

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

20-028903

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	NUMBER OF UNITS	UNIT IN ERROR
1 - SOLVED 2 - UNSOLVED	2	98 - ANIMAL 99 - UNKNOWN
1		1

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

CRASH DATE / TIME
4/23/20 2:27 pm
 CRASH SEVERITY
5

ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE
Benchwood **RD**

LATITUDE DECIMAL DEGREES
39.841782

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

LONGITUDE DECIMAL DEGREES
84.191944

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE
1 **1 - NORTH** **IR - INTERSTATE ROUTE(TP)** **AL - ALLEY**
2 - MILE POST **2 - SOUTH** **US - FEDERAL US ROUTE** **AV - AVENUE**
3 - HOUSE # **3 - EAST** **SR - STATE ROUTE** **BL - BOULEVARD**
1 - MILES **4 - WEST** **CR - NUMBERED COUNTY ROUTE** **CR - CIRCLE**
2 - FEET **TR - NUMBERED TOWNSHIP ROUTE** **CT - COURT** **OV - OVAL**
3 - YARDS **HE - HEIGHTS** **PL - PLACE**

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH **4**
 WITHIN INTERCHANGE AREA
 ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT
1 **1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT**
2 - ON SHOULDER **2 - REAR-END**
3 - IN MEDIAN **3 - HEAD-ON**
4 - ON ROADSIDE **4 - REAR-TO-REAR**
5 - ON GORE **5 - BACKING**
6 - OUTSIDE TRAFFIC WAY **6 - ANGLE**
7 - ON RAMP **7 - SIDESWIPE, SAME DIRECTION**
8 - OFF RAMP **8 - SIDESWIPE, OPPOSITE DIRECTION**
9 - CROSSOVER **9 - OTHER / UNKNOWN**

DIRECTION OF TRAVEL MEDIAN TYPE
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

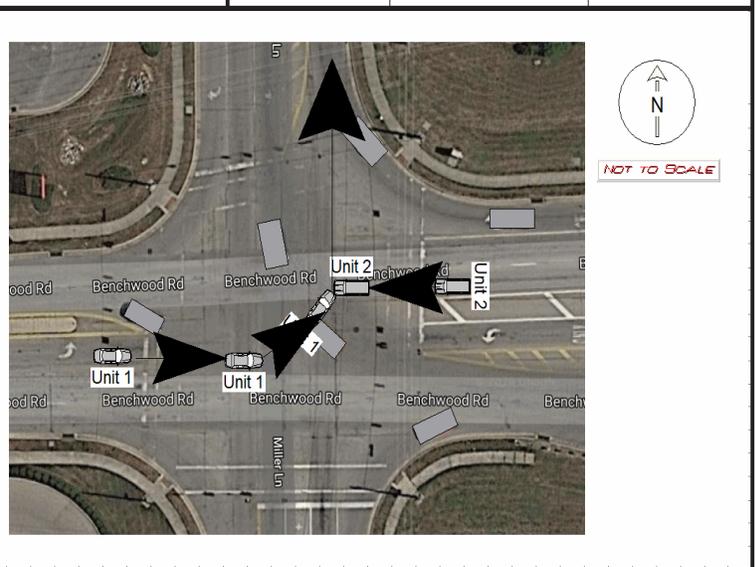
WORK ZONE RELATED WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE
 WORKERS PRESENT **1 - LANE CLOSURE** **1 - BEFORE THE 1ST WORK ZONE WARNING SIGN**
 LAW ENFORCEMENT PRESENT **2 - LANE SHIFT/CROSSOVER** **2 - ADVANCE WARNING AREA**
 ACTIVE SCHOOL ZONE **3 - WORK ON SHOULDER OR MEDIAN** **3 - TRANSITION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

CONTOUR CONDITIONS SURFACE
1 **2** **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) 6 - SLUSH 9 - OTHER/UNKNOWN
 7 - SLUSH 9 - OTHER/UNKNOWN

LIGHT CONDITION WEATHER
1 **4**
 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 east on Benchwood Road in the left-turn lane and when at Miller Lane attempted to make a left turn to travel north and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit #2, which was traveling west on Benchwood Road in left-most westbound lane. Unit #1 then fled the scene and was subsequently located.



