

TRAFFIC CRASH REPORT



LOCAL REPORT # *
2012011071

CRASH SEVERITY
1 FATAL 3 FOO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X

OH-2 OH-3 OH-1P OTHER
X X

N.C.I.C.# *
57130

REPORTING AGENCY *
VANDALIA DIVISION OF POLICE

UNITS
02

UNIT ENGR
01
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
03122012

TYPE OF CRASH
1040

DAY OF WEEK
MON

CITY * VILLAGE * TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
VANDALIA

COUNTY # *
57

LATITUDE
39:52:54.13

LONGITUDE
084:11:57.64

CRASH LOCATION
S DIXIE DR

TYPE LOC
1

LOCAL INFORMATION

REF POINT
04

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC.
A 01 01
NAME (LAST, FIRST, MIDDLE)
MYERS, SARAH, L

Address (STREET, CITY, STATE, ZIP CODE)
274 N AMERICAN BLVD, VANDALIA, OH 45377

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01241982 30 F (937) 572-0099 (937) 877-1208

OH RU201932 OH EYN3887 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
MYERS, SARAH, L 274 N AMERICAN BLVD, VANDALIA, OH 45377

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2005 Infiniti Other GREY WESTFIELD NATIONAL SANDYS (937) 572-0099

OFFENSE CHARGED OFFENSE DESCRIPTION CHARGE # LOCAL CODE? *
434.03A ASSURED CLEAR DISTANCE 95968 X

UNIT # # OF OCC.
B 02 01
NAME (LAST, FIRST, MIDDLE)
YOAKUM, SHARON, SUE

Address (STREET, CITY, STATE, ZIP CODE)
6350 WHEELLOCK RD, WEST MILTON, OH 45383

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
07201943 68 F (937) 698-7176

OH RH877797 OH SYS INJURED TAKEN BY 2 NONE 4 OTHER 3 POLICE TRANSPORTED BY VFD MEDIC 1 INJURED TAKEN TO Good Samaritan Hosp

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
YOAKUM, RONALD, E 6350 WHEELLOCK RD, WEST MILTON, OH 45383

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2011 Jeep Grand Cherokee WHITE AUTO OWNERS (937) 698-7176

OFFENSE CHARGED OFFENSE DESCRIPTION CHARGE # LOCAL CODE? *
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

01 FRONT - LEFT (MC DRIVER)	04	01 NOT DEPLOYED	3	1 NOT EJECTED	1	1 NOT TRAPPED	1	1 NO INJURY
02 FRONT - MIDDLE	04	2 DEPLOYED-FRONT	3	2 TOTALLY EJECTED	1	2 EXTRICATED BY MECHANICAL MEANS	2	2 POSSIBLE NON-INCAPACITATING
03 FRONT - RIGHT	04	3 DEPLOYED-SIDE	1	3 PARTIALLY EJECTED	1	3 FREED BY NON-MECHANICAL MEANS	2	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04	4 DEPLOYED BOTH FRONT/SIDE	1	4 NOT APPLICABLE	1	4 UNKNOWN	2	4 INCAPACITATING
05 SECOND - MIDDLE	04	5 NOT APPLICABLE	1	5 UNKNOWN	1	4 UNKNOWN	2	5 FATAL INJURY
06 SECOND - RIGHT	04	6 UNKNOWN	1		1		2	6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)								
08 THIRD - MIDDLE								
09 THIRD - RIGHT								
10 SLEEPER SECTION OF CAB								
11 ENCLOSED CARGO AREA								
12 UNENCLOSED CARGO AREA								
13 TRAILING UNIT								
14 EXTERIOR								
15 OTHER								
16 NON-MOTORIST								
17 UNKNOWN								

Narrative

Unit #1 & #2 were both south bound on S Dixie, unit #1 behind unit #2. A lost motorist had stopped in the roadway and unit #2 stopped behind that vehicle. Unit #1 then ran into the rear of unit #2. The lost motorist, E2C6826, ended up turning left into the lot at 900 S Dixie.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		
WEATHER <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 0 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER		
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		
	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN		

