

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

19-061946

PHOTOS TAKEN
 SECONDARY CRASH
 PRIVATE PROPERTY

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
1

COUNTY **57** LOCALITY **3** LOCATION: CITY, VILLAGE, TOWNSHIP
Butler

CRASH DATE / TIME
9/4/19 10:45 pm
 CRASH SEVERITY
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY
5

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
1 **3** **1** **York Commons** **BL**

LATITUDE DECIMAL DEGREES
39.84545

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
1 **1** **1** **Dixie** **DR**

LONGITUDE DECIMAL DEGREES
-84.19855

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE
1 **3** IR - INTERSTATE ROUTE(TP)
 US - FEDERAL US ROUTE
 SR - STATE ROUTE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE
 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
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
 ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT
4 **1**
 1 - ON ROADWAY 9 - CROSSOVER
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS
 5 - ON GORE 13 - BIKE LANE
 6 - OUTSIDE TRAFFIC WAY 14 - TOLL BOOTH
 7 - ON RAMP 99 - OTHER / UNKNOWN
 8 - OFF RAMP

DIRECTION OF TRAVEL MEDIAN TYPE
1 **1**
 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)
 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)
 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN
 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

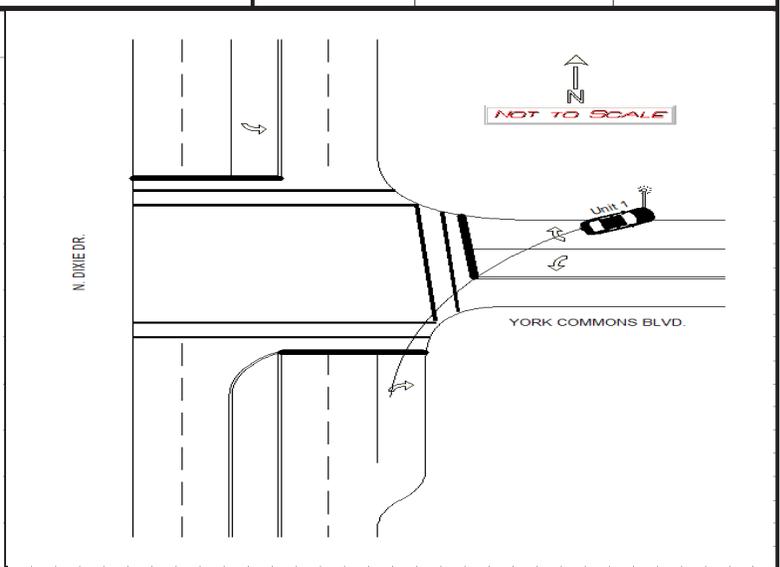
WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE
 WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER
 LOCATION OF CRASH IN WORK ZONE
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
 4 - ACTIVITY AREA
 5 - TERMINATION AREA

CONTOUR CONDITIONS SURFACE
1 **1** **2**
 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE
 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK
 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE
 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT
 6 - WATER (STANDING, MOVING) 9 - OTHER/UNKNOWN
 7 - SLUSH
 9 - OTHER/UNKNOWN

LIGHT CONDITION WEATHER
3 **1**
 1 - DAYLIGHT 1 - CLEAR 6 - SNOW
 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS
 3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW
 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE
 5 - DARK - UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN

NARRATIVE

Unit #1 was traveling north on N. Dixie Drive and attempting to turn right (east) onto York Commons Boulevard. Unit #1 crossed over the center line of York Commons and off the road to the left (north) where it struck a metal street light pole.



CRASH REPORTED DATE / TIME **9/4/19 10:45 pm** DISPATCH DATE / TIME **9/4/19 10:45 pm** ARRIVAL DATE / TIME **9/4/19 10:48 pm** SCENE CLEARED DATE / TIME **9/4/19 11:51 pm** REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP'S)

TOTAL TIME ROADWAY CLOSED **0** OTHER INVESTIGATION TIME **0** TOTAL MINUTES **66** OFFICER'S NAME **Ofc. Troy Dexter** OFFICER'S BADGE NUMBER **16** CHECKED BY OFFICER'S NAME **Sgt. Todd Stanley** CHECKED BY OFFICER'S BADGE NUMBER **3**



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-061946

UNIT # 1	NAME: LAST, FIRST, MIDDLE DILLON, SHANNON IRENE		DATE OF BIRTH 10/19/1976		AGE 42	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 1960 SCENIC DR, DAYTON, OH, 45414					CONTACT PHONE - INCLUDE AREA CODE 9374227159					
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 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 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 43000			
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 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4 2 1	

