

TREGO CREEK RD

STOP





ONLY TRUCKS



ONLY ONLY











TRINITY O  
CCA C.60  
147B SVD









# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

[REDACTED]

CRASH SEVERITY

2  
1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

1 - SOLVED  
2 - UNSOLVEDPHOTOS TAKEN  
OH - 2 OH - 1P  
OH - 3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

OHP71

REPORTING AGENCY NAME \*

Ohio State Highway Patrol

NUMBER OF UNITS

1

UNIT IN ERROR

1 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

Ross

CITY \*  
VILLAGE \*  
TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

Franklin

CRASH DATE \*

[REDACTED]

TIME OF CRASH

2327

DAY OF WEEK

Sun

DEGREES/MINUTES/SECONDS

DECIMAL DEGREES

LATITUDE

LONGITUDE

OR

ROADWAY DIVISION

DIVIDED LANE DIRECTION OF TRAVEL

S N - NORTHBOUND E - EASTBOUND  
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

2

ROAD TYPES OR MILEPOST

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER

US 23

LOC PREFIX LOCATION ROAD NAME

N,S,  
E,W

LOCATION ROAD TYPE

[REDACTED]

ROUTE TYPES

IR - INTERSTATE ROUTE (INC. TURNPIKE)  
US - US ROUTE CR - NUMBERED COUNTY ROUTE  
SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

.4 MILES  
FEET  
YARDS

DIR FROM REF

S N,S,  
E,W

REFERENCE ROUTE NUMBER

[REDACTED]

REF PREFIX

N,S,  
E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

6

REFERENCE ROAD TYPE

MP

REFERENCE POINT USED

2 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

01 01 - NOT AN INTERSECTION  
02 - FOUR-WAY INTERSECTION  
03 - T-INTERSECTION  
04 - Y-INTERSECTION  
05 - TRAFFIC CIRCLE/ROUNDBOUT  
06 - FIVE-POINT, OR MORE  
07 - ON RAMP  
08 - OFF RAMP  
09 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS

INTERSECTION RELATED

[REDACTED]

LOCATION OF FIRST HARMFUL EVENT

2 1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDE

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY SECONDARY 01 01

01 - DRY 02 - WET 03 - SNO 04 - ICE

05 - SAND, MUD, DIRT, OIL, GRAVEL  
06 - WATER (STANDING, MOVING)  
07 - SLUSH 08 - DEBRIS \*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
10 - OTHER  
99 - UNKNOWN

\*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

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 - 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 - OTHER/UNKNOWN

ROAD SURFACE

2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK 5 - DIRT 6 - OTHER

LIGHT CONDITIONS

5 PRIMARY SECONDARY

1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY

5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\* 8 - OTHER

\*SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

[REDACTED]

SCHOOL BUS RELATED

[REDACTED] YES, SCHOOL BUS DIRECTLY INVOLVED  
[REDACTED] YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED

[REDACTED] WORKERS PRESENT  
[REDACTED] LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
[REDACTED] LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

