

OHIO TRAFFIC CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (OSP Rev. 1/05)

LOCAL REPORT NUMBER 23-0591-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH M 6 D 18 Y 12
IN COUNTY OF Fairfield	CRASH LOCATION CR-17 .6 miles East of CR-74	

1703 hrs; Fairfield County Sheriff's Department notified the Dispatch Center of an injury crash involving a motorcycle on CR-17 Pleasantville Road east of CR-74 Thornville Road. Both occupants reportedly lying in the roadway.

1706 hrs; Trooper P. A. Townsend, Unit 188, dispatched to the scene.

1709 hrs; Fairfield County Sheriff's Department notified the Dispatch Center that it will be a double fatality.

1710 hrs; Trooper L. I. Dixon, Unit 355, dispatched to the scene to assist.

1713 hrs; Dispatch Center notified the Post Commander, Lieutenant C. S. Cvetan, Unit 978. He advised he would notify the District Duty Officer, Captain P. B. Vessels, Unit 1013.

1721 hrs; Lieutenant Cvetan enroute to the scene.

1722 hrs; Trooper Dixon arrived on scene.

1723 hrs; Coroner, Edward Breining, returned call to the Dispatch Center and will be enroute.

1726 hrs; Trooper Townsend arrived on scene.

1730 hrs; Richland Township EMS 580 on scene.

1732 hrs; Lieutenant Cvetan advised that Captain Vessels has been notified.

1739 hrs; Captain Vessels enroute to the scene.

1741 hrs; Lieutenant Cvetan arrived on scene.

1748 hrs; Captain Vessels arrived on scene.

1800 hrs; Coroner Breining arrived on scene.

1802 hrs; Coroner notified Dispatch Center to contact Frank Smith Funeral Home to transport victims.

1805 hrs; Frank Smith Funeral Home contacted and will be enroute.

1823 hrs; Trooper Dixon requested the next available rollback to secure the motorcycle.

1825 hrs; Johns Towing dispatched to the scene.

1846 hrs; Lieutenant Cvetan and Trooper Dixon clear enroute to make next of kin notification.

1850 hrs; Lieutenant Cvetan and Trooper Dixon arrived at 7345 Rush Creek Rd to attempt next of kin notification.

1851 hrs; John's Towing arrived at the crash scene to secure motorcycle.

1911 hrs; Frank Smith Funeral Home arrived at the crash scene to secure the victims.

1917 hrs; Frank Smith Funeral Home clear with both victims.

1921 hrs; Captain Vessels clear from the scene.

1923 hrs; Lieutenant Cvetan advised next of kin notification to Henry George the brother Ethel Pugh . Both units enroute to Somerset to locate next of kin for Gary Pugh.

1925 hrs; Trooper Townsend advised the scene is clear, Johns Towing will have the motorcycle.

1929 hrs; Trooper Townsend cleared from scene, enroute to Fairfield Medical Center.

1936 hrs; Lieutenant Cvetan and Trooper Dixon arrived at 220 Main Street, Somerset to make next of kin notification.

1950 hrs; Trooper Townsend arrived at Fairfield Medical Center.

2007 hrs; Lieutenant Cvetan advised next of kin notification to Mechelle Siemer the daughter of Gary Pugh, both units clear.

2008 hrs; Fairfield County Engineers Office notified of the crash by the Fairfield County Sheriffs Department.

2008 hrs; Trooper Townsend advised urine sample obtained from Gary Pugh.

2010 hrs; Trooper Townsend advised blood sample obtained from Gary Pugh.

2028 hrs; Trooper Townsend advised urine sample obtained from Ethel Pugh, still attempting a blood draw.

2050 hrs; Trooper Townsend cleared from the hospital.

