

Date Court Action, Orders, Entries

| Count: | Plea: | | | |
|--------|-----------------------------|-----------------------------|-----------------------------|--|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> NC | |

Finding on No Contest Plea:

| | | | |
|---|-----------------------------|-----------------------------|------------------------------------|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |

MOTION FOR
WAIVER OF TRIAL TIME FILED
REQUEST FOR PRETRIAL HEARING FILED

ENTRY

A \$ BOND FORFEITED
B \$ BOND FORFEITED
C \$ BOND FORFEITED
D \$ BOND FORFEITED
E \$ BOND FORFEITED
F \$ BOND FORFEITED

BENCH WARRANT ORDERED; BOND SET AT \$

TRIAL BY ☐ COURT ☐ JURY

DEFT FOUND:

| | | | |
|---|-----------------------------|-----------------------------|------------------------------------|
| A | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| B | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| C | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| D | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| E | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |
| F | <input type="checkbox"/> GG | <input type="checkbox"/> NG | <input type="checkbox"/> DISMISSED |

☐ DEFENDANT HAVING PLEADED OR CHANGED PLEA TO:
☐ GUILTY
☐ NOT GUILTY AND FOUND GUILTY
☐ NO CONTEST AND FOUND GUILTY

THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE:

| | FINE: | COSTS: | |
|---|-------|--------|------------------------------------|
| A | \$ | Y N | <input type="checkbox"/> DISMISSED |
| B | \$ | Y N | <input type="checkbox"/> DISMISSED |
| C | \$ | Y N | <input type="checkbox"/> DISMISSED |
| D | \$ | Y N | <input type="checkbox"/> DISMISSED |
| E | \$ | Y N | <input type="checkbox"/> DISMISSED |
| F | \$ | Y N | <input type="checkbox"/> DISMISSED |

JAIL:

SUSPENSION OF DRIVING RIGHTS:

JUDGE

ENTRY MODIFYING SUSPENSION
NOTICE OF APPEAL

ATTORNEY NAME AND ADDRESS:

Case No. 20TRCO5730

Number of Counts 4

CLARK COUNTY
MUNICIPAL COURT
SPRINGFIELD, OHIO
THE STATE OF OHIO
THE CITY OF SPRINGFIELD

vs.

DANIELLE R. DILLAVOU
1317 Penny St.
Springfield, OH 45504
D.O.B. 07/06/1984
S.S. NO. XXX-XX-7261

VIOLATION:
A 451.1A1A OUT
B 4510.12A NO O.L.
C 331.34A Failure to control
D 335.12A Failure to stop after accident
E
F

DATE OF ARRAIGNMENT: 07/27/20

ASSIGNMENT:

(1)
(2)
(3)
(4)
(5)
(6)
(7)

INSURED? YES
OL HELD? YES

BOND POSTED - CASH-SURETY 0/1
AMOUNT

STATE OF OHIO

SPRINGFIELD

City Village Township

TICKET #

299234

CASE #

20-29557

NAME DANIELLE R. DILLAVOU

STREET 1317 PERRY ST.

CITY, STATE SPRINGFIELD, OH

ZIP 45504

OPERATOR LICENSE (STATE ID #) None* BIRTH DATE 07/06/84 ISSUE DATE 04/06/19 STATE OH

CLASS SP327773 EXPIRES 07/06/21 ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits) 712611

SEX F HEIGHT 502 WEIGHT 195 EYES BRO HAIR BRO RACE BLK FINANCIAL RESPONSIBILITY PROOF?

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NOTES

PLEASE SEE ATTACHED ARREST AND
CRASH REPORT.

RESPECTFULLY,

OFF. C. SCHMIDT

TO DEFENDANT: COMPLAINT ON 07/26/20 AT 0504 PM, YOU

Operated/Passenger/Parked/Walked a Passenger Motorcycle Bicycle Other

Commercial DOT# >26,001 lbs <16 Pass. Bus >16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2006 MAKE DODGE MODEL CHARGER

COLOR RED LICENSE # JAT6230 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY S. CENTER ST.

AT/NEAR 704 (M.P.)

IN THE CITY OF SPRINGFIELD IN CLARK

COUNTY (NO.), 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: MPH in MPH zone ORC ORD T.P.

Over limits Unsafe for conditions ACDA

Radar Air VASCAR Pace Laser Stationary Moving

OVI: Under the influence of alcohol/drug of abuse. ORC ORD T.P.

Prohibited blood alcohol concentration: BAC

Blood Breath Urine Refused

Prior OVIs: # of prior OVIs Years of prior OVIs

DRIVER LICENSE: None Not on person Revoked Suspended ORC ORD T.P.

EXPIRED: <6 months >6 months Failure to Reinstate

Suspension Type: NO O.L. 4510.12A1

SAFETY BELT: Failure to wear ORC ORD T.P.

Driver Passenger Child Restraint Booster Seat

OTHER OFFENSE: Failure to Control ORC ORD T.P.

OTHER OFFENSE: Failure to stop AFTER ACCIDENT ORC ORD T.P.

DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE OFFENDER

PAVEMENT: Dry Wet Snow Icy # of Lanes Construction Zone

VISIBILITY: Clear Cloudy Dusk Night Dawn

WEATHER: Rain Snow Fog No Adverse

TRAFFIC: Heavy Moderate Light None

AREA: Business Rural Residential Industry School

CRASH: Yes No Almost Caused Non-Injury Injury Fatal

Crash Report Number:

REMARKS: Prison NO O.L. 02/26/15, 01/30/15, 03/15/15

ACCOMPANYING CRIMINAL CHARGE Yes No TOTAL # OFFENSES 4

DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED YES NO

are summoned and ordered to appear on 07/27/20 at 130 AM

MUNICIPAL/JUVENILE Court, at 50 E. COLUMBIA / 101 E. COLUMBIA

You fail to appear at this time and place you may be arrested or your license may be cancelled.

summons served personally on the defendant on 07/26/20

Issuing/charging law enforcement officer states under the penalties of perjury and falsification that

he has read the above complaint and that it is true.

OFF. C. SCHMIDT

Law Enforcement Officer

1. Holbrook

Law Enforcement Officer

OFFICER: Verify address. If different from license address, write the present address in space provided.

