



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 2 4 2 9 1	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	0 4 0 1 2 0 1 6	1 8 0 0	F R I

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	3 9 . 3 1 5 0 1 1	- 8 4 . 5 6 1 7 2 9

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	0 2	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 Type ¹	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
			HAPPY VALLEY	DR	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S <input type="checkbox"/> E,W	1 2 7		PLEASANT	AV

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 2 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

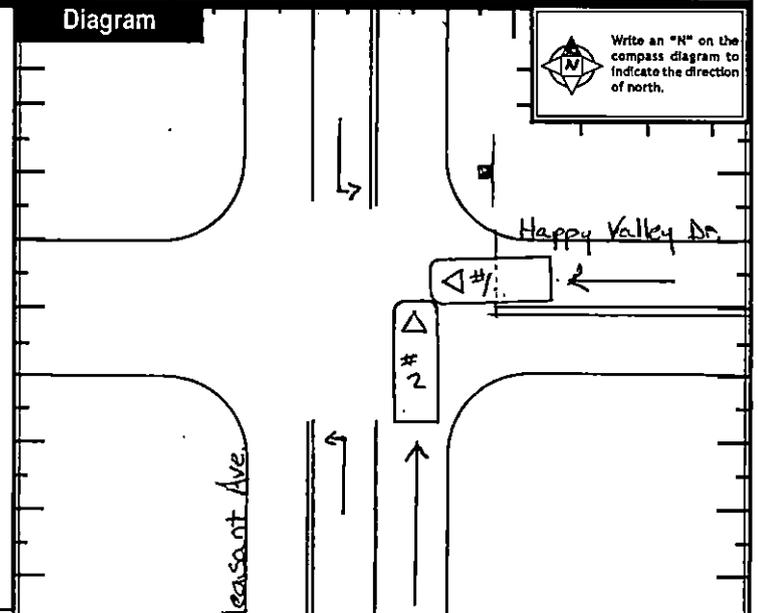
Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
6 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	2 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	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

Narrative
On April 1, 2016 at about 6:00 p.m. Unit 1 was attempting to travelling west on Happy Valley Dr. from a stop sign at approximately 15 m.p.h. and when at U.S. 127 (Pleasant Ave.) attempted to turn left to travel south and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling north on Pleasant Ave.



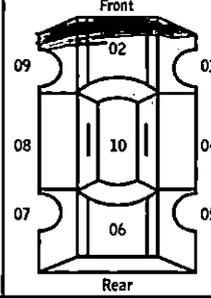
Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OOPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 4 0 1 2 0 1 6	1 8 0 7	1 8 1 3	1 8 1 7	1 8 4 9	1 0	4 2
Officer's Name *	Officer's Badge Number	Checked By				
P.O. RYAN FLEENOR	117	Sgt. Don Cornett				



Unit

Local Report Number

1 6 0 2 4 2 9 1

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) DUVALL, SERAH N.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 379-4246	Damage Scale 3	Damaged Area 
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 202 SHOEMAKER DR. LOVELAND, OH 45140				
LP State OH	License Plate Number FRH-1796	Vehicle Identification Number 1HGEGJ6673XL054929	# Occupants 01	
Vehicle Year 1999	Vehicle Make HONDA	Vehicle Model CIVIC	Vehicle Color GREEN	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PEKIN	Policy Number 00P648034	Towed By MARCELL'S TOWING	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 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 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit
HM Class Number			

Non-Motorist Location Prior to Impact <input type="checkbox"/>	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 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	Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
Special Function 01	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 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions 06	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
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Contributing Circumstances 02	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 - Swerving 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
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Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail End 31 - Guardrail Edge 32 - Portable Barrier
First Harmful Event 1 Most Harmful Event 1	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	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
Collision with Person, Vehicle or Object Not Fixed	10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox
14 - Pedestrian 15 - Pedacycle 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	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object

Unit Speed 15	Posted Speed 50	Traffic Control 02 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 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 3 To 2 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit Number **02** Owner Name: Last, First, Middle (Same As Driver) **ROSS, JULIE A.** Owner Phone Number - inc. area code (Same As Driver) **(513) 325-4071** Damage Scale **3** Damaged Area

Owner Address: City, State, Zip (Same As Driver)
5646 TALLAWANDA DR. FAIRFIELD, OH 45014

LP State **OH** License Plate Number **FYV-6951** Vehicle Identification Number **JTEGD20V440023745** # Occupants **01**

Vehicle Year **2004** Vehicle Make **TOYOTA** Vehicle Model **RAV4** Vehicle Color **RED**

Proof of Insurance Shown Insurance Company **PROGRESSIVE** Policy Number **905808083** Towed By

Carrier Name, Address, City, State, Zip Carrier Phone- include area code

US DOT Vehicle Weight GVWR/GCWR **1** 1 - Less Than or Equal to 10k Lbs.
2 - 10,001 to 26,000 Lbs.
3 - More Than 26,000 Lbs.
Cargo Body Type **01** 01 - No Cargo Body Type/Not Applicable 09 - Pole
02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank
03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed
04 - Vehicle Towing Another Vehicle 12 - Dump
05 - Logging 13 - Concrete Mixer
06 - Intermodal Container Chassis 14 - Auto Transporter
07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse
08 - Grain, Chips, Gravel 99 - Other/Unknown
Trafficway Description **1** 1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway
 Hit / Skip Unit