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	

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	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)
DILLON, SHANNON IRENE

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
1960 SCENIC DR, DAYTON, OH, 45414

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
9374227159

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # GAH5905 VEHICLE IDENTIFICATION # KNAGM4A74D5302550 VEHICLE YEAR 2013 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 992883482 COLOR BLK VEHICLE MODEL Optima

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 #

UNIT TYPE 1 (1-PASSENGER CAR, 2-PASSENGER VAN, 3-SPORT UTILITY VEHICLE, 4-PICK UP, 5-CARGO VAN, 6-VAN (9-15 SEATS), 7-MOTORCYCLE 2-WHEELED, 8-MOTORCYCLE 3-WHEELED, 9-AUTOCYCLE, 10-MOPED OR MOTORIZED BICYCLE, 11-ALL TERRAIN VEHICLE (ATV /UTV), 12-GOLF CART, 13-SNOWMOBILE, 14-SINGLE UNIT TRUCK, 15-SEMI-TRACTOR, 16-FARM EQUIPMENT, 17-MOTORHOME, 18-LIMO (LIVERY VEHICLE), 19-BUS (6+ PASSENGERS), 20-OTHER VEHICLE, 21-HEAVY EQUIPMENT, 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, 23-PEDESTRIAN / SKATER, 24-WHEELCHAIR (ANY TYPE), 25-OTHER NON-MOTORIST, 26-BICYCLE, 27-TRAIN, 99-UNKNOWN OR HIT/SKIP)

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 (1-YES 2-NO 9-OTHER / UNKNOWN) 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 (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)

CARGO BODY TYPE 1 (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)

VEHICLE DEFECTS (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)

NON-MOTORIST LOCATION AT IMPACT (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)

ACTION 3 (1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN) PRE-CRASH ACTIONS 5 (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)

CONTRIBUTING CIRCUMSTANCES 6 (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)

SEQUENCE OF EVENTS

1 11 (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-MOTOR VEHICLE IN TRANSPORT 21-PARKED MOTOR VEHICLE 22-WORK ZONE MAINTENANCE EQUIPMENT 23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOVABLE OBJECT)

2 09

3 39

4 (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)

5

6

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

DAMAGE

DAMAGE SCALE 4 (1-NONE 2-MINOR DAMAGE 3-FUNCTIONAL 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 1-12-REFER TO UNIT DIAGRAM 13-TOP 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN)

TRAFFIC

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

TRAFFIC CONTROL 6 (1-ROUNDOABOUT 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 2 TO 3

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

UNIT SPEED 25

POSTED SPEED 35

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

LOCAL REPORT NUMBER 19-061946	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 9 D 4 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION York Commons Boulevard/NORTH Dixie Drive	

On September 4, 2019, at approximately 22:45 hours, Shannon Dillon was traveling north on N. Dixie Drive in her 2013 Kia Optima, and while making a right turn onto York Commons Boulevard, she lost control of the vehicle and struck a street light pole, which was located on the north side of York Commons just east of N. Dixie Drive. Dillon was arrested by Officer Hammond for OVI.

DAMAGED PROPERTY: This pole was numbered 40827, and identified as being property of MVLt Lighting, DP&L INC. The decorative light housing was completely knocked off its pedestal, and broken into several pieces. The base of the pole also had noticeable damage to the decorative exterior cover, but I was unable to examine the interior pole and wiring to determine the amount if any damage was sustained.

Respectfully,

Officer T.C. Dexter #16

OFFICER'S SIGNATURE X Ofc. Troy Dexter	BADGE NUMBER 16
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NARRATIVE SUPPLEMENT

INCIDENT NUMBER	19-061946
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME	09/04/2019 22:35
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On September 04, 2019, at 2245 hours, Officer Dexter and I were dispatched to a report of a vehicle accident near 3411 York Commons Blvd, where a vehicle had struck a light pole.

