

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

20-036640

LOCAL INFORMATION

REPORTING AGENCY NAME

NCIC

BUTLER TWP PD

05724

HIT/SKIP

1 - SOLVED
 2 - UNSOLVED

NUMBER OF UNITS

2

UNIT IN ERROR

98 - ANIMAL
 99 - UNKNOWN

1

COUNTY **57** LOCALITY **3**
1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP
Butler

CRASH DATE / TIME

5/24/20 7:34 pm

CRASH SEVERITY

5
 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE ROUTE NUMBER PREFIX
1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

LOCATION ROAD NAME
Dixie

ROAD TYPE
DR

LATITUDE DECIMAL DEGREES
39.844731

ROUTE TYPE ROUTE NUMBER PREFIX
1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
York Commons

ROAD TYPE
BL

LONGITUDE DECIMAL DEGREES
84.198736

REFERENCE POINT
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #

DIRECTION FROM REFERENCE
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

ROUTE TYPE ROAD TYPE
 IR - INTERSTATE ROUTE(TP) AL - ALLEY HW - HIGHWAY RD - ROAD
 US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE
 SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH **3**
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES

DISTANCE FROM REFERENCE
 DISTANCE UNIT OF MEASURE
 1 - MILES
 2 - FEET
 3 - YARDS

ROUTE TYPE ROAD TYPE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFIC WAY
 7 - ON RAMP
 8 - OFF RAMP

MANNER OF CRASH COLLISION/IMPACT
 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
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER/UNKNOWN

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
1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER/UNKNOWN

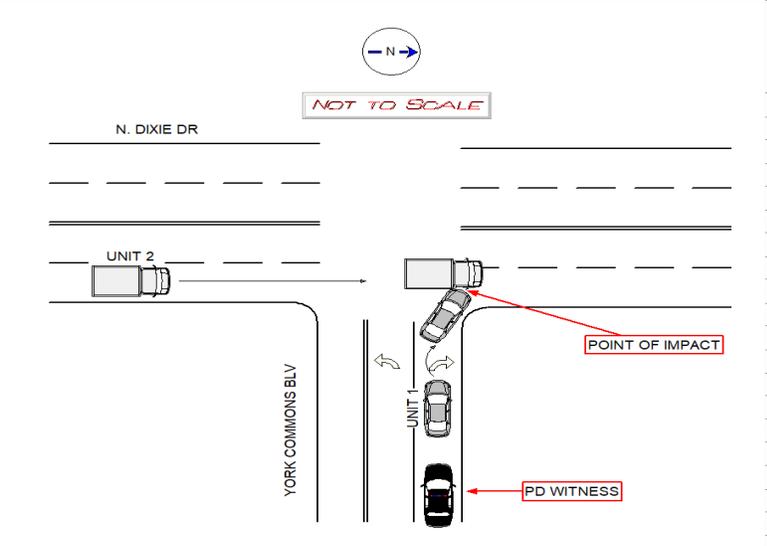
CONDITIONS
1
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN

SURFACE
2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER/UNKNOWN

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

WEATHER
1
 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 west on York Commons Blv, and after having stopped at the red light at N. Dixie Dr, proceeded into the intersection, making a right turn. In doing so, unit #1 failed to yield the right of way and collided with unit #2 which was traveling north on N. Dixie Dr in the right hand lane.



CRASH REPORTED DATE / TIME
5/24/20 7:34 pm

DISPATCH DATE / TIME
5/24/20 7:34 pm

ARRIVAL DATE / TIME
5/24/20 7:34 pm

SCENE CLEARED DATE / TIME
5/24/20 9:23 pm

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
0

OTHER INVESTIGATION TIME
30

TOTAL MINUTES
139

OFFICER'S NAME
Ofc. Jesse West
 OFFICER'S BADGE NUMBER
15

CHECKED BY OFFICER'S NAME
Ofc. Troy Dexter
 CHECKED BY OFFICER'S BADGE NUMBER
13

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP'S)



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
20-036640

UNIT # 1	NAME: LAST, FIRST, MIDDLE DAIUTO, JASON CHRISTOPHER			DATE OF BIRTH 08/26/1986		AGE 33	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 15 VICTOR AVE, DAYTON, OH, 45405					CONTACT PHONE - INCLUDE AREA CODE 9362569562						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER redacted per ORC 4501:1-12		OFFENSE CHARGED 4511.43		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Yield at Stop or Yield sign			CITATION NUMBER 43544		
OL CLASS 6	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY 8	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 1 1	