(REVISION 05/10) ORIGINAL COMPLAINT



20-29557

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLESREPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

| | | | | | |
|---|--|---------------------------------------|--|--|-----------------------|
| A. NAME DANIELLE R. DILLAVAN | | DRIVER LICENSE # SP327773 | | CLASS I | STATE OH |
| CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 1317 PERRY ST | | | | | |
| CITY SPRINGFIELD | | OHIO COUNTY OF RESIDENCE CLARK | | STATE OH | ZIP CODE 45504 |
| DATE OF BIRTH 07/06/1984 | | 4 DIGIT COURT CODE 1220 | | COUNTY OF VIOLATION CLARK | |
| DATE OF VIOLATION 07/26/2020 | | TIME OF VIOLATION 0502 | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| DATE OF REFUSAL OR TEST 07/26/2020 | | TIME OF REFUSAL OR TEST 0703 | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| VEHICLE OWNER'S NAME JASON A ROBERTS | | DATE OF BIRTH 2/3/1976 | | STREET ADDRESS 3237 SIOUX DR | |
| CITY PIQUA | | STATE OH | | ZIP CODE 45356 | |
| VEHICLE STORED AT (STREET ADDRESS) 1717 E. PLEASANT ST. | | | | CITY SPRINGFIELD | |

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: ☒ OVI ☐ Physical Control

The driver:

- ☒ Refused to submit to test (s).
- ☐ Submitted to test (s). **0** % alcohol test result
- ☐ Circle test type for which results were reported:
Whole Blood, Breath, ☒ Urine, Blood Serum, or Blood Plasma
- ☒ Was placed under an Administrative License Suspension (R.C. 4511.191)
- ☐ License was seized
- ☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for

☒ OVI Physical Control arrest before test were **SLURRED SPEECH. INVOLVED IN TRAFFIC ACCIDENT**

- ☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.
- ☐ Specify controlled substance and / or metabolite results:
- ☐ Subject tested positive for prohibited level of marijuana metabolite _____ (specify amount) and was under the influence of alcohol and / or a drug of abuse.
- ☐ Alcohol, controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____
- ☐ Reasonable means officer used to ensure offender submitted to a chemical test were _____

C. Officer to Complete Applicable Vehicle Sanctions:

- ☐ License plate(s) seized
- ☐ Vehicle seized under R.C. 4511.195 (OVI)

- ☐ Vehicle seized under R.C. 4510.41 only (DUS or wrongful entrustment of a motor vehicle) If so, Do not mail this form to the BMV
- ☐ Vehicle subject to immobilization
- ☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender is the holder of a commercial driver license or was Operating a Commercial Vehicle:

- ☐ Read and showed advice to offender (R.C. 4506.17)
- ☐ Refused to submit to test(s)
- ☐ Submitted to test(s) **0** % alcohol test result
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
- ☐ Prohibited Alcohol Content without OVI charge

- ☐ Prohibited Alcohol Content with OVI charge
- ☐ Commercial vehicle per definition (R.C. 4506.01(E))
- ☐ 24-hour out-of-service order
- ☐ CDL to be disqualified
- ☐ CDL seized
- ☐ Hazardous material
- ☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

☒ DRIVER'S SIGNATURE☒ REFUSED TO SIGN

F. Complete Below Only for an OVI Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X **Cory Schmidt** OFF. SCHMIDT
ARRESTING OFFICER'S SIGNATURE**SPRINGFIELD POLICE DIVISION** OHIO **1202**
ENFORCEMENT AGENCY N.C.I.C. #**130 N. FOUNTAIN AV**

OFFICER'S BUSINESS STREET ADDRESS

SPRINGFIELD

CITY

OH

STATE

45502

ZIP CODE

X **K. Kitchen**
WITNESS'S SIGNATURECOMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:
STATE OF OHIO, COUNTY OF _____

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in a prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was operating a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge.

**CASSIDY L. CANTRELL**
Notary Public, State of Ohio
My Commission Expires: **4/5/23**X
ARRESTING OFFICER SIGNATUREX
PEACE OFFICER SIGNATURESworn to before me this **26th** day of **July** 20**20**X **Sgt. C. C.**
NOTARY PUBLIC'S SIGNATUREX
DEPUTY CLERK OF COURT'S SIGNATURE

City of _____

CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for (specifically state the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested) operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence. "If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a commercial driver license and refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

"If you have a prior conviction of OVI, OVUAC, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

"If you have previously pled guilty or been convicted of two or more OVI'S, OVUAC's, or equivalent offenses in the previous ten years, or pled guilty or been convicted of five or more OVI'S, OVUAC's, or equivalent offenses in the previous twenty years, or pled guilty or been convicted of a felony of any of the above violations, and you refuse to submit to a chemical test required by law, I am authorized to use whatever reasonable means are necessary to ensure that you submit to a chemical test."

(Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated."

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

ADDITIONAL INFORMATION FOR OFFENDER

IMMOBILIZATION OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI, (R.C. 4511.19), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

- A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:
Ohio Bureau of Motor Vehicles
Attn.: CDL / OSP
P.O. Box 16784
Columbus, Ohio 43216-6784
- B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

LENGTH OF SUSPENSION

FOR REFUSAL

(Based on prior refusals, convictions, and guilty pleas within 10 years)

No priors 1 year
One prior 2 years
Two priors 3 years
Three or more priors 5 years

FOR PROHIBITED CONCENTRATION OF ALCOHOL

(Based on prior convictions and guilty pleas within 10 years)

No priors 90 days
One prior 1 year
Two priors 2 years
Three priors 3 years

SPRINGFIELD-CLARK COUNTY
LAW ENFORCEMENT ARREST REPORT

1 ☒ SPD ☐ OSP
☐ CCSC ☐ Other

2. CASE NUMBER

2020-00029557

3. ARREST NUMBER

4. RESERVED FOR COURT USE

5. NAME

LAST

FIRST

MIDDLE

JR., SR., ETC.

DILLAVOU, DANIELLE, R

6. PLDS

☒ NONE

7. PHONE

☐ NONE

()-937

8. ADDRESS

1317 PERRY Street

9. APT

10. CITY

SPRINGFIELD

11. STATE

OH

12. ZIP

45504-

13. DATE OF BIRTH

07/06/1986

14. AGE

34

15. PLACE OF BIRTH- CITY & STATE

SPRINGFIELD
OHIO

16. RACE

☐ WHITE

☐ HISPANIC

☐ AM. INDIAN

☒ BLACK

☐ ASIAN

☐ OTHER

17. SEX

☐ MALE

☒ FEMALE

18. HAIR

☐ BLK

☐ BLN

☐ GRY

☐ MIXD

☐ BLD

☒ BRO

☐ RED

☐ OTHER

19. EYES

☐ BLU

☐ GRN

☐ GRY

☒ BRO

☐ HAZ

☐ OTHER

20. HEIGHT

502

21. WEIGHT

195

22. BUILD

☐ SMALL

☐ LARGE

☒ MEDIUM

23. DRIVERS LICENSE

SP327773

24. STATE

OH

25. SOCIAL SECURITY NUMBER

26. STATE ID NUMBER (BCI)

27. FBI NUMBER

28. PLACE OF EMPLOYMENT

NONE

29. BUSINESS PHONE

☐ NONE

30. EMPLOYMENT ADDRESS

31. APT

32. CITY

33. STATE

34. ZIP

35. VEH LIC #

☐ M/A

36. STATE

OH

37. VEH LIC TYPE

PASSENGER CAR

38. VEH YEAR

2008

39. VEH MAKE

Dodge

40. VEH MODEL

CHA

41. STYLE

4 Door

42. COLOR

MAROON

43. VIN

2B3KA43RX8H153551

44. IDENTIFIERS

NONE

☐ NONE

45. ARREST DATE

07/26/2020

46. ARREST TIME

05:48

47. BOOK DATE

48. BOOK TIME

49. BOOK OFFIC EMP#

50. BOOK OFFICER NAME

51. ARREST LOCATION

704 S CENTER Street
SPFLD, OH 45505-

52. APT

53. TYPE

☒ ON VIEW

☐ WARRANT

54. DISPOSITION

☐ JAIL

☒ ORDERED IN

☐ POSTED BOND \$

55. COURT DATE

07/27/2020

56. VIOLATION CODE/SECTION

57. CHARGE DESCRIPTION

1 ☐ FEL ☒ RC

4511.19(A)(1)(A)

