

# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

**20-003151**

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-3  
 OH-1P  
 OTHER  
 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  
**1/12/20 8:25 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  
**DR**  
**Towne Center**

LATITUDE DECIMAL DEGREES  
**39.842944**

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE  
**6615**

LONGITUDE DECIMAL DEGREES  
**84.195714**

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE  
**3**  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 IR - INTERSTATE ROUTE (CTP)  
 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 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
 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  
**1**  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL MEDIAN TYPE  
**2**  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 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

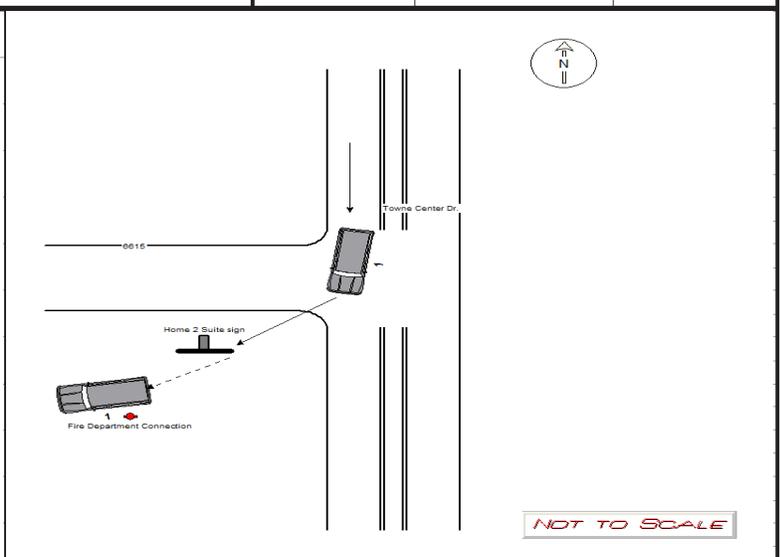
WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER  
 LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING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

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

LIGHT CONDITION WEATHER  
**3**  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**2**  
 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

NARRATIVE

Unit 1 was traveling South on Towne Center Dr., and when at 6615 Towne Center Dr., Unit 1 attempted to turn right into the driveway. At which time Unit 1 lost control and exited the roadway right, striking a sign, and a fire department connection, before coming to final rest.



CRASH REPORTED DATE / TIME <b>1/12/20 8:25 pm</b>		DISPATCH DATE / TIME <b>1/12/20 8:26 pm</b>		ARRIVAL DATE / TIME <b>1/12/20 8:32 pm</b>		SCENE CLEARED DATE / TIME <b>1/12/20 9:57 pm</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED <b>0</b>	OTHER INVESTIGATION TIME <b>45</b>	TOTAL MINUTES <b>136</b>	OFFICER'S NAME <b>Ofc. James Hawkins</b>		CHECKED BY OFFICER'S NAME <b>Sgt. Amy Carr</b>		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP'S)		
			OFFICER'S BADGE NUMBER <b>16</b>		CHECKED BY OFFICER'S BADGE NUMBER <b>5</b>				

# INCIDENT REPORT – PART 2

INCIDENT NUMBER 20-003151

VICTIM SOCIETY OFFENSE Driving While Under the Influence INCIDENT DATE AND TIME 01/12/2020 20:23

REPORTER

NO. 1 NAME (Last, First, Middle) JACKSON, G.L. (OFFICER) AGE/ D.O.B. SSN  
 ADDRESS (Street, Apt., City, State, Zip) 3510 SUDACHI DAYTON, OH 45414 PHONE  
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) BTPD PHONE (937) 890-2671

VEHICLE

STATEMENTS OBTAINED  Y  N TYPE:  WRITTEN  ORAL  TAPED  OTHER

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

NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC URY2251	LIS VA	LIY 19	LIT PC	VIN/OAN	*VALUE \$0.00
VYR 2019	VMA Ford	VMO Escape	VST SV	VCO TOP BOTTOM	SILVER	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO. 1		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE TOWED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		TOWED BY Busy Bee Towing	
OWNER'SHIP VERIFIED BY:		<input type="checkbox"/> TAG RECEIPT		<input type="checkbox"/> BILL OF SALE		<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER	