UNIT # 2	NAME: LAST, FIRST, MIDDLE HENDRICKSON, DAVID MICHAEL			DATE OF BIRTH 01/08/1975		AGE 45	GENDER M				
ADDRESS: STREET, CITY, STATE, ZIP 5421 WHITMORE DR, CINCINNATI, OH, 45238					CONTACT PHONE - INCLUDE AREA CODE 5137020143						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER redacted per ORC 4501:1-12		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UPTO 3	DRIVER DISTRACTED BY 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 .			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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

20-036640

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE MINIARD, KAYDEN BRAKE				DATE OF BIRTH 03/13/1992	AGE 28	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 106 N STRINGTOWN RD, XENIA, OH, 45385					CONTACT PHONE - INCLUDE AREA CODE				
	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	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

OWNER

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **JENKINS, MICHELLE RENEE** OWNER PHONE: (INCLUDE AREA CODE (☐ SAME AS DRIVER))

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **818 MCADAMS DR, NEW CARLISLE, OH, 45344**

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

VEHICLE

LP STATE OH LICENSE PLATE # HWG4894 VEHICLE IDENTIFICATION # 1G2NF52E03M578806 VEHICLE YEAR 2003 VEHICLE MAKE Pontiac

INSURANCE VERIFIED INSURANCE COMPANY none INSURANCE POLICY # _____ COLOR BLU VEHICLE MODEL Grand Am

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

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 2 VEHICLE WEIGHT GVWR/GCWR 1 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 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 99 - UNKNOWN OR HIT/SKIP

of TRAILING UNITS 0

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 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
 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

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

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 /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 12 - IMPROPER BACKING

EVENT(S)

SEQUENCE OF EVENTS 20

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 1 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 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTORVEHICLE IN TRANSPORT
 5 1 5 - CARGO /EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

COLLISION WITH FIXED OBJECT - STRUCK

4 1 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
 5 1 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
 6 1 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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER **20-036640**

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]

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

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 1

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

UNIT SPEED 5

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

POSTED SPEED 40

OWNER

UNIT # 2 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) **UNITED DAIRY FARMERS** OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER) **5136310085**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) **3955 MONTGOMERY RD, CINCINNATI, OH, 45212**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **United Dairy Farmers, 3955 MONTGOMERY RD, CINCINNATI, OH, 45212** COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE **5136310085**

VEHICLE

LP STATE OH LICENSE PLATE # PLA1707 VEHICLE IDENTIFICATION # 3C7WRMDLXJG233881 VEHICLE YEAR 2018 VEHICLE MAKE Enterprises,

INSURANCE VERIFIED INSURANCE COMPANY NATION UNION FIRE INSURANCE POLICY # CA4993190 COLOR WHI VEHICLE MODEL Other/Unknown

COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE TYPE OF USE 1 US DOT # 2 TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 1 VEHICLE WEIGHT GVWR/GCWR 2 HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 14

of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 6

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

ACTION 4

PRE-CRASH ACTIONS 1

CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

1 20

2

3

4

5

6

1

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

VEHICLE IDENTIFICATION # 3C7WRMDLXJG233881

VEHICLE YEAR 2018

VEHICLE MAKE Enterprises,

VEHICLE MODEL Other/Unknown

HAZARDOUS MATERIAL CLASS # PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 2

HAZARDOUS MATERIAL CLASS # PLACARD ID #

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

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PRE-CRASH ACTIONS 1

CONTRIBUTING CIRCUMSTANCES 1

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VEHICLE MODEL Other/Unknown

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VEHICLE MAKE Enterprises,

VEHICLE MODEL Other/Unknown

HAZARDOUS MATERIAL CLASS # PLACARD ID #

VEHICLE WEIGHT GVWR/GCWR 2

HAZARDOUS MATERIAL CLASS # PLACARD ID #

VEHICLE DEFECTS

NON-MOTORIST LOCATION AT IMPACT

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CONTRIBUTING CIRCUMSTANCES 1