While en route I was flagged down by an unknown reportee near Walmart, who stated that a female was walking away from the crash near the front of the parking lot. The female was near the four way stop on the south side of the business. I notified dispatch and located the female, who I later identified as the owner of the vehicle Shannon Dillon, near the four way stop in the parking lot of Walmart. I asked Ms. Dillon if she had been driving the vehicle that had crashed into the pole, and she stated yes. When Ms. Dillon answered me I noticed a strong odor of an alcoholic beverage omitting from her person. I asked her if she was ok and if she required medical attention, she stated she was fine and did not want a medic. I asked her if she had been drinking tonight, and she stated yes, about three beers. I secured her in handcuffs behind her back, and checked for applicable spacing and ensure the double locks were applied. I placed her in the rear seat of my patrol vehicle and advised her that she was being detained for an OVI investigation and leaving the scene of the accident.

I returned to the scene, which Officer Dexter was already at. We both confirmed that there was not another car or person that was in the car with Ms. Dillon during the incident.

I asked Ms. Dillon if she would consent to a series of standard field sobriety tests, and she stated that she would.

I asked her if there were any medical conditions that I needed to know about before the test that she felt would prohibit her from accomplishing any tests, she stated no.

I explained the (HGN) Horizontal Gaze Nystagmus test, which she stated she understood. While conducting the test I noted that she had distinct nystagmus at maximum deviation in both her left and right eyes. She had lack of smooth pursuit in her left eye, and onset of nystagmus before 45° in both eyes. I concluded the test.

I walked her from her current position near my vehicle in the parking lot of McDonalds to finish the test on the sidewalk near Officer Dexter, who was handling the crash portion of the investigation.

With Officer Dexter witnessing, I explained to the one leg walk and turn to Ms. Dillon. Prior to explaining the test I advised Ms. Dillon to take her foot and place it in front of the other, and stand with her hands at her sides. I explained to her this is the position I needed her to stand in while I explained the test. After explaining the test, she stated she understood and did not have anything prohibiting her from accomplishing this test. I noted that while she was receiving instructions for the test, she was not able to stand in the starting position and took her left foot away from the front of her right and swayed several times.

Ms. Dillon started the test and I noted that she had raised her hands to maintain her balance and did not count out loud on steps 3-4 on the first series of the nine. Ms. Dillon did not start counting out loud until the 8th step on the first series. I noted that she verbally questioned if the ninth step was nine after she had counted it, and then raised her hands to turn around. On the 5th step on the return 9 steps she lost her balance and raised her hands while shifting right. The follow steps of 6-9 she never fully gained her balance and stepped off the line.

I then explained the one legged stand to Ms. Dillon, which she stated she understood, but advised that she did not have any balance, but would take the test. She attempted to stand on her left foot but immediately raised her hands for balance as she began counting out loud. During the count she was swaying back and forth while continually keeping her hands in the air. On the count of 6 she raised her hands, and lost her balance almost falling to her left. I managed to grab her by her arm to keep her from falling. I asked her if she would like to continue the test, which she then continued from her last position and counted from 6-9 and was not able to continue her balance eventually placing her foot back down on the sidewalk and stopped. I advised her that the test was done and that she was under arrest for operating a vehicle under the influence of alcohol and or drugs.

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. Chris Hammond	BADGE NO.	11	DATE	09/05/2019
APPROVING OFFICER	Sgt. Todd Stanley	BADGE NO.	3	DATE	09/09/2019

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	19-061946
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VICTIM SOCIETY	OFFENSE DRIVING WHILE UNDER THE INFLUENCE	INCIDENT DATE AND TIME 09/04/2019 22:35
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I returned with Ms. Dillon to the vehicle, and I placed her back in the rear seat of my marked patrol vehicle. At 2320 hrs I read the BMV 2255 to her, as she followed along on her copy and Officer Dexter witnessed it. I advise Ms. Dillon of my request to administer a breath test, and she stated that she did not want to. She asked me if she should and I explained to her that I could not give legal advice, and she again repeated that she did not want to. I explained that she was now under a administrative license suspension and her license would be forwarded to the court with the case documentation.

I issued Ms. Dillon traffic citation #43000 for operating a vehicle under the influence, and failure to maintain control for the crash. Ms. Dillon did not have any prior convictions for OVI that was located on her criminal history check, only a prior offense that was plead down to a lesser offense. I explained the ticket and her mandated court appearance of September 09, 2019, at 0830 hrs. She stated she understood and was given her copy. I also provided her with the copy of the BMV2255, and a business card for Busy Bee Towing after the vehicle was towed from the crash scene by Officer Dexter.

I released Ms. Dillon to her husband who was on the scene and cleared.

After reviewing video it was noted that Car #4 audio was not working.

Car #4 and Car #6 video was burned and supplied with the case.

Nothing further to report.