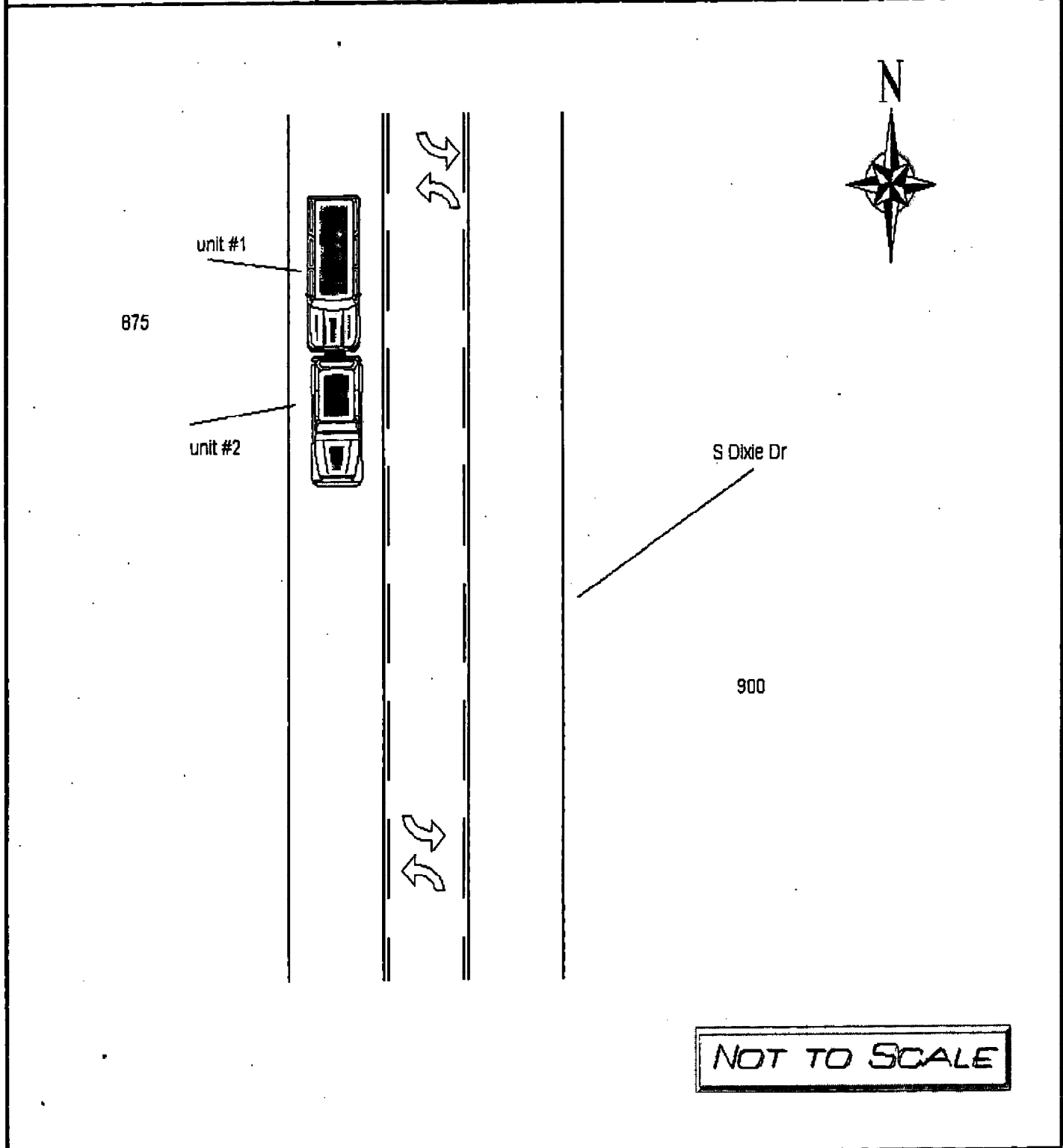
Truck/Bus UNIT # <input type="text"/> <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A N D THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# D.A.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 CARGO/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL Class <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Material Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action							
DATE CRASH REPORTED: 03122012	TIME: 1042	DISPATCH: 1042	ARRIVED: 1045	CLEARED: 1238	OTHER: 0040	TOTAL IN MINUTES: 0153	
OFFICER'S NAME: Donald Evers	BADGE # #: 110	CHECKED BY: David Steinbrunner	DATE REPORT FILED #: 03132012	REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)	REPORT TAKEN AT: 1 (1 SCENE, 2 STATION, 3 OTHER)	SUPPLEMENT # "X" IF YES: <input type="checkbox"/>	LOCAL REPORT # #: 2012011071



LOCAL REPORT NUMBER 2012011071	REPORTING AGENCY VANDALIA DIVISION OF POLICE	DATE OF CRASH M 3 D 12 Y 2012
IN COUNTY OF MONTGOMERY	CRASH LOCATION DIXIE DR	



OFFICER'S SIGNATURE X Donald Evers	BADGE NUMBER 110
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VANDALIA POLICE DIVISION
245 JAMES BOHANAN MEMORIAL DRIVE
VANDALIA, OHIO 45377
(937) 898-5868

VOLUNTARY STATEMENT

MASTER FILE 12-11071

I, Sarah Myers, MAKE THE FOLLOWING STATEMENT TO
(PRINT FULL NAME LEGIBLY)
TO EVERS :
(PRINT OFFICER'S NAME)

I was heading South on S. Dixie
approaching alkaline Spurgs. When the
jeep in front of me suddenly stopped
due to car led corolla suddenly turning
not sure of exact detail on why the
corolla suddenly turned but driver
of jeep said rotten signal and possibly
not in turn lane with sudden
stop and wet roads my inprary
did not stop fast enough and I
hit the jeep

OFFICER [Signature] #110
WITNESS _____

Sarah Myers 1-24-82
SIGNATURE BIRTHDATE
3-17-12 10:56
DATE TIME
274 N. American Blvd
ADDRESS
Vandalia Oh 45377
CITY STATE ZIP
(937) 572-0099 (937) 877-1208
HOME PHONE WORK PHONE