SEQUENCE OF EVENTS

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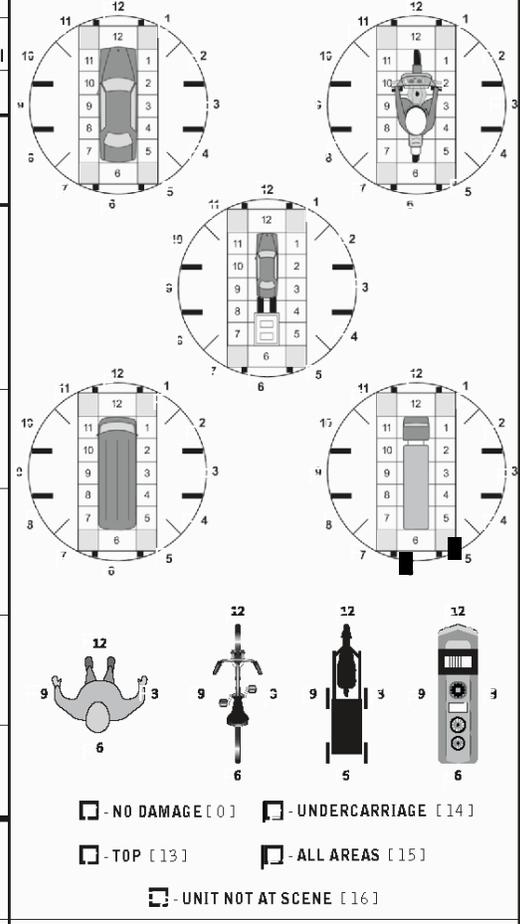
LOCAL REPORT NUMBER **20-036640**

DAMAGE

DAMAGE SCALE

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



INITIAL POINT OF CONTACT

5 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

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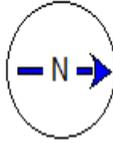
UNIT SPEED 35

POSTED SPEED 40

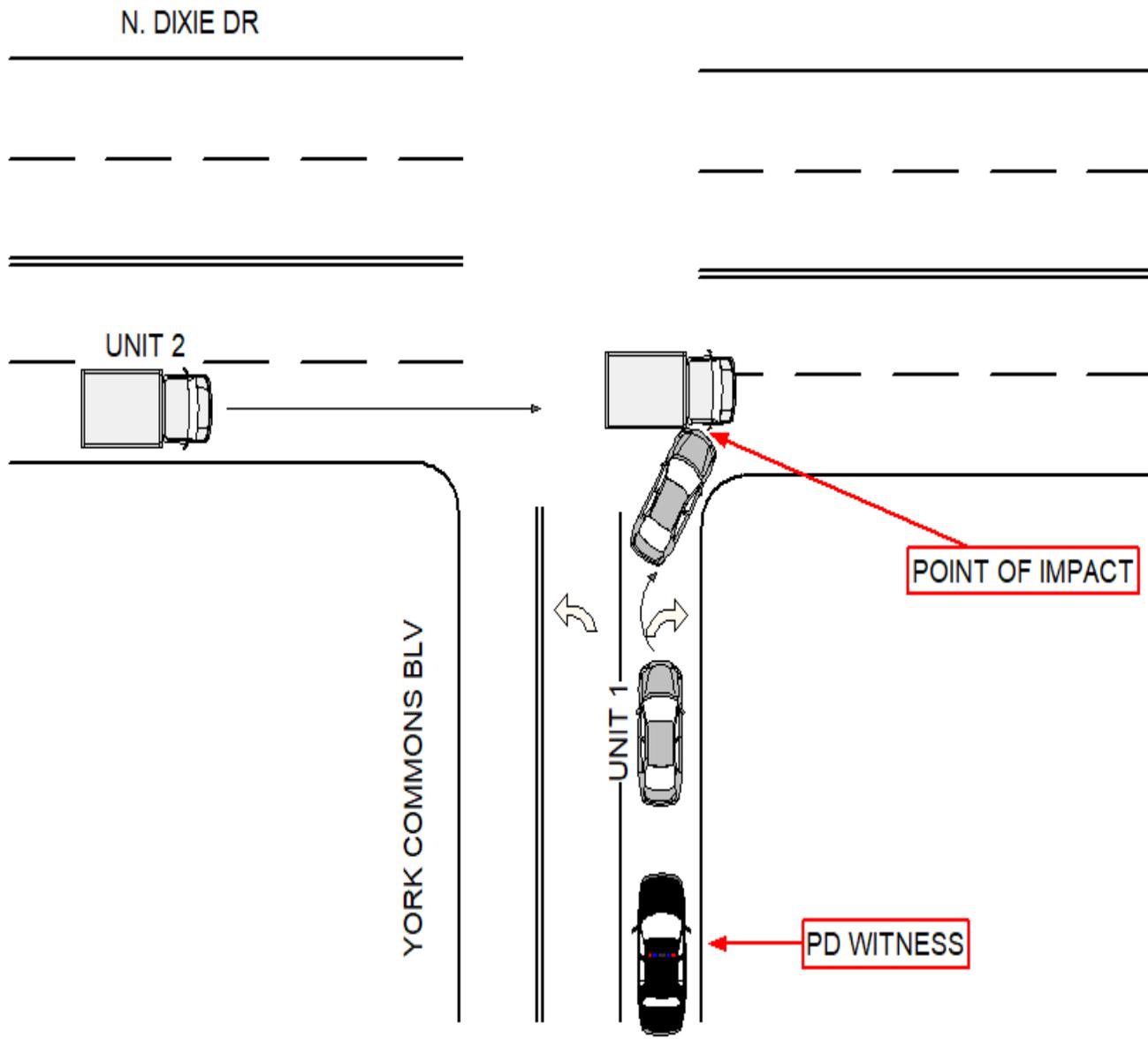
DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED



LOCAL REPORT NUMBER 20-036640	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 5 D 24 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION Dixie Drive/ York Commons Boulevard	



NOT TO SCALE



OFFICER'S SIGNATURE X Ofc. Jesse West	BADGE NUMBER 15
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LOCAL REPORT NUMBER 20-036640	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 5 D 24 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION Dixie Drive/ York Commons Boulevard	

On May 24th, 2020, at approximately 1932 hours, I observed unit #1, a spray painted blue 2003 Pontiac Grand Am, OH-HWG4894, driving in the Walmart parking lot. Unit 1 made a wide right-hand turn in the parking lot, almost striking another vehicle. Unit 1 came back Maroon in color. Unit 1 exited the Walmart parking lot. It was at this point I turned on my overhead lights to initiate a traffic stop. When I activated my overhead cruiser lights, Unit 1 driver tapped the brakes, but then continued to drive west on York Commons Blv, approaching N. Dixie Dr. Unit 1 had the red light and was preparing to make a right-hand turn onto N. Dixie Dr. Unit 1 stopped at the red light, then started to proceed through the red light while Unit 2 proceeded through the intersection on the green light, heading north on N. Dixie Dr. I sounded my siren in an effort to get Unit 1 to stop before the impact.

I made contact with the Unit 1 driver, Jason C. Daiuto, and front passenger, Kayden Miniard. They declined medical treatment. I noticed Jason was extremely nervous. I had him step out of the vehicle. He initially tried to state the crash wasn't his fault, but later acknowledged it was (cruiser video provided clearly shows it was his fault). Jason advised he was paranoid schizophrenic and when he saw me behind him, he "freaked" out. He also went on to say that he spent a long time in prison and was just released a few months ago. He advised he was currently on parole and cops just made him nervous in general.

I also asked him why he did not stop when I turned my lights on initially. He advised he did not see me right away. The claim contradicted what Kayden said. Kayden advised both of them saw me behind him at Walmart. I asked her at what point they saw my cruiser overhead lights come on; she responded, "right away". She went on to say that she thought Jason was about to flee initially, but he told her he was just trying to find a place to pull over. Kayden acknowledged Jason was very nervous that I was behind him and making a traffic stop on him.

On my initial contact with Jason, I suspected he may had been slightly impaired due to his driving behavior and mannerisms. There was no odor of alcohol or suspect alcohol use though. I asked Jason if he had any other sort of drug in his body. He admitted he took a "quarter" or a Xanax earlier in the afternoon. I conducted a brief HGN test on him in an effort to gauge his suspected impairment. He did not follow instruction right away, but he quickly corrected that. His eyes seemed to track slowly, but I did not notice much nystagmus. His balance was fine initially as well.

Later during the investigation, I noticed Jason's impairment worsened significantly, to the point where he struggled to balance and focus. He started to become incoherent at times and began "nodding" off occasionally when I spoke to him. We requested a medic to the scene and they transported him to the hospital. It is suspected he may had swallowed an unknown substance just prior to me stopping him.

There was nothing illegal found in the vehicle during the tow inventory. The vehicle was entered into the tow file as no contact was made with the registered owner. Jason was cited for failing to yield, having no OL, and an active suspension. He also had no proof of insurance.

Respectfully,

Ofc. J. West #15

										OFFICER'S SIGNATURE X Ofc. Jesse West	BADGE NUMBER 15
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