☒ MIS ☐ OR

UNDER INFLUENCE ALCOHOL/DRUGS REFUSAL/NO TEST

59. CITE/CASE#

299234

61. BADGE # 62. ARR OFF. NAME-AFFIANT

872\ SCHMIDT, COREY, M,

2 ☐ FEL ☒ RC

4510.12A1

☒ MIS ☐ OR

DRIVER'S LICENSE LAW NO O.L.

299234

872\ SCHMIDT, COREY, M,

3 ☐ FEL ☐ RC

331.34A

☒ MIS ☒ OR

FTC--REASONABLE AND ORDINARY CONTROL

299234

872\ SCHMIDT, COREY, M,

4 ☐ FEL ☐ RC

335.12A

☒ MIS ☒ OR

FAILURE TO STOP AFTER ACCIDENT

299234

872\ SCHMIDT, COREY, M,

5 ☐ FEL ☐ RC

☐ MIS ☐ OR

63. TRANSPORTING OFFICER

64. BADGE #

☒ SAME AS AFFIANT

65. TRANSPORTING OFFICER

66. BADGE #

67. C#D#

872\ SCHMIDT, COREY, M,

211L

68. ARRESTEE

☐ SICK

69. TREATED BY

70. TRANSP TO HOSPITAL BY

71. HOSPITAL

72. DOCTOR

☒ NA ☐ INJURED

73. DESCRIPTION OF SICKNESS/INJURY/CONDITION

☐ INTOXICATED

74. ARRESTEE ON

☐ PAROLE

75. OFFENSE

☒ NA ☐ PROBATION

76. PAROLE/PROBATION OFFICER

☐ UNKNOWN

77. PHONE

☐ NONE

78. ARRESTEE JUVENILE? - PARENT OF LEGAL GUARDIAN NAME & ADDRESS

☒ NA

79. PHONE

☐ NONE

80. ARRESTED JUVENILE DISPOSITION

☐ RELEASED TO PARENT

81. PARENTS

☐ BY ARRESTING OFFICER

☐ BY DISPATCHER

☐ BY OH PERS.

82. DATE NOTIFIED

☐ PLACED IN DH

☐ TAKEN TO HQ

☐ OTHER

NOTIFIED BY

☐ BY TRANSFER OFFICER

☐ OTHER

83. CONTRABAND/FORFEITURE

☐

PROPERTY HAS BEEN SEIZED AS CONTRABAND AND/OR FOR FORFEITURE IN RELATION
TO THIS ARREST. SEE ATTACHED PROPERTY RECEIPT AND/OR TOW REPORT.

84. COPY OF AFFIDAVIT

☒ YES

GIVEN TO ARRESTEE?

☐ NO

PROPERTY ☒ NA

SPRINGFIELD-CLARK COUNTY LAW ENFORCEMENT ARREST REPORT

35. CASE NUMBER

2020-00029557

36. ARRESTEE NAME

DILLAVOU, DANIELLE, R

37. ADDITIONAL ARRESTEE NAME

☒ NONE

WITNESSES TO BE SUBPOENED AT TIME OF TRIAL. IF THERE IS NO HOME OR WORK PHONE, TRY TO OBTAIN A PHONE NUMBER FOR MESSAGES.

38. NAME

☐ NONE

39. ADDRESS

90. ZIP

91. HOME PHONE

92. WORK PHONE

1 OFF. SCHMIDT

130 N. FOUNTAIN AV

45502-

☐ NONE
(937)324-7685

☐ NONE

2 OFF. HOLBROOK

130 N. FOUNTAIN AV

45502-

☐ NONE
(937)324-7685

☐ NONE

3 OFF. KITCHEN

130 N. FOUNTAIN AV

45502-

☐ NONE
(937)324-7685

☐ NONE

4 OFF. FLEMING

130 N. FOUNTAIN AV

45502-

☐ NONE
(937)324-7685

☐ NONE

5 SGT. C. MCFALL

130 N. FOUNTAIN AV

45502-

☐ NONE
(937)324-7685

☐ NONE

93. CRASH OCCUR?

☒ YES ☐ NO

94. OH-1 COMPLETED?

☒ YES ☐ NO

95. ARRESTEE HAVE INS.?

☐ YES ☒ NO

96. AFFIANT WITNESS DRIVING?

☐ YES ☒ NO

97. IF NOT, WHO WITNESSED DRIVING?

98. VEH. SEARCHED?

☐ YES ☒ NO

99. VEH. DISPOSITION?

☒ ILIP ☐ RTO

100. IF NO ONE WITNESSED DRIVING, HOW IS THE EXACT TIME OF VEHICLE OPERATION

ESTABLISHED? CALLER HEARD CRASH OCCUR

☐ N/A

101. OVI/IMPAIRED DRIVER REPORT

PREPARED? ☒ YES ☐ NO

102. VEH. HELD FOR

PRINTS? ☐ YES ☒ NO

103. WHERE WAS THE VEHICLE TOWED TO?

☐ N/A

1717 E. PLEASANT ST

104. WAS THE VICTIM ADVISED OF THEIR RIGHTS & GIVEN THE VICTIM

RIGHTS FORM? ☐ YES ☒ NO

105. DID THE ARRESTEE MAKE AN ADMISSION

OF GUILT? ☒ YES ☐ NO

106. DID THE ARRESTEE MAKE A STATEMENT?

☒ YES ☐ NO

TYPE: ☒ VERBAL ☐ WRITTEN ☐ TAPED AUDIO ☐ OTHER

108. ARRESTEE IDENTIFIED BY WITNESS?

☒ YES ☐ NO

☒ AT SCENE ☐ TAKEN BACK TO SCENE

☐ PHOTO-ARRAY ☐ LINE-UP

109. PHOTOS OF SCENE-

VICTIM? ☒ YES ☐ NO

110. SCENE PROCESS FOR

PRINTS? ☐ YES ☒ NO

111. PHYSICAL EVIDENCE AT

SCENE? ☒ YES ☐ NO

112. PROPERTY RECEIPT #

113. COPY OF RECEIPT OR INVENTORY ATTACHED?

☒ N/A ☐ YES ☐ NO-IF NO, LIST PROPERTY

114. WERE ANY PHYSICAL OR MENTAL EXAMINATIONS OR

SCIENTIFIC TESTS CONDUCTED IN CONNECTION WITH THIS CASE?