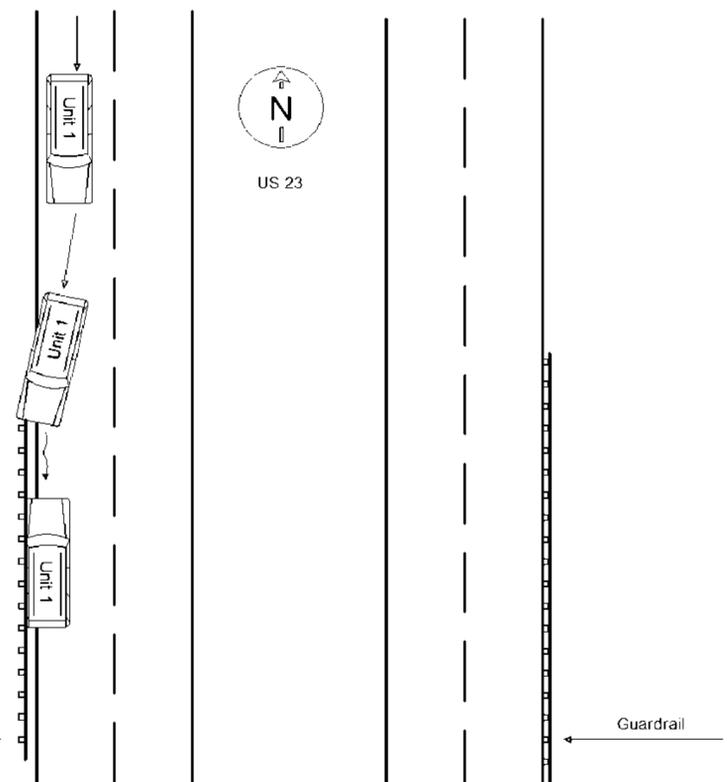
[REDACTED] 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

[REDACTED] 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA  
4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling southbound on US 23 when it drove off the right side of the roadway and struck a guard rail.



REPORT TAKEN BY

POLICE AGENCY MOTORIST

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

DATE CRASH REPORTED

[REDACTED]

TIME CRASH REPORTED

2332

DISPATCH TIME

2332

ARRIVAL TIME

2336

TIME CLEARED

0321

OTHER INVESTIGATION TIME

30

TOTAL MINUTES

259

OFFICER'S NAME \*

[REDACTED]

OFFICER'S BADGE NUMBER

1202

CHECKED BY

0846

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LB 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE <b>01</b> 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - MODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>3</b> 1 - T WO-WAY, NOT DIMDED 2 - T WO-WAY, NOT DIMDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIMDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.				
NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE MED/HEAVY TRUCKS OR COMBO UNITS > 10K BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) <b>Non-Motorist</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST <input type="checkbox"/> HAS HM PLACARD	
SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>03</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER 99 - UNKNOWN	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS <b>01</b> MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION Non-Motorist 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION				
CONTRIBUTING CIRCUMSTANCE PRIMARY <b>10</b> MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION Non-Motorist 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION			VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 <b>08</b> 2 <b>31</b> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>2</b> 99 - UNKNOWN NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION				
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT				
UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>60</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - COSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

[REDACTED]

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	99 - UNKNOWN SAFETY EQUIPMENT	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A 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 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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OCCUPANT

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Butterbaugh, Tracey, L	DATE OF BIRTH 12/12/1976	AGE 37	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 464 Cox Rd, Chillicothe, OH, 45601	CONTACT PHONE - INCLUDE AREA CODE 740-901-1434
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY Scioto TWP EMS	MEDICAL FACILITY INJURED TAKEN TO Adena Reg Med Center	SAFETY EQUIPMENT USED 01	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OCCUPANT