CRASH REPORTED DATE / TIME 4/23/20 2:27 pm	DISPATCH DATE / TIME 4/23/20 2:31 pm	ARRIVAL DATE / TIME 4/23/20 2:35 pm	SCENE CLEARED DATE / TIME 4/23/20 3:12 pm	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 41	OFFICER'S NAME Det. Brian Brown	CHECKED BY OFFICER'S NAME Sgt. Chris Hammond
			OFFICER'S BADGE NUMBER 11	CHECKED BY OFFICER'S BADGE NUMBER 9

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD)



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
20-028903

UNIT # 1	NAME: LAST, FIRST, MIDDLE BURTON, TERRA LEANDREA	DATE OF BIRTH 02/19/2000	AGE 20	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 406 CROSSGATE CT, SPRINGFIELD, OH, 45503		CONTACT PHONE - INCLUDE AREA CODE 9372069226		
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER redacted per ORC 4501:1-12	OFFENSE CHARGED 4511.42	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Yield While Turning Left
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 1 1 1	
		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4 1 1		

UNIT # 2	NAME: LAST, FIRST, MIDDLE KOEHLER, KOURTNEY E	DATE OF BIRTH 11/16/1989	AGE 30	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 2593 RIVER OAKS DR, COLUMBUS, OH, 43228		CONTACT PHONE - INCLUDE AREA CODE 9372150384		
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER redacted per ORC 4501:1-12	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION
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 1 1 1	
		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4 1 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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
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	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	3 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M/C MOPED ONLY	5 - EXCEPT CLASS A BUS	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT		4 - BREATH
SAFETY EQUIPMENT	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	CONDITION	5 - OTHER
1 - NONE USED	13 - TRAILING UNIT	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1 - APPARENTLY NORMAL	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	2 - PHYSICAL IMPAIRMENT	1 - NONE
3 - LAP BELT ONLY USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	4 - ILLNESS	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			X - TANKER / HAZMAT	17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - BREATH
6 - CHILD RESTRAINT SYSTEM - REAR FACING				18 - OTHER	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5 - OTHER
7 - BOOSTER SEAT					9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)
8 - HELMET USED						1 - AMPHETAMINES
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						2 - BARBITURATES
10 - REFLECTIVE CLOTHING						3 - BENZODIAZEPINES
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						4 - CANNABINOIDS
99 - OTHER / UNKNOWN						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

20-028903

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE ROY, DONTE L			DATE OF BIRTH 10/12/1988	AGE 31	GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 1905 REPUBLIC DR, DAYTON, OH, 45414				CONTACT PHONE - INCLUDE AREA CODE 9376488372					
	INJURIES 5	INJURED TAKEN BY 1	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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

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 SHERMAN, JAMES E	DATE OF BIRTH 04/26/1958	AGE 61	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 5755 ALLEN PARK DR, TIPP CITY, OH, 45371	CONTACT PHONE - INCLUDE AREA CODE 9372784771		
WITNESS	NAME: LAST, FIRST, MIDDLE BROWN, MICHAEL A	DATE OF BIRTH 12/29/1992	AGE 27	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE 9376093967		
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)
HUFF, AARON BRANT OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
9372069226

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
2220 HADLEY RD, SPRINGFIELD, OH, 45505

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

VEHICLE

LP STATE OH LICENSE PLATE # K342973 VEHICLE IDENTIFICATION # 1G4HR54K114213157 VEHICLE YEAR 2001 VEHICLE MAKE Buick

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR SIL VEHICLE MODEL LeSabre

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 2 VEHICLE WEIGHT GVWR/GCWR 1
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

UNIT TYPE 1 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) # OF TRAILING UNITS 0 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

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 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

DAMAGE

DAMAGE SCALE 3 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]

NON-MOTORIST LOCATION AT IMPACT 1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/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 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 PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

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

CONTRIBUTING CIRCUMSTANCES 2 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 / ACD/A 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

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

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

OF THROUGH LANES ON ROAD 5 RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

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 - 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 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

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
 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 55 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 1