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN  BUSINESS  RURAL  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. SEIZED	6 SEIZED	7 RECOVERED	U UNKNOWN	P PHOTO E EVIDENCE	TOTAL VALUE \$0.00
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*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:**
- |                               |                            |   |                                 |                         |                             |
|-------------------------------|----------------------------|---|---------------------------------|-------------------------|-----------------------------|
| EXCHANGE MEDIUMS              | 10 Other Valuables         | 22 Photographic Equipment                     | 72 Musical Instruments          | VEHICLES                | STRUCTURES                  |
| 01 Money                      | PERSONAL EFFECTS           | 23 Farm Equipment                             | 73 Portable Electronic Equip.   | 35 Aircraft             | 46 Single Occupancy         |
| 02 Credit/Debit Card          | 11 Clothing/Furs           | 24 Heavy Construction/Industrial              | 74 Watercraft Equip./Parts/Acc. | 36 Automobiles          | 47 Other Dwellings          |
| 03 Negotiable Instruments     | 12 Purses/Handbags/Wallets | 25 Building Supplies-Const.                   | 29 Other Equipment              | 37 Bicycles             | 48 Commercial/Business      |
| 04 Other Exchange Mediums     | 13 Other Personal Effects  | 26 Tools                                      | CONSUMABLE ITEMS                | 38 Buses                | 49 Industrial/Manufacturing |
| DOCUMENTS                     | HOUSEHOLD ITEMS            | 27 Vehicle Parts/Accessories                  | 30 Alcohol                      | 39 Trucks               | 50 Public/Community         |
| 05 Non-Negotiable Instruments | 14 Household Items         | 57 Aircraft Parts/Accessories                 | 31 Drugs/Narcotics              | 40 Trailers             | 51 Storage                  |
| 06 Personal (Identity) Papers | EQUIPMENT                  | 28 School Supplies                            | 32 Consumable Goods             | 41 Watercraft           | 52 Other Structure          |
| 07 Other Documents            | 15 Drug/Narcotic Equip.    | 58 Artistic Supplies/Accessories              | 60 Chemicals                    | 42 Recreational Vehicle | OTHER                       |
| 08 Jewelry/Precious Metals    | 16 Gambling Equipment      | 59 Camping/Hunting/Fishing Equipment/Supplies | 61 Crops                        | 43 Other Motor Vehicle  | 53 Merchandise              |
| 09 Art Objects, Antiques      | 17 Computer Hardware/Soft. | 67 Law Enforcement Equip.                     | 63 Explosives                   | WEAPONS                 | 54 Other Property           |
|                               | 18 Office Equipment        | 68 Lawn/Yard/Garden Equip.                    | 65 Fuel                         | 44 Firearms             | 55 Pending Inventory        |
|                               | 19 Stereo TV Equip.        | 69 Logging Equipment                          | ANIMALS                         | 45 Other Weapons        | 56 Identity-Intangible      |
|                               | 20 Recordings-Audio Visual | 70 Medical/Medical Lab Equip.                 | 33 Livestock                    | 64 Firearm Accessories  | 57 Metals, Non-Precious     |
|                               | 21 Sports Equipment        |   | 34 Household Pets               |                         |                             |

NARRATIVE

During investigation of a crash the driver was found to be under the influence of alcohol. He was arreted for OVI.

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER 20-003151

VICTIM SOCIETY OFFENSE Driving While Under the Influence INCIDENT DATE AND TIME 01/12/2020 20:23

On January 12, 2020 at 2025 hrs Officer Hawkins requested that I respond to the scene of a property damage crash that he was investigating at 6615 Town Center Dr, in Butler Township.

Officer Hawkins advised me that witnesses told him that a vehicle was being driven south on Town Center Dr at what appeared to be a high rate of speed. The driver evidently lost control of the vehicle, left the roadway and struck the sign for Home 2 Suites. Hawkins said the driver and lone occupant of the vehicle involved in the crash appeared to be under the influence of alcohol. I offered to investigate the OVI while he finished with the crash due to issues of the driver being from Italy and only having an Italian drivers license.

I got the driver of the crash vehicle, identified as Samuel Collino, out of Officer Hawkins' cruiser. I immediately noticed a strong odor of alcohol on his breath and person. Collino's speech was slurred and his eyes glassy and blood-shot. Collino admitted to having "1 beer and a margarita".

I gave Collino a standard field sobriety test. Although Collino is Italian he seemed to speak and understand English quite well. I did make an extra effort to make sure he understood the directions for each test. During the HGN portion I observed obvious signs of all six indicators of intoxication. During the walk and turn Collino took 10 steps instead of the 9 he was instructed to take, stepped off the line over half the steps and did not touch heel to toe on any of them. On the one legged stand he only put his foot down once during the 30 second time period.