Respectfully submitted,

Officer C. Hammond #11

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. Chris Hammond			BADGE NO.	DATE
				11	09/05/2019
APPROVING OFFICER	Sgt. Todd Stanley			BADGE NO.	DATE
				3	09/09/2019

ADMINISTRATIVE	AGENCY NAME BUTLER TWP PD				*INCIDENT NUMBER 19-061946								
	CALL NUMBER 19-061946		*GEOCODE 3		*CLEARANCES								
	TOD 22:45		<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile						
	TOA 22:48				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued						
TOC 23:51		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending								
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE: 09/04/2019		CLEARED BY: 11							
MONTH		*REPORT DATE/TIME DAY YEAR		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		MONTH		*INCIDENT OCCURRED TO DAY YEAR		TIME	
09		04 2019 22:45		09		04 2019 22:35		09		04 2019 22:44			
INCIDENT LOCATION (Street, Apt., City, State, Zip) 3411 YORK COMMONS DAYTON, OH 45414													
*OFFENSE													
1. DRIVING WHILE UNDER THE INFLU			*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY				
2. Failure to Control			1. 4511.19A1A		C	M-1	N		1. _____ 2. _____ 3. _____				
3.			2. 4511.202		C	M-M	N		1. _____ 2. _____ 3. _____				
4.			3.						1. _____ 2. _____ 3. _____				
5.			4.						1. _____ 2. _____ 3. _____				
5.			5.						1. _____ 2. _____ 3. _____				
*LOCATION OF OFFENSE (Enter up to two)													
1. 47 2. _____ 12 Jail/Prison 59 Daycare Facility 40 Other Retail Store OTHER 13 Parking Garage 41 Factory/Mill/Plant 53 Abandoned/ 14 Other Public Access Buildings RETAIL 42 Other Building Condemned Structure RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Recreation/Entertainment Center 24 Rental Storage Facility 25 Other Commercial Service Loc. 26 ATM Machine Separate from Bank PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 57 Camp/Campground 64 Rest Area 55 Arena/Stadium/ Fairgrounds/Coliseum 58 Cargo Container 60 Dock/Wharf/Freight/ Modal Terminal 61 Farm Facility 62 Gambling Facility/ Casino/Race Track 63 Military Installation 65 Shelter-Mission/ Homeless 66 Tribal Lands 67 Other													
*SUSPECTED OF USING													
A <input checked="" type="checkbox"/> ALCOHOL													
D <input type="checkbox"/> DRUGS													
C <input type="checkbox"/> COMPUTER EQUIPMENT													
N <input type="checkbox"/> NOT APPLICABLE													
*TYPE WEAPON/FORCE USED													
1. 99 2. _____ 3. _____													
*METHOD OF ENTRY													
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE													
*METHOD OF ENTRY - MOTOR VEHICLE THEFT													
01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed													
06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled													
*METHOD OF ENTRY - BURGLARY/B&E													
ENTRY EXIT ENTRY EXIT ENTRY EXIT													
1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>													
1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>													
1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>													
METHODS OF OPERATION													
*CARGO THEFT Y <input type="checkbox"/> N <input type="checkbox"/>													
*NO. PREMISES ENTERED													
*VICTIM													
*NO. 1 *TOTAL VICTIMS 1 *VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION S <input checked="" type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN O <input type="checkbox"/> OTHER													
NAME (Last, First, Middle) SOCIETY													
ADDRESS (Street, Apt., City, State, Zip)													
PHONE													
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)													
PHONE													
*AGE/ D.O.B. *SEX *RACE <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT WGT HAIR EYES													
OCCUPATION SSN *RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN													
*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N IF INJURED, DESCRIBE INJURIES:													
*AGG. ASSAULT/ HOMICIDE CIRC. *LEOKA INFORMATION *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK													
TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 4511.19A1A, 4511.202													
My signature verifies that the information on this report is accurate and true													
DATE													
REPORTING OFFICER Ofc. Chris Hammond BADGE NO. 11 DATE 09/05/2019													
APPROVING OFFICER Sgt. Todd Stanley BADGE NO. 3 DATE 09/09/2019													
FOLLOW-UP? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, follow-up Assignment:													
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE SPECIAL COPIES <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS													