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

UNIT SPEED 15 DETECTED SPEED 1
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED

POSTED SPEED 35

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
 KOEHLER, KOURTNEY E OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
 9372150384

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
 2593 RIVER OAKS DR, COLUMBUS, OH, 43228

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # GRG4898 VEHICLE IDENTIFICATION # 2CNDL73F156181752 VEHICLE YEAR 2005 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 907704179 COLOR GRY VEHICLE MODEL Equinox

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 ID #
 PLACARD

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

UNIT TYPE 3

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS

INITIAL POINT OF CONTACT

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

NON-MOTORIST LOCATION AT IMPACT

ACTION 4

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

1 20

2

3

4

5

6

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

TRAFFIC

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 2

OF THROUGH LANES ON ROAD 6

RAIL GRADE CROSSING 1

NON-COLLISION

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

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

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

5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

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 48 - TREE 54 - OTHER FIXED OBJECT

30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

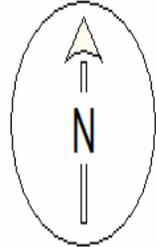
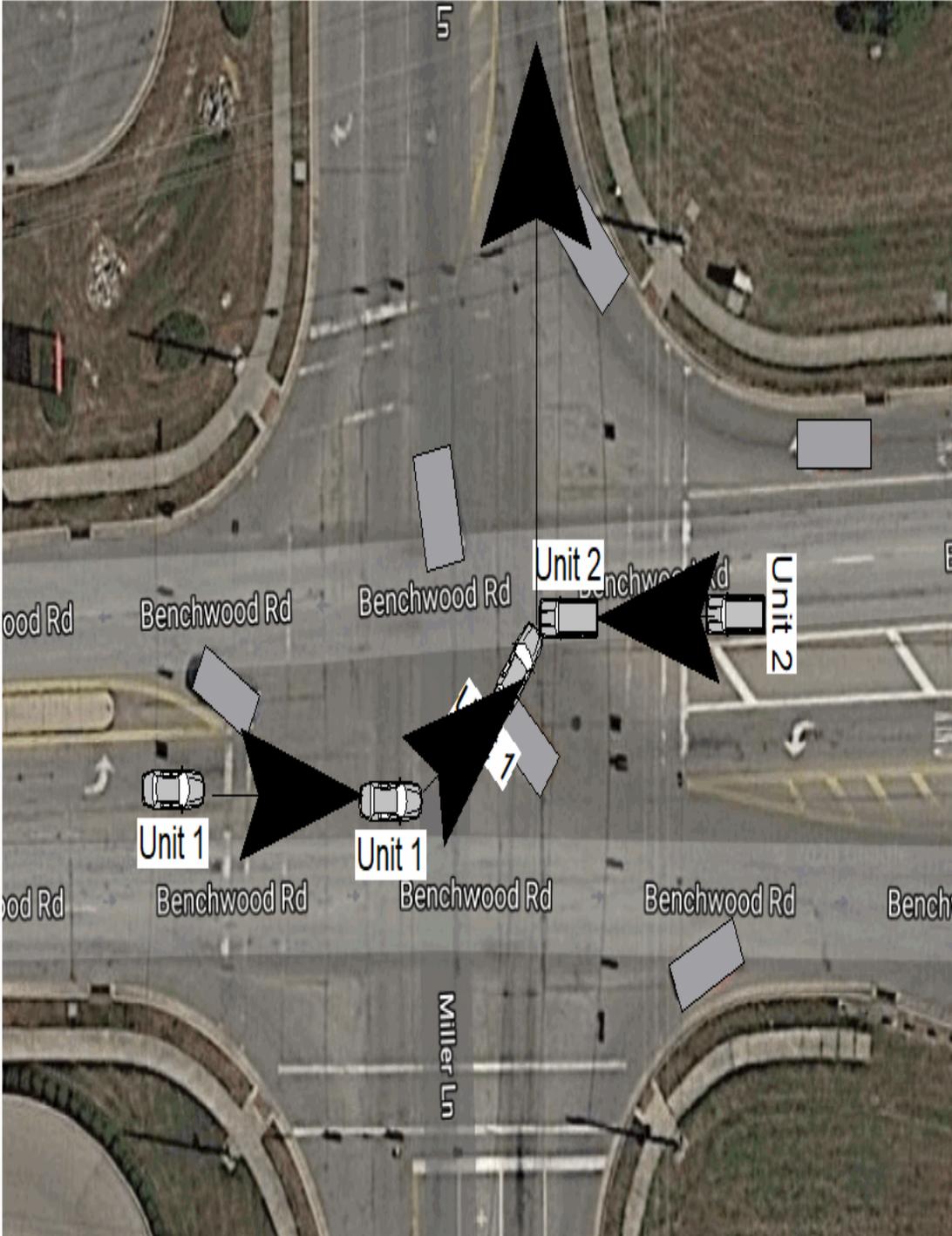
UNIT SPEED 10