Based on the field sobriety test I placed Collino under arrest for OVI. Collino told me he could read English so I showed him a copy of BMV form 2255 as I read it to him. He stated he understood it but had difficulty deciding to take the chemical test or not. He kept asking me for advice and I told him I could only offer options and it was up to him.

Collino decided to submit to a breath test. I transported him to the Vandalia Police Department where Officer B. Blackford administered an Intoxilyzer test. The result of the test showed Collino's BAC was .225%.

As I was in the driveway of VPD completing paperwork Collino vomited several times in my back seat. He was still sitting upright and responding to my questions so I could tell he was not in any medical distress. I transported Collino to the Montgomery County Jail where he vomited again in the booking area.

Collino was issued a citation for OVI over .17% and failure to control out of the crash. He was also placed under an ALS suspension and given a copy of the 2255 form. Collino was then incarcerated.

Officer G.L. Jackson #17

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. Gary Jackson			BADGE NO.	DATE
				17	01/12/2020
APPROVING OFFICER	Sgt. Amy Carr			BADGE NO.	DATE
				5	01/13/2020



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**20-003151**

<b>UNIT #</b> 1	<b>NAME: LAST, FIRST, MIDDLE</b> COLLINO, SAMUEL		<b>DATE OF BIRTH</b> 03/14/1994		<b>AGE</b> 25	<b>GENDER</b> M						
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> VIA S. AGNESE, UDINE, NS, 00000					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1			
<b>OL STATE</b> NS	<b>OPERATOR LICENSE NUMBER</b> <i>redacted per ORC 4501:1-12</i>		<b>OFFENSE CHARGED</b> 4511.19	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> DRIVING WHILE UNDER THE INFI		<b>CITATION NUMBER</b> 43036					
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UPTO 2	<b>RESTRICTION</b> SELECT UPTO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 6	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b> SELECT UPTO 4
									225			

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

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>						
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>							
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>			
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>					
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UPTO 2	<b>RESTRICTION</b> SELECT UPTO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>			
							<b>STATUS</b>	<b>TYPE</b>	<b>VALUE</b>	<b>STATUS</b>	<b>TYPE</b>	<b>RESULT</b> 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
<b>INJURED TAKEN BY</b>		<b>EJECTION</b>	<b>OL ENDORSEMENT</b>			<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	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			1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
<b>SAFETY EQUIPMENT</b>		<b>TRAPPED</b>			<b>CONDITION</b>	<b>DRUG TEST TYPE</b>
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		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			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	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						<b>DRUG TEST RESULT(S)</b>
						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)  
**PV HOLDING CORP**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**300 CENTRE POINTE DR, VIRGINIA BEACH, VA, 23462**

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

LP STATE VA LICENSE PLATE # URY2251 VEHICLE IDENTIFICATION # 1FMCU9G90KUB66648 VEHICLE YEAR 2019 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY Budget Rental INSURANCE POLICY # SELF INSURED COLOR SIL VEHICLE MODEL Escape

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Busy Bee Towing

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

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 3

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

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	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 1

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

VEHICLE DEFECTS 1

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

NON-MOTORIST LOCATION AT IMPACT 1

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

ACTION 3 PRE-CRASH ACTIONS 5

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

CONTRIBUTING CIRCUMSTANCES 11

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

SEQUENCE OF EVENTS

1 08 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 01 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 MOTORVEHICLE

3 49 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

4 49 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT

5 49 5 - CARGO /EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

6 49 6 - IMPROPER TURN

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR /CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
			49 - FIRE HYDRANT	

FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2

LOCAL REPORT NUMBER  
**20-003151**

**DAMAGE**

DAMAGE SCALE

4 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

11 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 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 4

