property Other: _____

Driver's Name: EUGENE ROBERT HUELSKAMP Phone Number: 937-538-6860

Address: 13060 CO RD 25A City: ANNA State: OH Zip: 45302

Driver's License Number: R5586087 State: OH License Plate: GJQ 8056 State: OH

Owner's Name: EARLENE B HUELSKAMP Phone Number: SAME

Address: SAME City: _____ State: _____ Zip: _____

Insurance Company: PROGRESSIVE Phone Number: 1-800-776-4737

Policy Number: 45027311

UNIT# 2 Vehicle Pedestrian Private Property Other: _____

Driver's Name: CODY RYAN SMITH Phone Number: 937 499 0506

Address: 1631 S. Smithville RD City: Dayton State: OH Zip: 45410

Driver's License Number: TJ129037 State: OH License Plate: HRH8486 State: OH

Owner's Name: SAME Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: Progressive Phone Number: _____

Policy Number: 926688393

By signing this section, I indicate I do not want an official police report taken. I understand I will be given a copy of this form with the necessary information to provide to my insurance company, and no further action or investigation will be taken by the Butler Township Police Department related to this crash.

X _____
UNIT#

X _____
UNIT#

Note: No signature required for a private property exchange of information.

Crash reports may be downloaded free of charge from our website at www.butlertownship.com. You may also pick up a copy in person at the police department (**please call ahead to ensure availability**), or request a copy by email at police@butlertownship.com.