POSTED SPEED 35

DETECTED SPEED 1



LOCAL REPORT NUMBER 20-028903	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 23 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION Benchwood Road/ Miller Lane	



NOT TO SCALE

	OFFICER'S SIGNATURE X Det. Brian Brown	BADGE NUMBER 11
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LOCAL REPORT NUMBER 20-028903	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 23 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION Benchwood Road/ Miller Lane	

On Thursday, April 23, 2020, at 1431 hours, I was dispatched to the intersection of Benchwood Road and Miller Lane located in Butler Township, Montgomery County, Ohio, for a property damage crash hit/skip. A silver Buick had fled the scene and was last seen heading north on Miller Lane. The other vehicle, a silver Chevrolet Equinox had pulled into the Speedway parking lot located at 6501 Miller Lane. I was wearing the uniform of the day and in a marked Butler Township Police vehicle.

Upon my arrival at 1435 hours, I made contact with the driver of the Equinox, a Kourtney E. Koehler, who I identified via the Ohio registration of GRG4898 on the Equinox, and received her verbal and written report. Koehler stated that she was driving westbound on Benchwood Road en route to Chick-fil-A and had stopped at the red light at the intersection of Benchwood Road at Miller Lane. When the red light turned to green she proceeded westbound when an eastbound silver Buick attempted to make a left-turn and struck her Equinox. The Buick then fled northbound on Miller Lane. Koehler spoke with witnesses to the crash James E. Sherman (937) 278-4771 and Michael A. Brown (937) 609-3967.

Brown followed the Buick northbound on Miller Lane where he saw it pull into the Sunoco Gas Station located at 7186 Miller Lane and attempted to obtain either the front or rear license plate number; the Buick had neither the front or rear license plates affixed to the vehicle. Brown took a photograph of the Buick and texted it to Koehler who subsequently texted it to me.

Sherman stayed with Koehler immediately after the impact until she regained her composure and then departed.

I called Brown to learn that he did not see the actual collision, but did observe the Buick flee. He followed discretely until the vehicle stopped at the Sunoco Station. Brown stated that the vehicle had neither a front or rear license plate affixed. Brown pulled into the Cracker Barrel restaurant parking lot where he photographed the Buick and sent it to Koehler. Brown observed a black female and black male exit the Buick and inspect the damage to the Buick's front end before reentering the vehicle and departing.

I called Sherman and received his verbal statement. Sherman was southbound on Miller Lane and stopped in traffic at the red light prior to turning right onto westbound onto Benchwood Road. Sherman observed Koehler's light turn green and observed the westbound traffic begin to flow. Sherman observed the Buick heading eastbound and attempt to turn north onto Miller Lane where it struck Koehler's Equinox. Sherman observed the Buick fleeing the scene.

While I was taking the statements, Sergeant T. Stanley arrived and I informed him of what I knew thus far. Stanley went to the Sunoco Station and reviewed their security camera footage. He radioed that he observed on their security camera the Buick pull beside a gas pump and observed a black female and black male exit the vehicle to examine the damage to the Buick's front end. Stanley observed the duo reenter into the Buick and depart the lot heading westbound on Maxton Road.

I took six digital photographs of Koehler's Equinox and obtained her written statemetn as well as her insurance information. I released her and she departed.