☐ YES-SPECIFY

☒ NO

☐ LAB REQUEST ATTACHED

115. DOES THE ARRESTEE HAVE A PRIOR CON-

VICTION RECORD RELATED TO THIS ARREST?

☐ YES-SPECIFY

☒ NO

116. SYNOPSIS OF EVENT. BRIEF AND TO THE POINT.

The Def. was placed into custody for OVI after officers located her sitting in the driver seat of the suspect vehicle of a Hit/Skip motor vehicle crash.

117. STATEMENT OF FACT- IN CHRONOLOGICAL ORDER WRITE WHAT HAPPENED. WHAT WAS THE REASON FOR THE INITIAL CONTACT WITH THE ARRESTEE? WHAT PROBABLE CAUSE JUSTIFIED THE ARREST? LIST THE ELEMENTS OF THE OFFENSE(S). WHAT CAN EACH WITNESS TESTIFY TO?

On 7/26/2020 at 0503hrs, Off. Holbrook was dispatched to 704 S. Center St. in reference a hit/skip motor vehicle accident. Off. Holbrook advised that there was a fluid trail going north on S. Center St. that appeared to have been left by the suspect vehicle. Sgt. McFall stated that the suspect vehicle was possibly a maroon mustang and Off. Holbrook advised that it would be missing a headlight.

Off. Schmidt then advised that he would attempt to locate the suspect vehicle. Off. Schmidt was traveling west on W. Pleasant St. when he observed there to be a fluid trail and fresh gouge in the roadway that appeared to go north on Center St. and west on W. Pleasant St. Off. Schmidt followed the trail west then north on S. Western Av. The trail then went west on Broadway St. and north on N. Bechtle Av. The trail then led east on Perry St. to the 1300 Blk where Off. Schmidt located a Maroon Dodge Charger with heavy damage to the front passenger side of the vehicle. Sgt. McFall arrived on scene at this time. Off. Schmidt observed the vehicle to be missing the front passenger wheel and tire. Off. Schmidt also observed a female to be passed out at the wheel of the vehicle. When approaching the vehicle, Off. Schmidt observed the missing wheel and tire approx. 50 yards from where the vehicle was parked. The vehicle was parked approx. two feet from the curb and facing the wrong way.

Off. Schmidt made contact with the female, later identified as Danielle Dillavou. When Off.

118. OFFICER COMPLETING FORM:

872\ SCHMIDT, COREY, M,

DATE

07/26/2020

119. SUPERVISOR APPROVING FORM AND WITNESS LIST

823\ LARMEE, STACY, M,

(Narrative Continued)

Schmidt asked Ms. Dillavou what happened, she stated "I'm here". Off. Schmidt then asked, "Where is here?". In a slurred speech, Ms. Dillavou stated, "I'm at my krouse (house)". Off. Schmidt asked Ms. Dillavou if she had anything to drink tonight, to which she advised that she had one shot of Patron an hour and a half prior to making contact with her. Off. Schmidt then asked Ms. Dillavou where she was coming from. Ms. Dillavou stated that she was coming from the USA Inn (2 W. Leffle Ln.) with her boyfriend. Ms. Dillavou stated that her boyfriend threatened to beat her up if she did not leave. Officers Kitchen and Fleming then arrived on scene.

Off. Schmidt then asked Ms. Dillavou if she would be willing to do field sobriety tests. Ms. Dillavou stated that she was willing to do the tests. Off. Schmidt asked Ms. Dillavou if she took any prescription pills. Ms. Dillavou stated that she was prescribed pills but was not currently on them.

The first test Off. Schmidt attempted to administer was to track Ms. Dillavou's eyes for smooth pursuit. Ms. Dillavou was instructed to stand with her feet together and her hands down to her sides. Ms. Dillavou was also instructed to follow the tip of Off. Schmidt's pen with her eyes and eyes only without moving her head. Ms. Dillavou could not perform this task as she moved her head with the movement of Off. Schmidt's pen two times. On the third attempt, Ms. Dillavou stared past Off. Schmidt's left shoulder instead of following the pen. At that time Off. Schmidt terminated that test.

Off. Schmidt then began the one leg stand. Off. Schmidt had Ms. Dillavou stand with her feet together and her hands at her side and was instructed not to begin the test until Off. Schmidt was done explaining and demonstrating the test. Ms. Dillavou started the test early two times. Once Ms. Dillavou began the test, she put her foot down four times and had to be told to keep looking at her foot and not at Off. Schmidt.

At this time, Off. Schmidt moved on to the Walk and Turn test. Off. Schmidt advised Ms. Dillavou to put her left foot in front of her right foot with the heel of her left foot touching the toe of her right foot and her hands down to her sides. Ms. Dillavou was instructed to take nine heel to toe steps, pivot on the ninth step taking a series of small steps and walk nine heel to toe steps back. Ms. Dillavou was unsteady on her feet and could not stay in the starting position through the instructions of the test. Ms. Dillavou took approx. twenty incorrect steps (heel not touching her toe) without counting. Ms. Dillavou then stopped walking and did not pivot as instructed. Ms. Dillavou then took ten steps incorrectly (heel not touching her toe) and again did not count her steps.

At this time Off. Schmidt placed Ms. Dillavou into custody for OVI and read her the Miranda Warning. Off. Schmidt then read the back of the BMV2255 form to Ms. Dillavou with Off. K. Kitchen as witness. Ms. Dillavou stated that she understood the consequences that were read to her. Ms. Dillavou was offered to submit to a urine test to which she stated she would provide Off. Schmidt a sample. Ms. Dillavou asked Off. Schmidt and Sgt. McFall if she could put the small puppy that was in the vehicle in her home. Off. Schmidt and McFall allowed her to do so. When walking back to Off. Schmidt's cruiser, Ms. Dillavou stated that she only had her handcuffs behind her back "because I'm mixed". Off. Schmidt then transported Ms. Dillavou to police headquarters to finish appropriate paperwork.

While at police headquarters, Ms. Dillavou stated, "I don't even give a fuck. I'll just get a new car. Bands on bands". Ms. Dillavou asked to use the phone in the workroom to call her mother for a ride. Ms. Dillavou stated to her mother, "I'm downtown. I hit a parked car. I'm off a xanax". While Off. Schmidt was completing paperwork, Ms. Dillavou fell asleep on the bench that was provided. Off. Schmidt asked Ms. Dillavou if she was going to submit to a urine test and provide a sample. Ms. Dillavou gave off an inaudible groan. Off. Schmidt then told her that he was going to mark "refused" as she did not answer him. Ms. Dillavou

(Narrative Continued)

was asked to sign the BMV2255 to acknowledge that Off. Schmidt did read the form to her. Ms. Dillavou stood up and leaned on the table where the form was sitting. Off. Schmidt advised that the signature was not an admission of guilt. Ms. Dillavou kept repeating "Oh my god". Off. Schmidt then marked "refused" on the box provided by the signature.

