

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

19-041582

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME BUTLER TWP PD		NCIC 05724	HIT/SKIP 1 - SOLVED 12 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 1				
COUNTY 57	LOCALITY 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3	LOCATION: CITY, VILLAGE, TOWNSHIP Butler		CRASH DATE / TIME 6/21/19 4:28 pm		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 3							
ROUTE TYPE RD		ROUTE NUMBER 7950		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Dog Leg		ROAD TYPE RD					
ROUTE TYPE RD		ROUTE NUMBER 7950		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 7950		ROAD TYPE RD					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		ROUTE TYPE IR - INTERSTATE ROUTE (CP) 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 150.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		ROUTE TYPE IR - INTERSTATE ROUTE (CP) 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 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN 2		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							
<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 2		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 north bound on Dog Leg Rd. south of 7950 Dog Leg Rd. and was attempting to pass unit #2 who was also north bound on Dog Leg Rd. Unit #2 slowed and unit #1 failed to stop in the assured clear distance ahead striking unit #2 in the rear. Driver of unit #2 claimed minor injury.													
CRASH REPORTED DATE / TIME 6/21/19 4:28 pm			DISPATCH DATE / TIME 6/21/19 4:30 pm			ARRIVAL DATE / TIME 6/21/19 4:33 pm			SCENE CLEARED DATE / TIME 6/21/19 5:25 pm			REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 85		OFFICER'S NAME Ofc. Gary Jackson			CHECKED BY OFFICER'S NAME Sgt. Amy Carr			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)	
OFFICER'S BADGE NUMBER 40						CHECKED BY OFFICER'S BADGE NUMBER 10							



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-041582

UNIT # 1	NAME: LAST, FIRST, MIDDLE DAVIS, COREY WADE			DATE OF BIRTH 08/18/1990		AGE 28	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 8510 INWOOD AVE, DAYTON, OH, 45415					CONTACT PHONE - INCLUDE AREA CODE 9372715544					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> 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 4511.21A		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Assured Clear Distance Ahead			CITATION NUMBER 003947	
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 # 2	NAME: LAST, FIRST, MIDDLE RICHARDS, DAVID ALAN			DATE OF BIRTH 07/07/1959		AGE 59	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 1144 LEAF TREE LN, VANDALIA, OH, 45377					CONTACT PHONE - INCLUDE AREA CODE 9373042196					
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Butler Twp. Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Miami Valley North		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT <input checked="" type="checkbox"/> 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	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 <input type="checkbox"/> 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	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	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	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	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - 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					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

19-041582

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DAVIS, LIYLAH	DATE OF BIRTH 08/04/2015	AGE 3	GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 8510 INWOOD AVE, DAYTON, OH, 45415			CONTACT PHONE - INCLUDE AREA CODE 9372715544						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 05	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 07	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DAVIS, REGAN	DATE OF BIRTH 07/08/2016	AGE 2	GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 8510 INWOOD AVE, DAYTON, OH, 45415			CONTACT PHONE - INCLUDE AREA CODE 9372715544						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 05	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DAVIS, BRISTOL	DATE OF BIRTH 12/08/2017	AGE 1	GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 8510 INWOOD AVE, DAYTON, OH, 45415			CONTACT PHONE - INCLUDE AREA CODE 9372715544						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 06	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DAVIS, LAYNIE	DATE OF BIRTH 12/28/2009	AGE 9	GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 8510 INWOOD AVE, DAYTON, OH, 45415			CONTACT PHONE - INCLUDE AREA CODE 9372715544						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
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
	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		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
HUTCHINSON, CHRISTY N

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
8510 INWOOD AVE, DAYTON, OH, 45415

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
9372715544

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # GPZ5520 VEHICLE IDENTIFICATION # 1GKFK16327J308114 VEHICLE YEAR 2007 VEHICLE MAKE GMC

INSURANCE VERIFIED INSURANCE COMPANY Motorist Mutual INSURANCE POLICY # 6828-06-869839- COLOR BLK VEHICLE MODEL Yukon

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 5 VEHICLE WEIGHT GVWR/GCWR 1

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

UNIT TYPE 3

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS 1

NON-MOTORIST LOCATION AT IMPACT

ACTION 3

CONTRIBUTING CIRCUMSTANCES 8

SEQUENCE OF EVENTS

1 20

2 _____

3 _____

4 _____

5 _____

6 _____

1 1 FIRST HARMFUL EVENT

1 1 MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE

2

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT

12

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

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 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