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

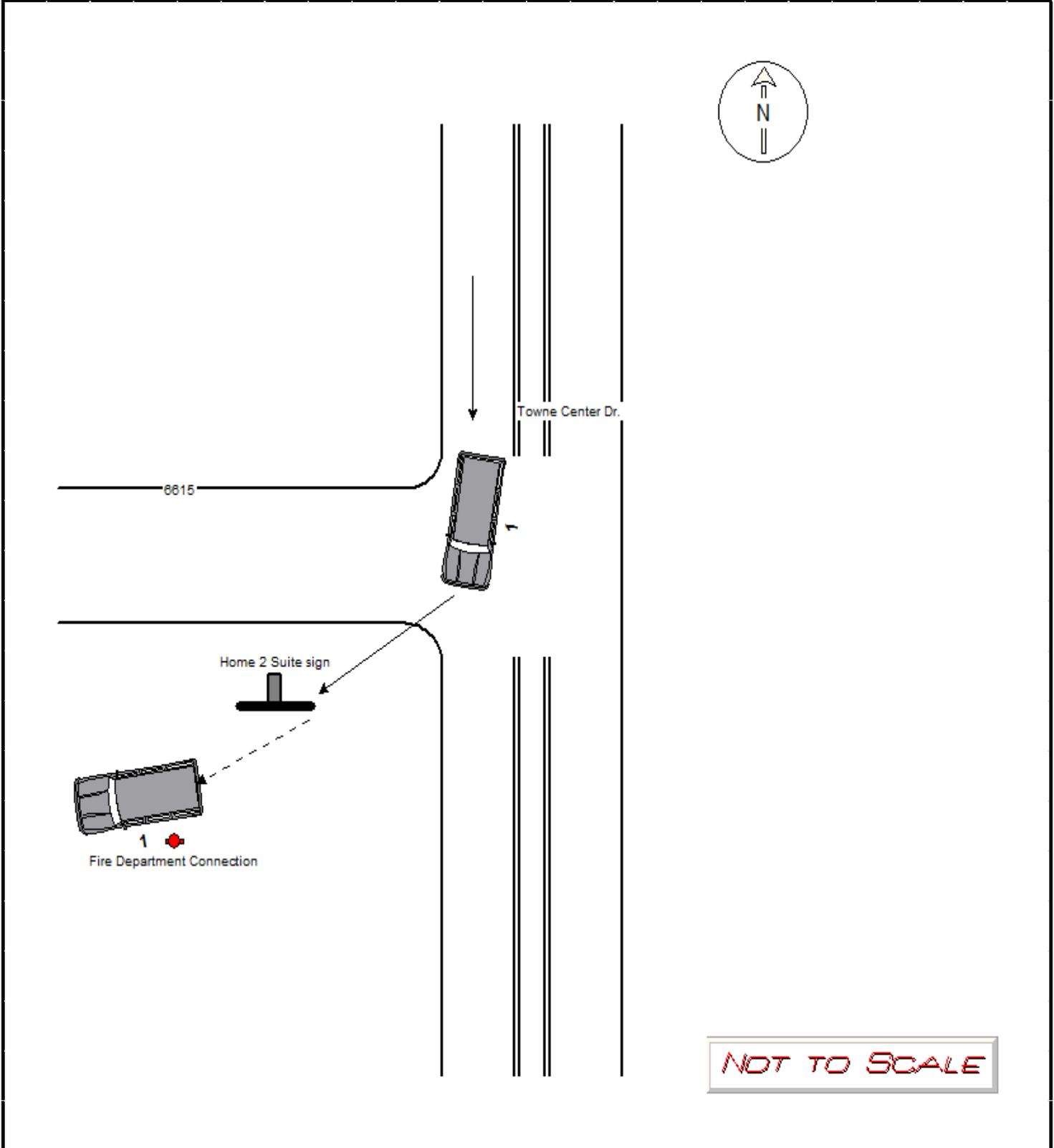
UNIT SPEED 20

POSTED SPEED 35

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



LOCAL REPORT NUMBER 20-003151	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 1   D 12   Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION 6615 Towne Center Drive	



OFFICER'S SIGNATURE <b>X</b> Ofc. James Hawkins	BADGE NUMBER 16
--	--------------------