Danielle Renee Dillavou was arrested for OVI, issued a citation for OVI, No OL, Failure to Control, and Failure to stop after an accident (Citation #299234). Ms. Dillavou was ordered into court on 7/26/2020 at 1330hrs.



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

200029557

☒ PHOTOS TAKEN
☐ SECONDARY CRASH
☐ OH-2
☐ OH-1P
☐ OH-3
☐ OTHER
☐ PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME*

SPRINGFIELD POLICE DIVISION 01202

NCIC*

HIT/SKIP
1 - SOLVED
2 - UNSOLVED
1

NUMBER OF UNITS
03

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
01

COUNTY*
12
LOCALITY*
1 - CITY
2 - VILLAGE
3 - TOWNSHIP
1

LOCATION: CITY, VILLAGE, TOWNSHIP*

City of Springfield

CRASH DATE / TIME*
07262020 0502

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
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
2

LOCATION ROAD NAME

CENTER

ROAD TYPE
S T

LATITUDE DECIMAL DEGREES
39.916305

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

704

ROAD TYPE

LONGITUDE DECIMAL DEGREES
-83.813059

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
3
DIRECTION FROM REFERENCE
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

ROUTE TYPE
IR - INTERSTATE ROUTE (TP)
US - FEDERAL US ROUTE
SR - STATE ROUTE
CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTE

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

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

ROADWAY

☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN
01

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
1

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

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

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

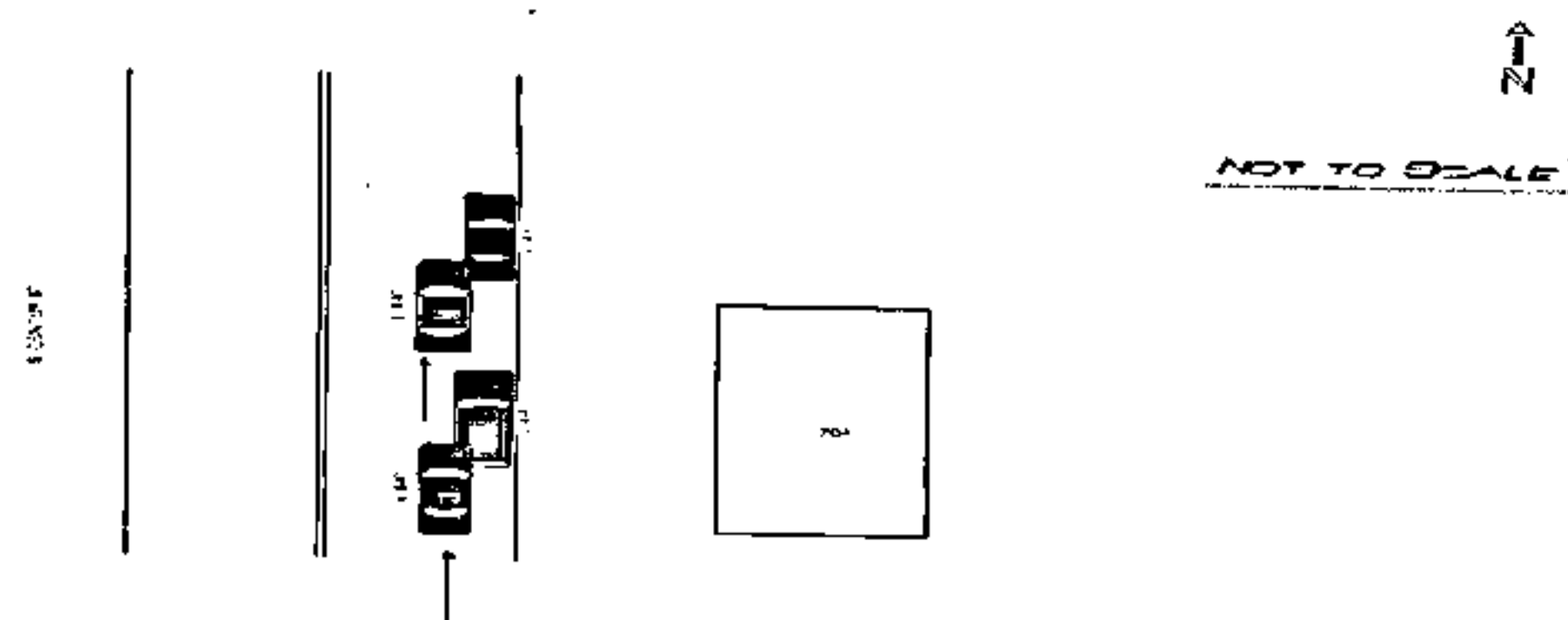
SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN
2