INCIDENT NUMBER 19-061946

INCIDENT REPORT - PART 2

INCIDENT NUMBER 19-061946

VICTIM SOCIETY OFFENSE DRIVING WHILE UNDER THE INFLUENCE INCIDENT DATE AND TIME 09/04/2019 22:35

REPORTER

NO. 1 NAME (Last, First, Middle) OFC C. HAMMOND #11, ADDRESS (Street, Apt., City, State, Zip) BTPD 3510 SUDACHI, DAYTON, OH, 45414 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BTPD 3510 SUDACHI, DAYTON, OH, 45414 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 GAH5905 LIS OH LIY LIT VIN/OAN KNAGM4A74D5302550 *VALUE \$0.00
 VYR 2013 VMA Kia VMO Optima VST 4D VCO TOP BLACK VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS N
 VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 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 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
 *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
 - 11 Clothing/Furs
 - 12 Purses/Handbags/Wallets
 - 13 Other Personal Effects
 - 14 Household Items
 - 15 Drug/Narcotic Equip.
 - 16 Gambling Equipment
 - 17 Computer Hardware/Soft.
 - 18 Office Equipment
 - 19 Stereo TV Equip.
 - 20 Recordings-Audio Visual
 - 21 Sports Equipment
 - 22 Photographic Equipment
 - 23 Farm Equipment
 - 24 Heavy Construction/Industrial
 - 25 Building Supplies-Const.
 - 26 Tools
 - 27 Vehicle Parts/Accessories
 - 28 School Supplies
 - 29 Artistic Supplies/Accessories
 - 30 Alcohol
 - 31 Drugs/Narcotics
 - 32 Consumable Goods
 - 33 Livestock
 - 34 Household Pets
 - 35 Aircraft
 - 36 Automobiles
 - 37 Bicycles
 - 38 Buses
 - 39 Trucks
 - 40 Trailers
 - 41 Watercraft
 - 42 Recreational Vehicle
 - 43 Other Motor Vehicle
 - 44 Firearms
 - 45 Other Weapons
 - 46 Single Occupancy
 - 47 Other Dwellings
 - 48 Commercial/Business
 - 49 Industrial/Manufacturing
 - 50 Public/Community
 - 51 Storage
 - 52 Other Structure
 - 53 Merchandise
 - 54 Other Property
 - 55 Pending Inventory
 - 56 Identity-Intangible
 - 57 Metals, Non-Precious

NARRATIVE

Dispatched to a property damage crash. Operator was arrested for operating a vehicle while under the influence.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	BUTLER TWP PD	INCIDENT NUMBER	19-061946
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VICTIM SOCIETY	OFFENSE	INCIDENT DATE AND TIME
	DRIVING WHILE UNDER THE INFLU	09/04/2019 22:35

NAME/DESCRIPTIVES	NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY		CHARGES FILED?			
	<input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> ARRESTEE <input 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)				SSN			
	DILLON, SHANNON IRENE				XXX-XX-8272			
	ALIAS				GANG AFFILIATION			
	ADDRESS (Street, Apt., City, State, Zip)				PHONE			
	1960 SCENIC DR DAYTON, OH 45414				(937) 422-7159			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE			
	PLACE OF BIRTH				OCCUPATION/SCHOOL			
	DL#/STATE							
RT287339 OH								
*AGE/ D.O.B. 42 10/19/1976		*SEX F	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY U	*HEIGHT 505	*WEIGHT 145	*HAIR BRO	*EYES BRO
MARITAL STATUS M		SCARS, MARKS, TATOOS						
ADDITIONAL DESCRIPTIVES								
SUSPECTED OF USING		POTENTIAL INJURIES?						
<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		NONE STATED						
*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input checked="" type="checkbox"/> OTHER (explain) DAYTON 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 Failure to Control	2 4511.202	2 M-M	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)			
09/04/2019		23:11	3411 YORK COMMONS, DAYTON, OH, 45414			
*INCIDENT TRACKING NUMBER			ARREST DISPOSITION		BAIL	
			SUMMONS ISSUED		\$0.00	
MIRANDA WITNESSED BY:					TIME READ	
FINGERPRINTED	FINGERPRINT CARD NO.	PHOTOS TAKEN	NO. TAKEN	PHOTO ID NO.	FBI/BCI#	
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N				
*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 checked="" type="checkbox"/> COMPLAINT 2 <input type="checkbox"/> IN-PROGRESS 3 <input type="checkbox"/> WARRANT 4 <input type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 9 <input type="checkbox"/> OTHER			