UNIT SPEED 40

POSTED SPEED 45

DETECTED SPEED 1

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

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
RICHARDS, DAVID ALAN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
1144 LEAF TREE LN, VANDALIA, OH, 45377

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
9373042196

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # GQU4058 VEHICLE IDENTIFICATION # 1FTYR10D04PB57171 VEHICLE YEAR 2004 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY Allstate INSURANCE POLICY # 026278479 COLOR WHI VEHICLE MODEL Ranger

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # 1 TOWED BY: COMPANY NAME

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

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD PLACARD ID #

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

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS 1

NON-MOTORIST LOCATION AT IMPACT 1

ACTION 4

PRE-CRASH ACTIONS 9

INITIAL POINT OF CONTACT

6 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

TRAFFIC

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 6

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 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 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT

5 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

6 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

30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN

49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

UNIT SPEED 20

DETECTED SPEED 1

POSTED SPEED 45



LOCAL REPORT NUMBER 19-041582	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 6 D 21 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION 7950 Dog Leg Road	



	OFFICER'S SIGNATURE X Ofc. Gary Jackson	BADGE NUMBER 40
--	---	--------------------

LOCAL REPORT NUMBER 19-041582	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 6 D 21 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION 7950 Dog Leg Road	

Unit #1 driver states he was north bound on Dog Leg Rd. directly behind unit #2. Unit #1 states Unit #2 was traveling very slowly. Unit #1 stated he started to pass unit #2 while still in the passing zone. Unit #1 stated that Unit #2 suddenly swerved in front of him and "slammed on his brakes". Unit #1 was unable to stop in the assured clear distance ahead striking unit #2 in the rear.

Unit #2 driver states that he saw unit #1 coming up behind him very quickly. Unit #2 stated he thought unit #1 was going to try to pass him on the right side so he pulled over to the left slightly over what he said was the double yellow line. Unit #2 said Unit #1 swerved back to the left and struck him in the rear.

There was no debris or marks on the roadway to clearly indicate where the point of impact was. The passing zone (no double yellow center line) was about 50 yards south of where unit #2 stopped. The impact damage to both units indicated that the impact was almost directly front of unit #1 to the rear of unit #2 showing that regardless of where the units were in relation to the center line it was clearly an assured clear distance violation.

OFFICER'S SIGNATURE X Ofc. Gary Jackson	BADGE NUMBER 40
---	--------------------



LOCAL REPORT NUMBER 19-041582	REPORTING AGENCY Butler Twp PA	DATE OF CRASH MO 6 D 21 Y 19
----------------------------------	-----------------------------------	-------------------------------------

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

I, Casey Davis HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Officer Jackson AT 7950 Dog Leg Rd
OFFICER'S NAME LOCATION

I turned left off little york rd onto dogleg, PASSED A 45 mph sign at 40 mph, came upon a white ford ranger in my lane, doing approximately 30 mph. I saw dotted lines with no traffic coming from the opposite direction so I signaled left, still doing 40 mph, I gave it more gas to 45 to get through so no oncoming traffic would appear. And the MAN in the white Ford ranger swerved in front of me and slammed the brakes. I tried to pull back right to miss him but still hit him because he stopped in the middle of the road.

ADDRESS OF WITNESS 8510 Forward Ave, Dayton 45415	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 19-041502	REPORTING AGENCY Butler Twp PD	DATE OF CRASH M 06 D 21 Y 19
----------------------------------	-----------------------------------	---------------------------------

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

I, David Richards HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

JACKSON OFFICER'S NAME AT 7950 Pogley LOCATION

Driver was headed towards me very quickly.
 I saw in my rearview mirror he was veering to my right.
 I thought he was going to pass or hit me on the right.
 I drive on the center for room to move if need be.
 I was certain he was going to pass on my right.
 We were in the no passing zone. He could not
 see past me for on coming traffic.
 I veered left onto double yellow lines to avoid
 a collision. I looked in mirrors & he hit me.
 I was traveling about 35 mph at the time.

ADDRESS OF WITNESS 71144 Lect tree lane Vandalia 45377	PHONE 8937-304-2196
SIGNATURE OF WITNESS X <u>David Richards</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> #46