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

WEATHER
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
02

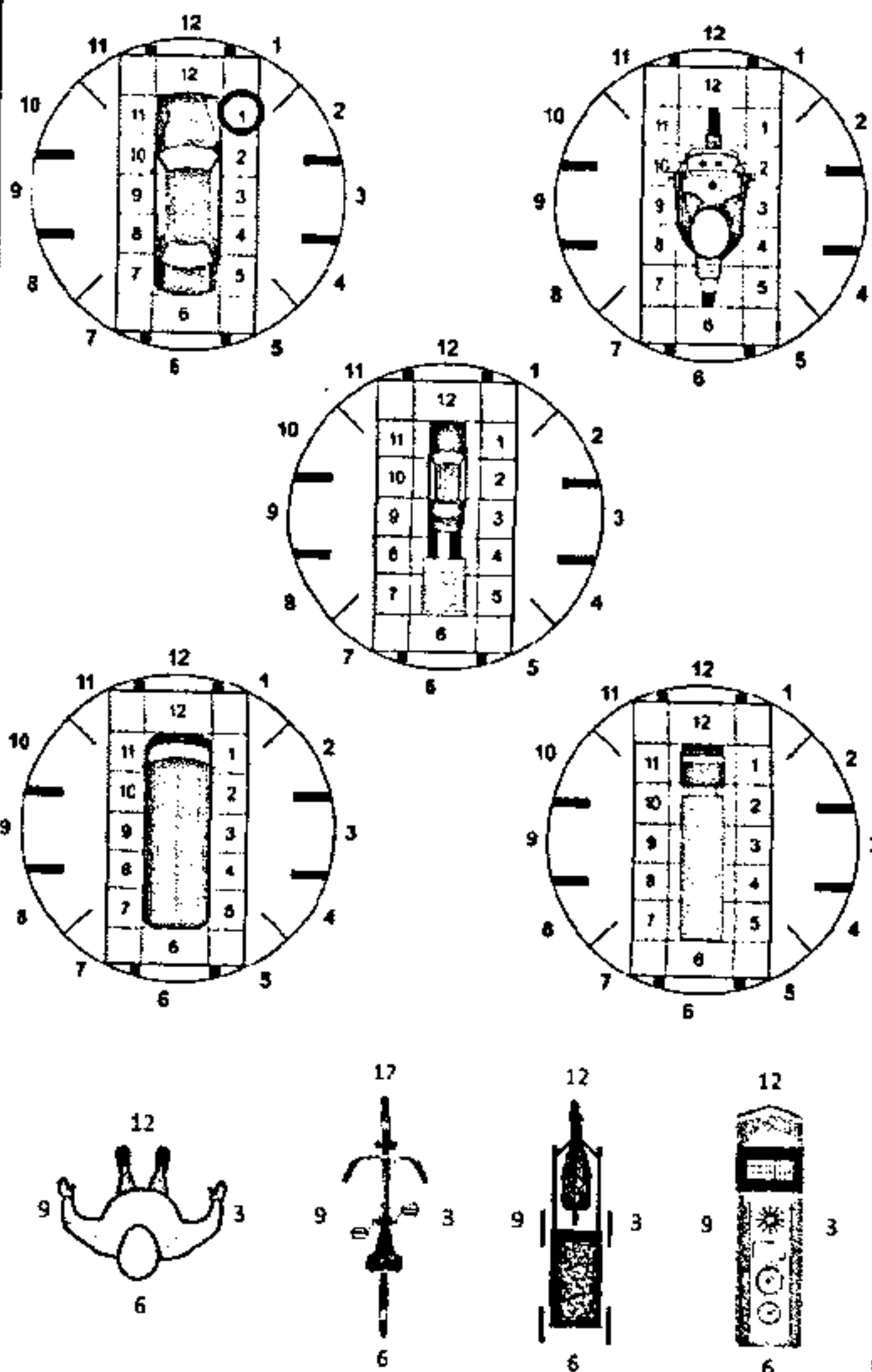
NARRATIVE

Unit 01 was traveling northbound on S. Center St. near 704. Unit 02 and Unit 03 were parked on the east side of the street facing northbound. Unit 01 failed to control the vehicle and struck Unit 02 in the left rear side. Unit 01 then continued on and struck Unit 03 on the left rear side. Unit 01 then fled the area heading northbound. Unit 01 was cited for Failure to control, DUS, OVI, Leaving the Scene After An Accident.