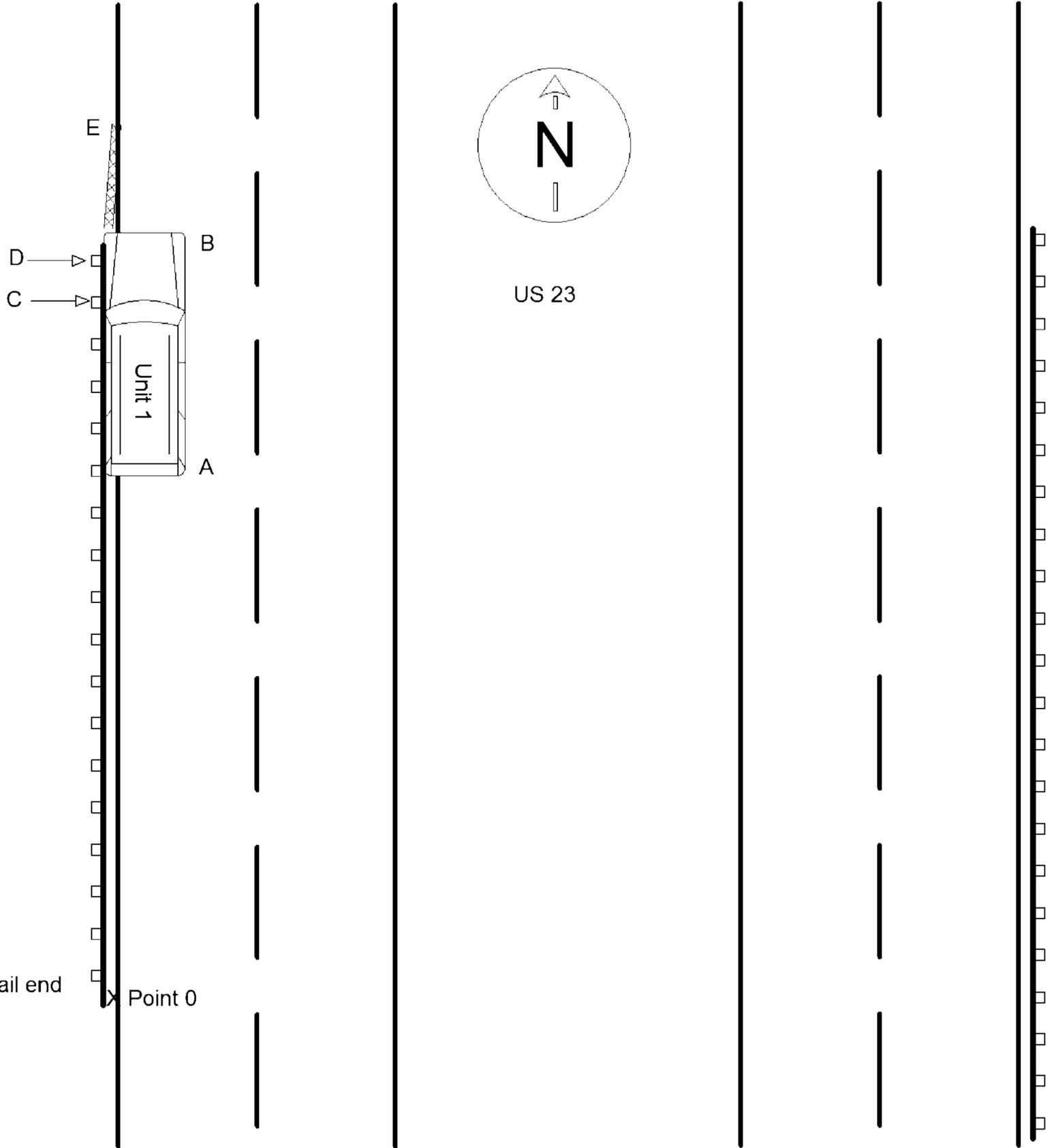
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	REPORTING AGENCY <b>03/30/2014</b>
IN COUNTY OF <b>Ross County</b>	ACCIDENT LOCATION <b>23</b>	

*NOT TO SCALE*



OFFICERS SIGNATURE	BADGE NO. <b>1202</b>
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LOCAL REPORT NUMBER <b>71-0512-71</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH [REDACTED]	
IN COUNTY OF <b>Ross County</b>	ACCIDENT LOCATION <b>23</b>		
Point	AE	FE	Description
A	365.10	7.2	Unit 1 right rear final rest.
B	373.6	6.4	Unit 1 right front final rest.
C	378.2	9.11	Guardrail Post struck by Unit 1.
D	388.2	9.11	Guardrail Post struck by Unit 1.
E	403.9	0.0	Unit 1 right front off roadway.