ADMINISTRATIVE	AGENCY NAME BUTLER TWP PD				*INCIDENT NUMBER <b>20-003151</b>								
	CALL NUMBER 20-003151		*GEOCODE 3		*CLEARANCES								
	TOD 20:26		<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 20:32				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued						
TOC 21:57		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending								
<b>OHIO UNIFORM INCIDENT REPORT</b>				*CLEARANCE DATE: 01/12/2020		CLEARED BY: 17							
MONTH		*REPORT DATE/TIME DAY YEAR		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		MONTH		*INCIDENT OCCURRED TO DAY YEAR		TIME	
01		12 2020		01		12 2020		01		12 2020		20:25	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 6615 TOWNE CENTER DAYTON, OH 45414													
*OFFENSE													
1. Driving While Under the Infl			*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY				
2.			1. 4511.19A1E		C	M-1	N		(Enter up to three for each offense) 1. ____ 2. ____ 3. ____ B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY				
*LOCATION OF OFFENSE (Enter up to two)													
1. 47 2. _____ RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 67 Library 10 Church 11 Hospital 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 23 Recreation/Entertainment Center 54 Amusement Park 24 Rental Storage Facility 25 Other Commercial Service Loc. 56 ATM Machine Separate from Bank 59 Daycare Facility 40 Other Retail Store 41 Factory/Mill/Plant 42 Other Building 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 OTHER 53 Abandoned/ Condemned Structure 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 77 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 *NO. PREMISES ENTERED													
*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 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. VICTIMS													
*NO. 1 *TOTAL VICTIMS 1 *VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL F <input type="checkbox"/> FINANCIAL INSTITUTION P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) S <input checked="" type="checkbox"/> SOCIETY O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN													
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"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U ETHNICITY HGT WGT HAIR EYES													
OCCUPATION SSN *RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN													
*VICTIM <input type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: <input type="checkbox"/> N													
*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. ____ 4511.19A1E													
My signature verifies that the information on this report is accurate and true													
DATE													
REPORTING OFFICER Ofc. Gary Jackson BADGE NO. 17 DATE 01/12/2020													
APPROVING OFFICER Sgt. Amy Carr BADGE NO. 10 DATE 01/13/2020													
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 checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS													

INCIDENT NUMBER 20-003151

# SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	BUTLER TWP PD	INCIDENT NUMBER	20-003151
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VICTIM SOCIETY	OFFENSE	Driving While Under the Influence	INCIDENT DATE AND TIME	01/12/2020 20:23
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NAME/DESCRIPTIVES	NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY		<input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____			CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																									
	NAME (Last, First, Middle)						SSN																										
	COLLINO, SAMUEL																																
	ALIAS						GANG AFFILIATION																										
	ADDRESS (Street, Apt., City, State, Zip)						PHONE																										
	VIA S. AGNESE UDINE, NS																																
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE																										
	PLACE OF BIRTH						DL#/STATE		OCCUPATION/SCHOOL																								
	ITALY																																
	*AGE/ D.O.B. 25 03/14/1994		*SEX M	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input checked="" type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	ETHNICITY U	*HEIGHT	*WEIGHT	*HAIR BLK	*EYES BRO																							
MARITAL STATUS		SCARS, MARKS, TATOOS																															
ADDITIONAL DESCRIPTIVES																																	
SUSPECTED OF USING		POTENTIAL INJURIES?																															
<input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		NONE STATED NONE OBSERVED																															
*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input checked="" type="checkbox"/> OTHER (explain) ITALY U <input type="checkbox"/> UNKNOWN																																	
*ARRESTEE WAS ARMED WITH																																	
ARRESTEE ARMED WITH 1. 99 2. _____ 3. _____																																	
<table border="0"> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARC/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC RIFLE</td> <td>15C MACHINE PISTOL</td> <td></td> <td></td> </tr> </table>										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		
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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 Infl	1 4511.19A1E	1 M-1	1	23A POCKET PICKING	
	2.	2.	2.	2.	23B PURSE SNATCHING	
	3.	3.	3.	3.	23C SHOPLIFTING	
	4.	4.	4.	4.	23D THEFT FROM BUILDING	
	5.	5.	5.	5.	23E THEFT FROM COIN-OP MACH.	
					23F THEFT FROM MOTOR VEHICLE	
					23G MOTOR VEH. PARTS/ACCESS.	
					240 THEFT OF MOTOR VEHICLE	
					23H OTHER: _____	
*ARREST DATE		TIME	ARREST LOCATION (Street, Apt., City, State, Zip)			
01/12/2020		20:50	6615 TOWNE CENTER, DAYTON, OH, 45414			
*INCIDENT TRACKING NUMBER			ARREST DISPOSITION		BAIL	
			INCARCERATED		\$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 type="checkbox"/> COMPLAINT 2 <input checked="" 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. Gary Jackson	BADGE NO.	17	DATE	01/12/2020
APPROVING OFFICER	Sgt. Amy Carr	BADGE NO.	10	DATE	01/13/2020
COURT					DATE