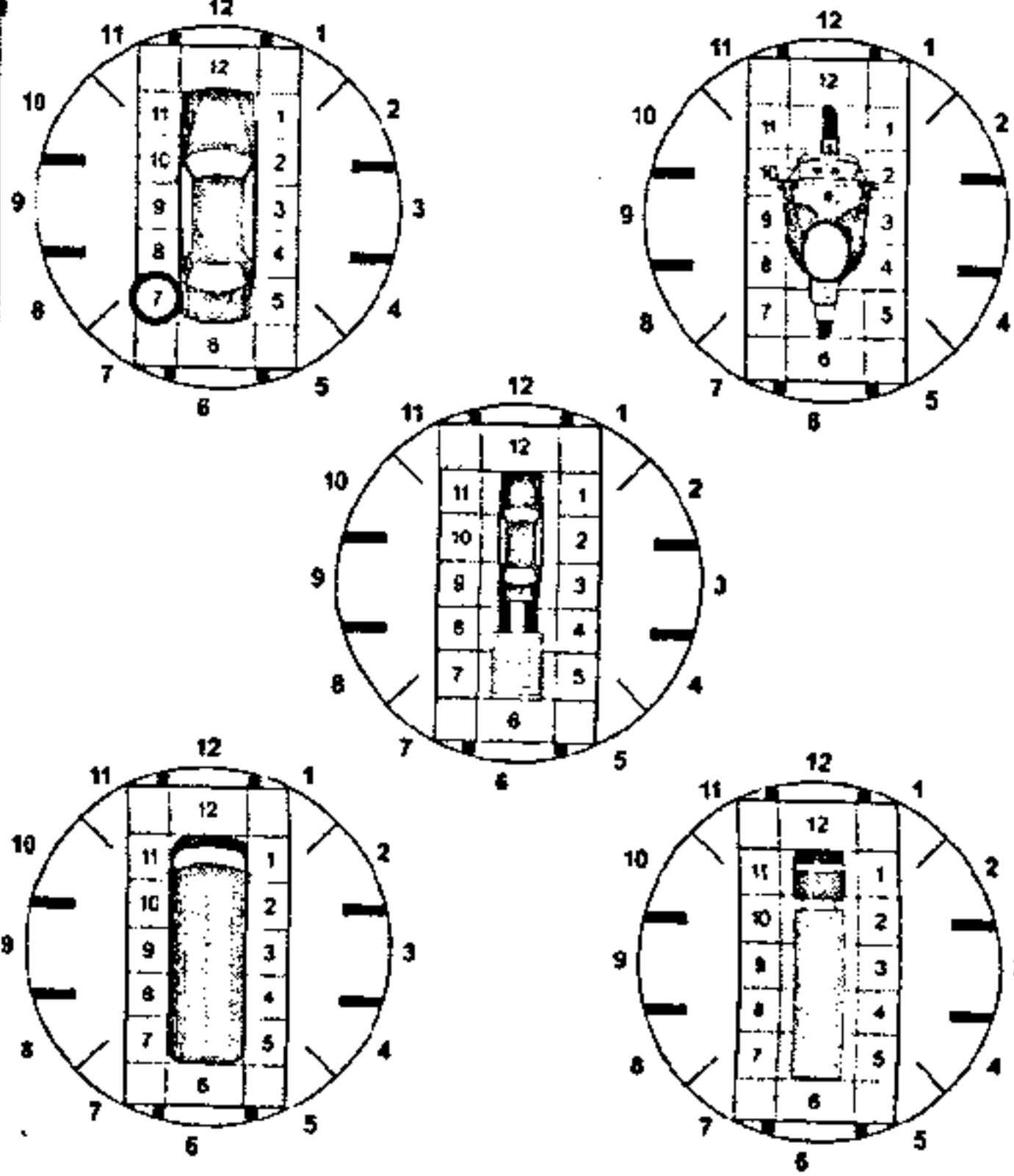


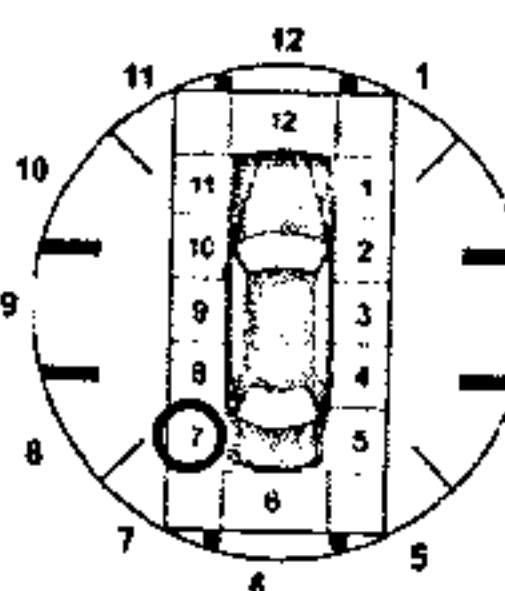
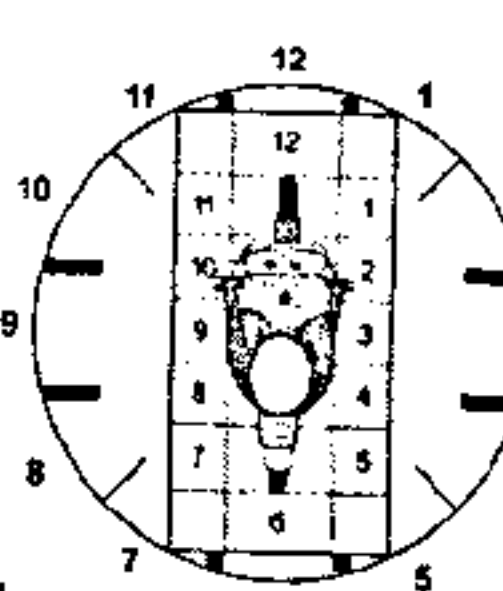
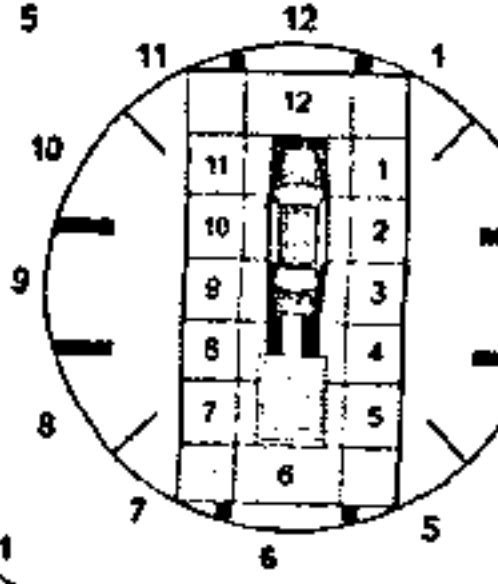
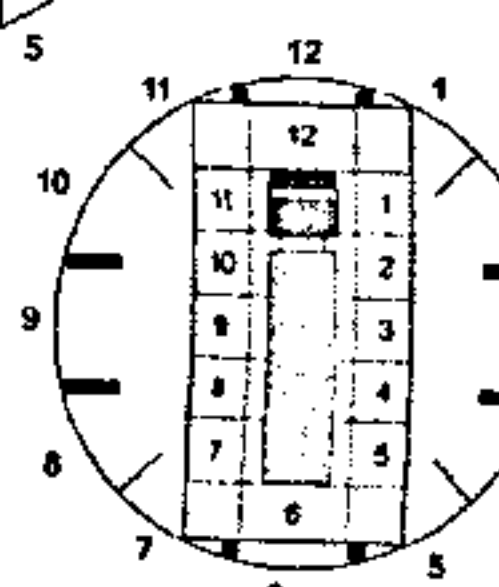
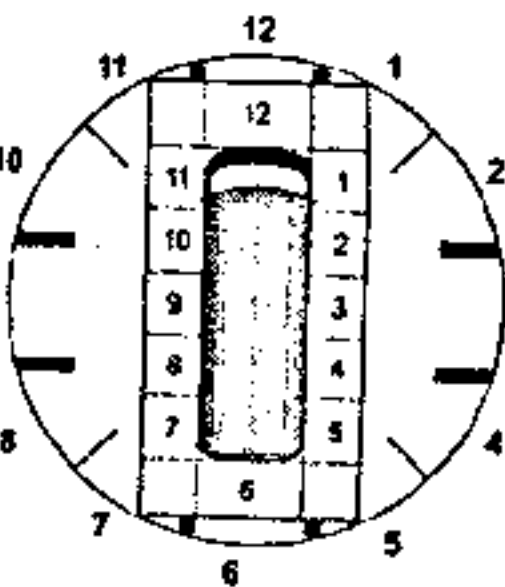
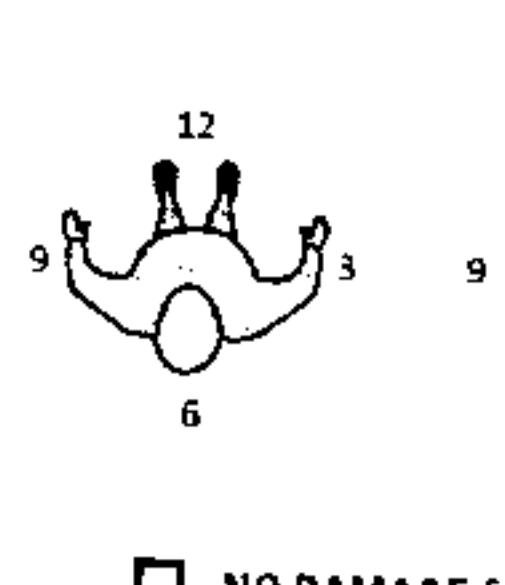
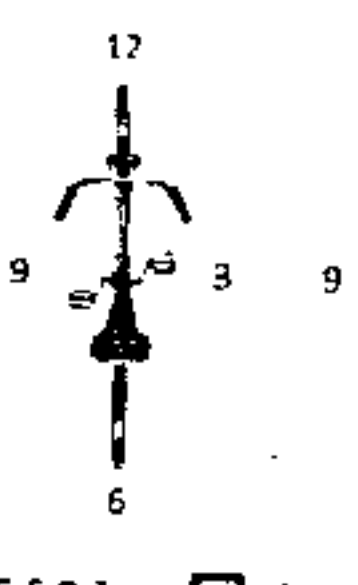
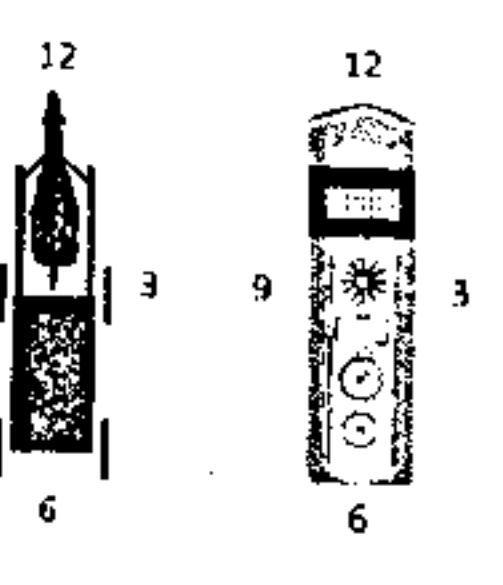
| | | | | | | | | | |
|---|--|---------------------------------------|--|--------------------------------------|--|--|--|--|--|
| CRASH REPORTED DATE / TIME 07262020 0502 | | DISPATCH DATE / TIME 07262020 0503 | | ARRIVAL DATE / TIME 07262020 0505 | | SCENE CLEARED DATE / TIME 07262020 0703 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME | | TOTAL MINUTES 120 | | OFFICER'S NAME* HOLBROOK TRENTON A | | CHECKED BY OFFICER'S NAME* LARMEE, STACY, M | |
| | | | | OFFICER'S BADGE NUMBER* 830 | | CHECKED BY OFFICER'S BADGE NUMBER* 823 | | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) | |