OFFICERS SIGNATURE	BADGE NO. <b>1202</b>
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LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 3   D 31   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 TPR T.R. MARLOWISKE *TRM* AT ADUNA R266 MGD *CONCAR*  
OFFICER'S NAME LOCATION

X We were at [REDACTED] Pub shooting pool we had a few beers I was ready to go but I couldn't find him so I went to my car sat in the passenger seat he came out got in the drivers side he was really upset that he couldn't find me he was going off yelling and was driving home the next thing I know he crashed he said he couldn't move his legs my left leg was hurt he told the EMS to get me out of there because he was aggravated I was asking what was hurting

- Q WHAT HURTS? A LGFT LGG CONTUSION
- Q WERE YOU WEARING YOUR SAFETY BELT? A NO
- Q WHO WAS DRIVING? A ANTHONY B BUTTERBAUGH
- Q HOW FAST WERE YOU GOING? A 60 MPH
- Q WHAT DIRECTION WERE YOU TRAVELING? A SOUTH
- Q HOW MUCH DID YOU DRINK? A 2 TALL AT B-DUBS / PATRICKS - 4 BEERS
- Q HOW MUCH DID YOU SEE HIM DRINK? A 2 AT B-DUBS / PATRICKS AT LEAST 3 BEERS

ADDRESS OF WITNESS 464 COX RD CHILLICOTHE OHIO 45601	PHONE X 740-901-1434
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X TPR TRM <i>TRM</i>



LOCAL REPORT NUMBER [REDACTED]	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M [REDACTED]
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

TPR T.R. MORAWSKI 1202 AT ARLINA RUG MGS CENTER  
OFFICER'S NAME LOCATION

- Q WERE THERE ANY DISTRACTIONS? A ALL I KNOW IS THAT HE WAS SCREAMING AT ME
- Q DID YOU GO ANYWHERE BEFORE PATRIKUS? A BUFFALO WILD WINGS
- Q WHO'S LOADED GUN WAS ON THE DRIVER SEAT? A ANTHONY B BUTTERBAUGH'S
- Q CAN YOU DESCRIBE THE GUN? A SMALL PISTOL IN BLACK CASE
- Q DID YOU KNOW HE HAD IT ON HIS PERSON? HE USUALLY DOES
- ~~Q~~ ~~WHAT WAS THE WEATHER LIKE?~~
- Q WHAT CAUSED THE CRASH? A HIM YELLING AND GOING OFF THE RIGHT SIDE OF THE ROAD
- Q WHAT COULD YOU HAVE DID DIFFERENTLY? A COULDN'T ~~SEE~~ <sup>GET</sup> A CAB
- Q ANYTHING TO ADD TO THE STATEMENT? A NO

[Large empty space for additional notes or signature]

ADDRESS OF WITNESS <u>464 COX RD CINCINNATI OH 45201</u>	PHONE <u>740-901-1434</u>
SIGNATURE OF WITNESS X [REDACTED]	OFFICER'S SIGNATURE X <u>TPR T.R. MORAWSKI 1202</u>



STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY

HIGHWAY PATROL CRIME LAB  
1583 Alum Creek Drive, Room 514  
Columbus, Ohio 43209  
(614) 466-4790



**Report of Analysis**

**Alcohol Analysis**

Name: [REDACTED]  
Laboratory Number: 14-005387  
Case No: [REDACTED]

Agency: 71 OSHP Chillicothe Post  
201 Hospital Road  
Chillicothe, OH 45601

**Alcohol Result as confirmed by Gas Chromatography:**

**0.194 grams by weight of alcohol per one hundred milliliters (grams percent) of whole blood.**

**+/- 0.006 grams by weight of alcohol per one hundred milliliters (grams percent) of whole blood.**

Cases with alcohol levels equal to or exceeding 0.170 g% in blood, 0.238 g% in urine, or 0.204 g% in serum or plasma will not be routinely screened for drugs of abuse. If the alcohol result meets or exceeds these levels and a drug screen is still needed, an e-mail requesting the additional analysis shall be sent to the crime laboratory at [ADOISEvidence@dps.state.oh.us](mailto:ADOISEvidence@dps.state.oh.us). OSHP cases marked as fatalities shall be screened for drugs of abuse regardless of alcohol level.