I spoke to Stanley and he emailed me the photographs he had taken from the Sunoco's security cameras of the hit/skip Buick. The Buick had a black cloth covering on its roof.

I elected to patrol around in an attempt to located the Buick. I happened to find a silver Buick with a black cloth covering on its roof parked in front of 1905 Republic Drive in Harrison Township, Montgomery County, Ohio, with a female behind the wheel and a male in the front passenger seat. I radioed dispatch of my findings and requested a Harrison Township deputy for back up. I approached the Buick and asked if they had just been involved in an accident at the intersection of Benchwood Road and Miller Lane. The driver, later identified as Terra L. Burton, stated that they had. Both he driver and the passenger where wearing the same clothes depicted in the Sunoco video. I obtained

										OFFICER'S SIGNATURE X Det. Brian Brown	BADGE NUMBER 11
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LOCAL REPORT NUMBER 20-028903	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 23 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION Benchwood Road/ Miller Lane	

her temporary driver's permit. I asked the passenger if he were Burton's licensed driver and he replied that he was. I asked for and obtained his driver's license. I identified the male as Donte L. Roy. Burton's permit showed that it was cancelled and Roy's driver's license showed that it was suspended. I obtained their verbal and written statements. Burton stated that she was traveling eastbound on Benchwood Road and attempted to turn left onto Miller Lane when she struck the Equinox. Roy stated that he was looking at his phone and did not witness the accident. I learned that Burton was uninsured.

OFFICER'S SIGNATURE X Det. Brian Brown	BADGE NUMBER 11
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LOCAL REPORT NUMBER 20-028903	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 4 D 23 Y 2020
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The Buick bore no license plates. I ran the vehicle's identification number and ultimately learned that it currently belonged to an Aaron B. Huff who had recently purchased it, but had not yet registered it. Huff was selling or had sold the vehicle to Burton who had not yet registered it either.

I issued citation 43313 to Burton for no drivers license, failing to stop after an accident on a public roadway and failure to yield - left turn in violation of 4510.12(A)(1), 4549.02, and 4511.42(A) respectively of the Ohio Revised Code with a mandatory appearance on May 14, 2020, at 0830 hours. I advised Burton that if she failed to appear for court she could face additional penalties. I cleared the call and resumed patrol.

Very Respectfully,

Det. B. Brown #11

OFFICER'S SIGNATURE X Det. Brian Brown	BADGE NUMBER 11
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BUTLER TOWNSHIP POLICE DEPARTMENT

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

EXCHANGE OF INFORMATION

Crash report taken (Report #: 20-028903) Exchange of information only (D#: _____)

Date/Time: 04/23/2020 1427hrs Location: Benchwood Rd @ Miller Ln

Officer's Name/Unit #: B. Brown #11

UNIT# 1 Vehicle Pedestrian Private Property Other: _____

Driver's Name: Terra L. Burton Phone Number: 937-206-9226

Address: 406 Crossgate Ct. City: Springfield State: OH Zip: 45503

Driver's License Number: VB993714 State: OH License Plate: K342973 State: OH

Owner's Name: Aaron B. Huff Phone Number: 937-206-9226

Address: 2220 Hadley Rd City: Springfield State: OH Zip: 45503

Insurance Company: None Phone Number: _____

Policy Number: _____

UNIT# 2 Vehicle Pedestrian Private Property Other: _____

Driver's Name: Kourtney E. Koehler Phone Number: 937-215-0384

Address: 2593 River Oaks Dr. City: Columbus State: OH Zip: 43228

Driver's License Number: SZ447132 State: OH License Plate: GRG4898 State: OH

Owner's Name: Same Phone Number: _____

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

Insurance Company: Progressive Phone Number: 800-876-5581

Policy Number: 907704179

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

X _____

X _____

UNIT#

UNIT#

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

The records section is open 7am to 3pm, Monday through Friday, excluding government holidays. Crash reports are normally available within three business days. Copies can be downloaded free of charge at www.butlertownship.com, picked up in person from the records section (**please call ahead to ensure availability**), or requested via mail by sending a self-addressed, stamped envelope to the records section (please be sure to list the report number and a phone number where you can be reached should we have any questions).