

TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER

20-050433

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
7/16/20 1:11 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
York Commons **BL**

LATITUDE DECIMAL DEGREES
39.844972

ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE
Commerce Center **DR**

LONGITUDE DECIMAL DEGREES
-84.19588

REFERENCE POINT DIRECTION FROM REFERENCE ROUTE TYPE ROAD TYPE
1 **4** IR - INTERSTATE ROUTE(TP) AL - ALLEY HW - HIGHWAY RD - ROAD
 2 - MILE POST 1 - NORTH AV - AVENUE LA - LANE SQ - SQUARE
 3 - HOUSE # 2 - SOUTH 10 - DRIVEWAY/ALLEY ACCESS BL - BOULEVARD MP - MILEPOST ST - STREET
 4 - WEST 3 - EAST 11 - RAILWAY GRADE CROSSING CR - CIRCLE OV - OVAL TE - TERRACE
 4 - WEST 4 - WEST TRAILS 12 - SHARED USE PATHS OR TR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY TL - TRAIL
 13 - BIKE LANE 14 - TOLL BOOTH DR - DRIVE PI - PIKE WA - WAY
 99 - OTHER / UNKNOWN HE - HEIGHTS PL - PLACE

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

DISTANCE FROM REFERENCE 261.00 DISTANCE UNIT OF MEASURE 2
 1 - MILES
 2 - FEET
 3 - YARDS

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMPACT
1 1 - ON ROADWAY 9 - CROSSOVER 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN
 2 - ON SHOULDER 10 - DRIVEWAY/ALLEY ACCESS 2 - REAR-END 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN
 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING TRAILS 3 - HEAD-ON
 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRAILS
 5 - ON GORE 13 - BIKE LANE 14 - TOLL BOOTH
 6 - OUTSIDE TRAFFIC WAY 13 - BIKE LANE 14 - TOLL BOOTH
 7 - ON RAMP 14 - TOLL BOOTH
 8 - OFF RAMP 99 - 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 WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE
 WORK ZONE TYPE LOCATION OF CRASH IN WORK ZONE
 1 - LANE CLOSURE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
 2 - LANE SHIFT/CROSSOVER 2 - ADVANCE WARNING AREA
 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 **1** **2**
 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE
 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK
 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE
 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 5 - DIRT
 6 - WATER (STANDING, MOVING) 9 - OTHER/UNKNOWN
 7 - SLUSH
 9 - OTHER/UNKNOWN

NARRATIVE

Unit #1 was traveling west on York Commons Boulevard, in the right lane and when at 361' from the intersection, Unit #1 lost control of the vehicle, went off the right side of the roadway, hitting the curb, and striking a tree.



NOT TO SCALE

CRASH REPORTED DATE / TIME 7/16/20 1:11 pm		DISPATCH DATE / TIME 7/16/20 1:13 pm		ARRIVAL DATE / TIME 7/16/20 1:20 pm		SCENE CLEARED DATE / TIME 7/16/20 3:19 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 126	OFFICER'S NAME Ofc. John Ashworth		CHECKED BY OFFICER'S NAME Sgt. Todd Stanley		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP'S)		
			OFFICER'S BADGE NUMBER 7		CHECKED BY OFFICER'S BADGE NUMBER 3				



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
20-050433

UNIT # 1	NAME: LAST, FIRST, MIDDLE HUGHES, CASEY OWEN		DATE OF BIRTH 05/30/1982		AGE 38	GENDER F				
ADDRESS: STREET, CITY, STATE, ZIP 2686 STATE ROUTE 29 N, SIDNEY, OH, 45365					CONTACT PHONE - INCLUDE AREA CODE 9376228536					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT <input type="checkbox"/> MC HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER <i>redacted per ORC 4501:1-12</i>		OFFENSE CHARGED 4511.202	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION Failure to Control		CITATION NUMBER 004580			
OL CLASS 6	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		DRUG TEST(S) STATUS TYPE RESULT SELECT UPTO 4	

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

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

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



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

20-050433

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE FITZGERALD, LUCAS M			DATE OF BIRTH 08/21/1990		AGE 29	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 240 S MIAMI AVE, SIDNEY, OH, 45365				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME) Butler Twp. Fire	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Grandview Medical Center	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 04	AIR BAG USAGE 2	EJECTION 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
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
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
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)
MABES, JORDAN ALLEN

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
257 SHERRI ANN AVE, SIDNEY, OH, 45365

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 # HMU1017 VEHICLE IDENTIFICATION # 1FMC9DG7AKB76753 VEHICLE YEAR 2010 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ COLOR _____ VEHICLE MODEL Escape

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME Busy Bee Towing

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

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

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 1

CARGO BODY TYPE 1

VEHICLE DEFECTS 1

NON-MOTORIST LOCATION AT IMPACT 1

ACTION 3

CONTRIBUTING CIRCUMSTANCES 1

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 43 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 48 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

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT

5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL

6 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 55 - OTHER / UNKNOWN

1 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT

INITIAL POINT OF CONTACT

12 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 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

UNIT SPEED 30

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

POSTED SPEED 35



LOCAL REPORT NUMBER 20-050433	REPORTING AGENCY BUTLER TWP PD	DATE OF CRASH M 7 D 16 Y 2020
IN COUNTY OF MONTGOMERY	CRASH LOCATION York Commons Boulevard/ Commerce Center Drive	



NOT TO SCALE

	OFFICER'S SIGNATURE X Ofc. John Ashworth	BADGE NUMBER 7
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