All reported measurement of uncertainty values are expressed at a 95% confidence interval. The measurement of uncertainty is calculated through statistical analysis of the standard operating procedure and the instrumentation utilized in the analysis of the above specimen.

Criminalist Jeffrey W. Turnau

Case Completed On: 4/9/2014

Report Printed On: 4/16/2014



STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY

HIGHWAY PATROL CRIME LAB  
1583 Alum Creek Drive, Room 514  
Columbus, Ohio 43209  
(614) 466-4790



Report of Analysis

Alcohol Analysis

Name: [Redacted]  
Laboratory Number: 14-005387  
Case No: [Redacted]

Agency: 71 OSHP Chillicothe Post  
201 Hospital Road  
Chillicothe, OH 45601

STATE OF OHIO, FRANKLIN COUNTY:

The foregoing instrument was acknowledged before me this 9th day of April, 2014 by: Jeffrey W. Turnau



MELINDA J. MONTENARO  
NOTARY PUBLIC, STATE OF OHIO  
BY COMMISSION EXPIRES FEB. 14, 2015

*Melinda J. Montenegro*

Notary Public

If the findings on this report are to be used in support of a charge under ORC 4511.19, The prosecuting attorney shall serve a copy of this report on the attorney of record for the accused, or, on the accused if he has no attorney, prior to any proceeding in which the report is to be used against the accused other than a preliminary hearing or grand jury proceeding where the report may be used without having been previously served upon the accused. This report shall not be prima-facie evidence of the contents, identity, and weight or the existence and number of unit doses of the substance if the accused or this attorney demands the testimony of the person signing the report, by serving the demand upon the prosecuting attorney within seven days from the accused or the accused's attorney's receipt of the report. The time may be extended by a trial judge in the interests of justice.

Pursuant to ORC 4511.19 (E)(1)

(c) Jeffrey W. Turnau has been issued Laboratory Director permit number 3311-LD under the provisions of section 3701.143 of the Ohio Revised Code chapter 3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform laboratory tests in accordance with such laws and rules using the gas chromatography method for alcohol.

Jeffrey W. Turnau performed all testing involved with this report.

Jeffrey W. Turnau is employed as a Criminalist by the Ohio State Highway Patrol and has been since May 1988. He is assigned to the Crime Laboratory located at 1583 Alum Creek Drive, Columbus, Ohio 43209. Performing alcohol examinations is a part of his regular duties and has been since receiving his ODH permit in 1989.

(d) Jeffrey W. Turnau has a Bachelor of Science Degree in Forensic Science from Eastern Kentucky University.

Jeffrey W. Turnau has completed an apprenticeship program with the Ohio State Highway Patrol Crime Laboratory and has attended schools teaching forensic examination methods. He has also completed an internship with the West Virginia Department of Public Safety Criminal Investigation Bureau and the Office of the Chief Medical Examiner for the State of West Virginia.

The Ohio State Highway Patrol Crime Lab satisfies all appropriate quality standards under rules of the Ohio Department of Health as set forth in Ohio Administrative Code 3701.

*Deana L. Nielsen*

Deana L. Nielsen - Director of Toxicology



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DEPARTMENT OF PUBLIC SAFETY

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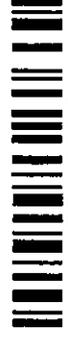
MELINDA J. MONTEGARO  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES FEB. 16, 2015