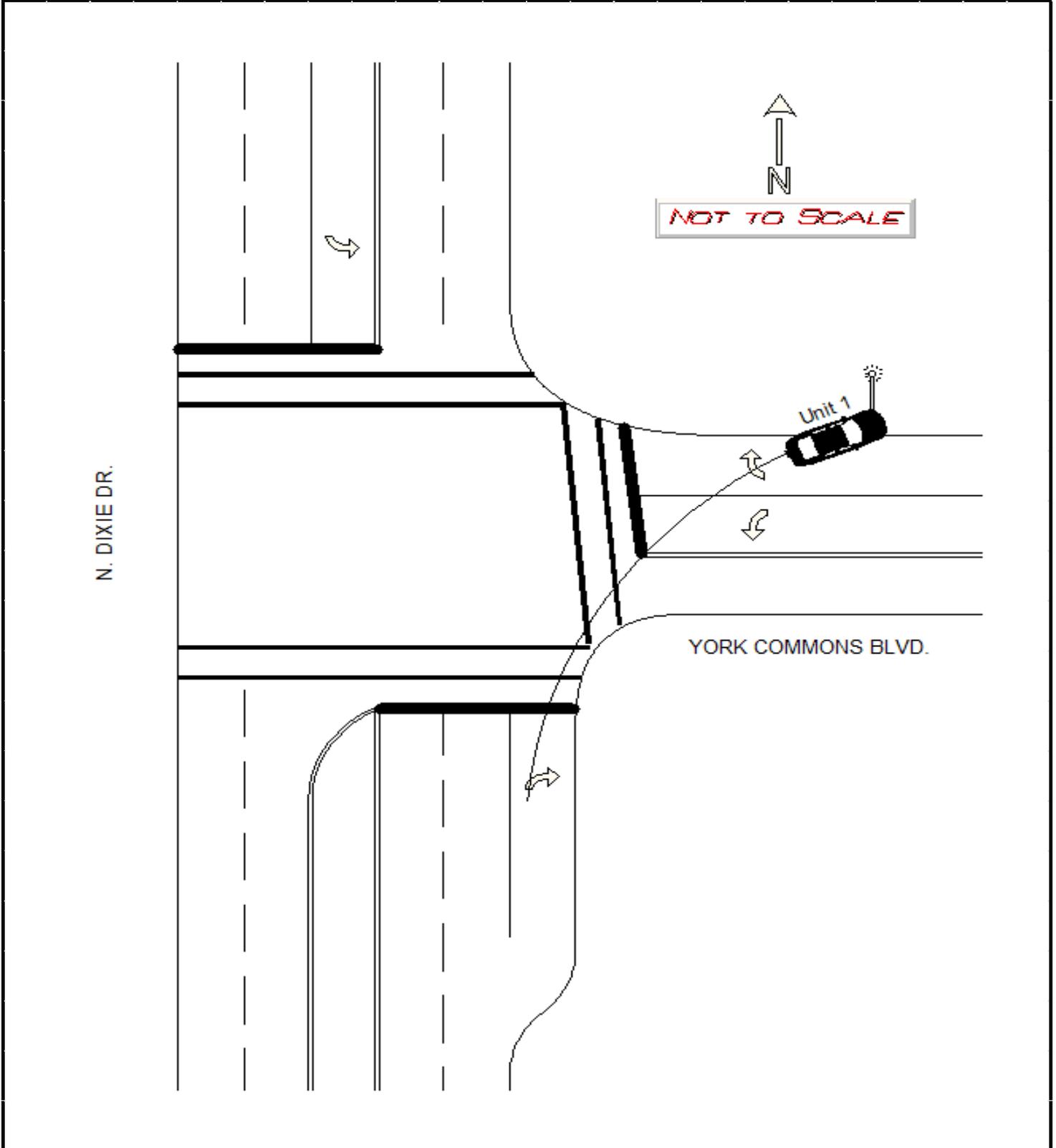
JUVENILE	JUV. PARENT/ GDN. NOTIFIED	<input type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION	<input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
	PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., 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. Chris Hammond	BADGE NO.	11	DATE	09/05/2019
APPROVING OFFICER	Sgt. Todd Stanley	BADGE NO.	3	DATE	09/09/2019
COURT	VMC				DATE



LOCAL REPORT NUMBER 19-061946	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 9 D 4 Y 2019
IN COUNTY OF MONTGOMERY	CRASH LOCATION York Commons Boulevard/NORTH Dixie Drive	



OFFICER'S SIGNATURE X Ofc. Troy Dexter	BADGE NUMBER 16
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