| | | | | | |
|---|---|--|---|---|---------------------------------|
| OWNER | UNIT # 0.1 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) ROBERTS, JASON, A | OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 3237 SIOUX DR PIQUA, OH 45356 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JAT6230 | VEHICLE IDENTIFICATION # 2B3KA43RX8H153551 | VEHICLE YEAR 2008 | VEHICLE MAKE Dodge |
| | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | COLOR RED | VEHICLE MODEL Charger |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0.1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 25K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 0.1 | | | | |
| | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) | | |
| | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | | |
| | 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | | | |
| | # OF TRAILING UNITS 0 | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | | | |
| AUTONOMOUS MODE LEVEL 0 | | | | | |
| SPECIAL FUNCTION 0.1 | | | | | |
| 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | | | | |
| CARGO BODY TYPE 0.1 | | | | | |
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CIPSGRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | | | | |
| VEHICLE DEFECTS | | | | | |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR/CABLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | | | | |
| NON-MOTORIST LOCATION AT IMPACT | | | | | |
| 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | | | | | |
| ACTION 3 | | | | | |
| 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN | | | | | |
| CONTRIBUTING CIRCUMSTANCES 9.9 | | | | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | | | | | |
| SEQUENCE OF EVENTS | | | | | |
| 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 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 | | | | | |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | |
| 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 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | | | |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 | | | | | |

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| LOCAL REPORT NUMBER 200029557 | |
| DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0.1 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 00 | DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 35 | |

| | | | | | |
|---|---|--|--|---|----------------------------------|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER ADAMS, JERRY, D | OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER 9 3 7 5 3 6 1 8 3 2 | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 704 S CENTER ST SPRINGFIELD, OH 45506 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE O H | LICENSE PLATE # HRW2913 | VEHICLE IDENTIFICATION # 1GNDT13S88216158 | VEHICLE YEAR 2008 | VEHICLE MAKE CHEVROLET |
| | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | | INSURANCE POLICY # | COLOR MAR |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME MAINES | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS 0 0 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 25K LBS. 3 - >25K LBS. | | HAZARDOUS MATERIAL CLASS # PLACARD ID # | | |
| | UNIT TYPE 0 3 | | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (15+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP | | |
| | # OF TRAILING UNITS 0 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | |
| | AUTONOMOUS MODE LEVEL 0 | | 9 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION | | |
| | SPECIAL FUNCTION 0 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 0 1 | | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER 7 - GRAIN / CHIPS / GRAVEL 10 - FLAT BED 14 - CARGO / REFUSE 11 - DUMP 99 - OTHER / UNKNOWN | | |
| VEHICLE DEFECTS | | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT | | | |
| NON-MOTORIST LOCATION AT IMPACT | | 1 - 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 4 | | 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 1 0 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING / PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS | | | |
| CONTRIBUTING CIRCUMSTANCES 0 1 | | 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 - STOPPED OR PARKED ILLEGALLY 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 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | | | |
| SEQUENCE OF EVENTS | | EVENTS 1 - OVERTURN / ROLL OVER 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 - IMERSION 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 25 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL 6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - PARKED MOTOR VEHICLE 52 - BUILDING 26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 53 - TUNNEL 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 54 - OTHER FIXED OBJECT 28 - BRIDGE PARAPET 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 99 - OTHER / UNKNOWN 29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | | | |
| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | | |

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| LOCAL REPORT NUMBER 2 0 0 0 2 9 5 5 7 | |
| DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 7 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN | |
| TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 | DETECTED SPEED 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 3 5 | |

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| LOCAL REPORT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">200029557</div> | |
| DAMAGE DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN </div> <div style="width: 45%;"> 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE </div> </div> | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY <div style="display: flex; flex-wrap: wrap; justify-content: space-around;">         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNIT NOT AT SCENE [16] </div> <div style="width: 45%;"> <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] </div> </div> | |
| INITIAL POINT OF CONTACT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP </div> <div style="width: 45%;"> 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN </div> </div> | |
| TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">2</div> | TRAFFIC CONTROL <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER </div> <div style="width: 45%;"> 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; margin-top: 10px;">6</div> |
| OF THROUGH LANES ON ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">02</div> | RAIL GRADE CROSSING <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">1</div> </div> </div> |
| UNIT / NON-MOTORIST DIRECTION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST </div> <div style="width: 45%;"> 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">FROM <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">2</div></div> <div style="width: 45%;">TO <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">1</div></div> </div> | |
| UNIT SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">0</div> | DETECTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">1</div> </div> </div> |
| POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace;">5</div> </div> </div> | |

MOTORIST / Non-Motorist

LOCAL REPORT NUMBER
200029557

| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | | | |
|--|----------------------------|---|---|---|--|---|---------------|---|---------|--|-----------------------|--|--|
| 01 | DILLAVOU, DANIELLE R | 07061984 | 36 | F | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| 1317 PERRY ST SPRINGFIELD, OH 45506 | | 9372447182 | | | | | | | | | | | |
| 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 | | | | |
| 5 | 1 | | | 99 | | 01 | 9 | 1 | 1 | | | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | | |
| OH | SP327773 | 331.34A | X | FTC--REASONABLE AND ORDINARY CONTROL | | 299234 | | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | | |
| 6 | | | 9 | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | 9 | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | | |
| | | | | | | 1 | 1 | | 1 | 1 | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | | | |
| 02 | | | | | | | | | | | | | |
| 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 UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | | |
| | | | | | | | | | | | | | |
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | | | | | | | | | |
| 03 | | | | | | | | | | | | | |
| 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 UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST | | DRUG TEST(S) | | | | | |
| | | | | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT SELECT UP TO 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 - MC 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 | | EJECTION | | OL ENDORSEMENT | | ALCOHOL TEST TYPE | | DRUG TEST TYPE | | CONDITION | | DRUG TEST RESULT(S) | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN | | 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT | | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANXIOUS, DISTRESSED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN | | 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS | |
| SAFETY EQUIPMENT | | TRAPPED | | GENDER | | | | | | | | | |
| 1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | F - FEMALE M - MALE U - OTHER / UNKNOWN | | | | | | | | | |