

BUTLER TWP PD

CFS: 20-001101

LOCATION: 8080 N DIXIE DR, DAYTON OH

SIGNAL CODE: 54

CALL DATE/TIME: 01/04/2020 17:30

PEOPLE

NAME	ALIAS	DOB	AGE	SEX	RACE	HGT	WGT	HAIR	EYES	BUILD	COMP	MARKS/SCARS
SSN	OLN	STATE	TYPE	CLOTHNG			EMPLOYER/SCHOOL			PARENT/LOCAL REFERENCE		
ADDRESS						POB			PHONE		PERSON TYPE	
1. YOUNCE, PAMELA S		03/13/1958	61	F	W	506	140	BRO	BRO			
XXX-XX-9433	RU374637	OH										
6884 S SHILOH RD WEST MILTON, OH 45383										(937) 231-0016		OPERATOR
2. DEEB, DONNA M		02/13/1962	57	F	W	503	114	BRO	BLU			
XXX-XX-8087	RL893254	OH										
2546 TRAFALGAR PL XENIA, OH 45385										(614) 306-3595		OPERATOR
3.												
4.												

VEHICLE

YEAR	MAKE	MODEL	STYLE	COLOR	PLATE	STATE	VIN
1. 2006	Chrysler	PT Cruiser	SW	RED	GBR7047	OH	3A4FY48B86T365676
2. 2009	Honda	Accord	4D	WHITE	ESR8401	OH	1HGCP36859A032457

ACTIVITY

On 01/04/2020 at approximately 17:30 hours, Unit 2 was traveling north on N. Dixie Dr., and when at 8080 N. Dixie Dr., Unit 2 slowed for traffic at which time Unit 1 which was also traveling north on N. Dixie Dr., failed to stop in the assured clear distance, striking the rear of Unit 2.

Both parties agreed to an Exchange of Information.

Respectfully,

Officer J. Hawkins



BUTLER TOWNSHIP POLICE DEPARTMENT

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

EXCHANGE OF INFORMATION

Crash report taken (Report #: _____) Exchange of information only (D#: 20-001101)

Date/Time: 1/4/19 Location: 8080 N. DIXIE DR

Officer's Name/Unit #: J. HAWKISS #21

UNIT# 1 Vehicle Pedestrian Private Property Other: AT FAULT

Driver's Name: PAMELA YOUNCE Phone Number: 937-231-0016

Address: 6884 S. SWILON RD City: WEST MIGNON State: OH Zip: 45383

Driver's License Number: RU374637 State: OH License Plate: GBZ7047 State: OH

Owner's Name: SAME Phone Number: _____

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

Insurance Company: STATE FARM Phone Number: 937-492-3444

Policy Number: 992 7658-805-35

UNIT# 2 Vehicle Pedestrian Private Property Other: _____

Driver's Name: DONNA DEEB Phone Number: 614-306-3595

Address: 2546 TRAFALGAR PL City: XENIA State: OH Zip: 45385

Driver's License Number: RL893254 State: OH License Plate: ESR8401 State: OH

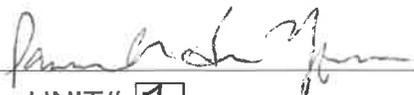
Owner's Name: ROBERT DEEB Phone Number: _____

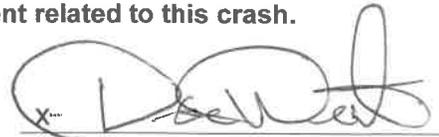
Address: SOME City: _____ State: _____ Zip: _____

Insurance Company: AMICA INSURANCE Phone Number: 866-942-6422

Policy Number: 99013420ZG

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.


UNIT# 1


UNIT# 2

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.