*Melinda J. Montenegro*

Notary Public



71-0512-71



20140330



Clayton

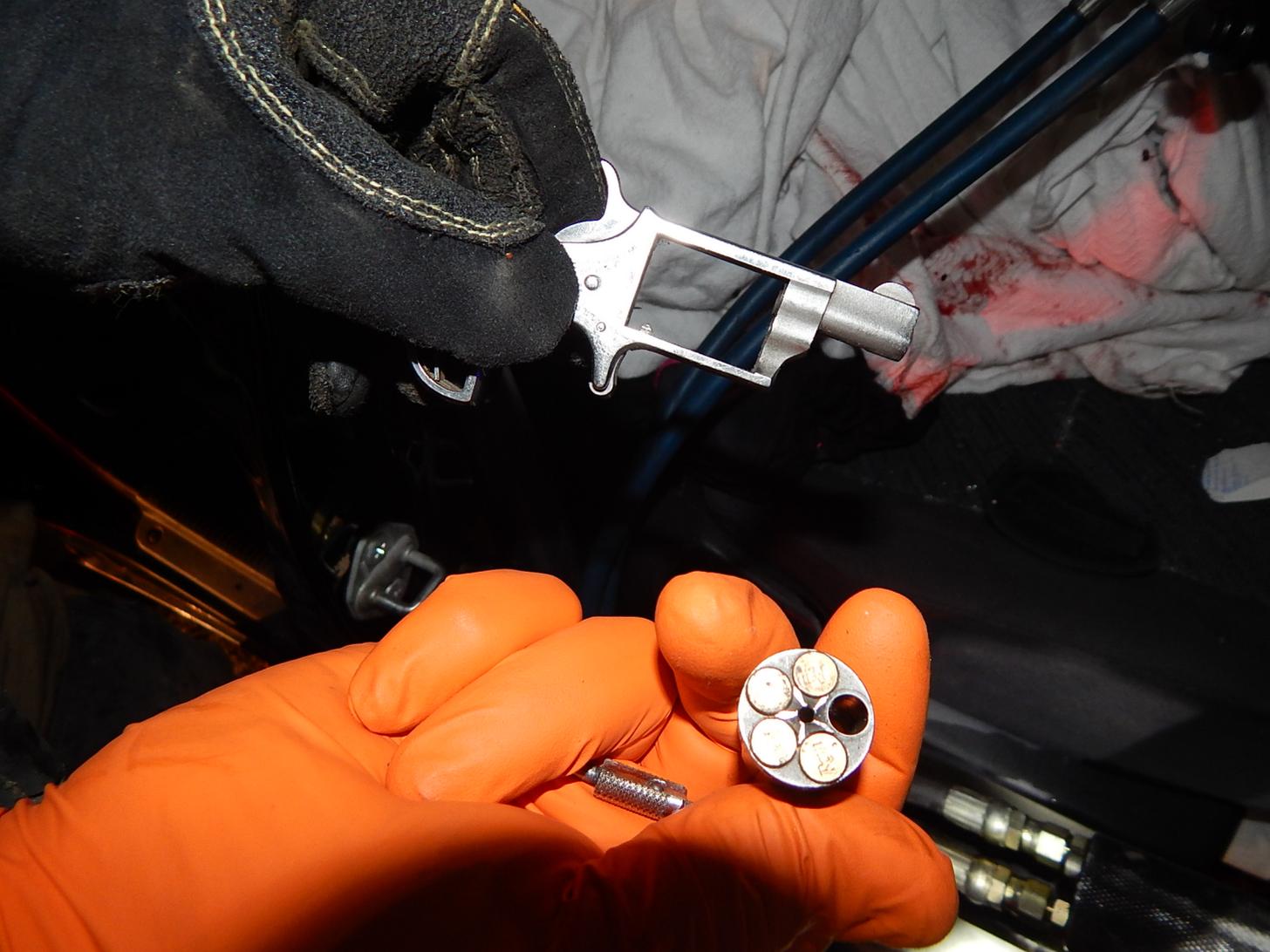
SCIOTO

TWP

C BENSON



LAPD 100-83486  
Blood on White Cloth  
Found on Driver's Side  
Seat of 2001  
Ford Focus





made by or for the  
in a good, dry place  
and for:  
Milwaukee, WI 53186  
©2002  
1000-0000



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DCX 7086

RAV4