OFFICER'S SIGNATURE X	UNIT NO.	PAGE NO.
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PROPERTY CONTROL FORM

POST 23 LANCASTER	NAME (Last, First, MI) PUGH, ETHEL I.	AGE 66	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F
COLLECTED BY CORONER ED BRENNING		DATE 6-18-12	TIME 2028
LOCATION FAIRFIELD COUNTY MORGUE			
CAD Incident No. (Required Entry)	L N P 1 2 0 6 1 8 0 0 3 0 0 7		
Check all that apply: <input type="checkbox"/> Arrest <input type="checkbox"/> Case <input checked="" type="checkbox"/> Fatal Crash <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Alive			
PROPERTY DESCRIPTION VIAL OF URINE		SERIAL NUMBER	YOUR ID MARK 188
VIAL OF BLOOD			188
PROPERTY CHAIN			
SIGNATURE	UNIT NO.	TIME	DATE
		2028	6-18-12
		2036	6-18-12
	188	2028	6-18-12
	188	2036	6-18-12
METHOD OF TRANSPORT BY HAND TPN P.A. TOWNSEND BY HAND TPN P.A. TOWNSEND BY HAND U.S. MAIL BY HAND U.S. MAIL			
LABORATORY EXAMINATION REQUEST			
Check Type or Types of Laboratory Examination Desired			
1. <input checked="" type="checkbox"/> Blood/Urine Analysis: Fluid container sealed and labeled with time, date, name and collected by: TPN P.A. TOWNSEND			
a. <input checked="" type="checkbox"/> For all Available Drugs		c. <input checked="" type="checkbox"/> For Alcohol	
b. <input type="checkbox"/> For Specific Drug/s		d. <input checked="" type="checkbox"/> SF Capsule Added by TPN P.A. TOWNSEND	
2. <input type="checkbox"/> Pedal Impression	8. <input type="checkbox"/> DNA/Serology Analysis *	14. <input type="checkbox"/> Tool Mark Comparison *	
3. <input type="checkbox"/> Filament Analysis	9. <input type="checkbox"/> Beverage Analysis	15. <input type="checkbox"/> Drugs (Controlled Substance)	
4. <input type="checkbox"/> Paint Comparison	10. <input type="checkbox"/> Test Firearm *	Check for _____	
5. <input type="checkbox"/> Hair Comparison *	11. <input type="checkbox"/> Bullet Comparison *		
6. <input type="checkbox"/> Fabric/Fiber Comparison	12. <input type="checkbox"/> Serial Number Restoration		
7. <input type="checkbox"/> Glass Comparison *	13. <input type="checkbox"/> Latent Fingerprint Development		
16. <input type="checkbox"/> Other Examination			
*FORWARD DIRECTLY TO BCI WITH BCI FORM 101. DO NOT SEND TO THE OSP CRIME LABORATORY.			
Remarks:			

Do Not Write In This Area

Laboratory Number



PROPERTY CONTROL FORM

POST 23 LANCASTER	NAME (Last, First, MI) PUGH, GARY R	AGE 65	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
COLLECTED BY CORONER ED BRENNING		DATE 6-18-12	TIME 2008
LOCATION 2012 FAIRFIELD COUNTY MORGUE			
CAD Incident No. (Required Entry)	L N P 1 2 0 6 1 8 0 0 3 0 0 7		
Check all that apply: <input type="checkbox"/> Arrest <input type="checkbox"/> Case <input checked="" type="checkbox"/> Fatal Crash <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Alive			
PROPERTY DESCRIPTION VIAL OF URINE - VIAL OF BLOOD -		SERIAL NUMBER	YOUR ID MARK 188 188
PROPERTY CHAIN			
SIGNATURE	UNIT NO.	TIME	DATE
		2008	6-18-12
		2012	6-18-12
	188	2008	6-18-12
	188	2012	6-18-12
METHOD OF TRANSPORT BY HAND TPR P.A. TOWNSEND BY HAND TPR P.A. TOWNSEND BY HAND U.S. MAIL BY HAND U.S. MAIL			
LABORATORY EXAMINATION REQUEST			
Check Type or Types of Laboratory Examination Desired			
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7. <input type="checkbox"/> Glass Comparison *	13. <input type="checkbox"/> Latent Fingerprint Development		
16. <input type="checkbox"/> Other Examination			
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