HM Placard ID No. **1** Hazardous Material Released
HM Class Number
Non-Motorist Location Prior to Impact 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 - Medial/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown
Type of Use **1** 1 - Personal
2 - Commercial
3 - Government
 In Emergency Response
Unit Type **06** Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)
01 - Sub-Compact 13 - Single Unit Truck or Van 2axle, 6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)
02 - Compact 14 - Single Unit Truck; 3+ axles 22 - Bus (16+ Seats, Inc Driver)
03 - Mid Size 15 - Single Unit Truck / Trailer
04 - Full Size 16 - Truck/Tractor (Bobtail)
05 - Minivan 17 - Tractor/Semi-Trailer
06 - Sport Utility Vehicle 18 - Tractor/Double
07 - Pickup 19 - Tractor/Triples
08 - Van 20 - Other Med/Heavy Vehicle
09 - Motorcycle
10 - Motorized Bicycle
11 - Snowmobile/ATV
12 - Other Passenger Vehicle
 Has HM Placard

Special Function **01** 01 - None 09 - Ambulance 17 - Farm Vehicle
02 - Taxi 10 - Fire 18 - Farm Equipment
03 - Rental Truck (Over 10k Lbs) 11 - Highway/Maintenance 19 - Motorhome
04 - Bus - School (Public or Private) 12 - Military 20 - Golf Cart
05 - Bus - Transit 13 - Police 21 - Train
06 - Bus - Charter 14 - Public Utility 22 - Other (Explain in Narrative)
07 - Bus - Shuttle 15 - Other Government
08 - Bus - Other 16 - Construction Equip.
Most Damaged Area **03** 01 - None 08 - Left Side 99 - Unknown
02 - Center Front 09 - Left Front
03 - Right Front 10 - Top and Windows
Impact Area **03** 04 - Right Side 11 - Undercarriage
05 - Right Rear 12 - Load/Trailer
06 - Rear Center 13 - Total(All Areas)
07 - Left Rear 14 - Other
Action **3** 1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions **01** Motorist 01 - Straight Ahead 07 - Making U-Turn 13 - Negotiating a Curve
02 - Backing 08 - Entering Traffic Lane 14 - Other Motorist Action
03 - Changing Lanes 09 - Leaving Traffic Lane
04 - Overtaking/Passing 10 - Parked
05 - Making Right Turn 11 - Slowing or Stopped in Traffic
06 - Making Left Turn 12 - Driverless
Non-Motorist 15 - Entering or Crossing Specified Location 21 - Other Non-Motorist Action
16 - Walking, Running, Jogging, Playing, Cycling
17 - Working
18 - Pushing Vehicle
19 - Approaching or Leaving Vehicle
20 - Standing

Contributing Circumstances Primary **01** Motorist 01 - None 11 - Improper Backing
02 - Failure to Yield 12 - Improper Start From Parked Position
03 - Ran Red Light 13 - Stopped or Parked Illegally
04 - Ran Stop Sign 14 - Operating Vehicle in Negligent Manner
05 - Exceeded Speed Limit 15 - Swerving to Avoid (Due to External Conditions)
06 - Unsafe Speed 16 - Wrong Side/Wrong Way
07 - Improper Turn 17 - Failure to Control
08 - Left of Center 18 - Vision Obstruction
09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment
10 - Improper Lane Change /Passing/Off Road 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 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 **20** 2 3 4 5 6
First Harmful Event **1** Most Harmful Event **1**
99 - Unknown
Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian 21 - Parked Motor Vehicle
15 - Pedalcycle 22 - Work Zone Maintenance Equipment
16 - Railway Vehicle (Train, Engine) 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle
17 - Animal - Farm 24 - Other Movable Object
18 - Animal - Deer
19 - Animal - Other
20 - Motor Vehicle in Transport
Collision With Fixed Object
25 - Impact Attenuator/Crash Cushion 33 - Median Cable Barrier 41 - Other Post, Pole or Support 48 - Tree
26 - Bridge Overhead Structure 34 - Median Guardrail Barrier 42 - Culvert 49 - Fire Hydrant
27 - Bridge Pier or Abutment 35 - Median Concrete Barrier 43 - Curb 50 - Work Zone Maintenance Equipment
28 - Bridge Parapet 36 - Median Other Barrier 44 - Ditch 51 - Wall, Building, Tunnel
29 - Bridge Rail 37 - Traffic Sign Post 45 - Embankment 52 - Other Fixed Object
30 - Guardrail Face 38 - Overhead Sign Post
31 - Guardrail End 39 - Light/Luminaries Support 46 - Fence
32 - Portable Barrier 40 - Utility Pole 47 - Mailbox

Unit Speed **40** Posted Speed **50** Traffic Control **12** 01 - No Controls 07 - Railroad Crossbucks 13 - Crosswalk Lines
02 - Stop Sign 08 - Railroad Flashers 14 - Walk/Don't Walk
03 - Yield Sign 09 - Railroad Gates 15 - Other
04 - Traffic Signal 10 - Construction Barricade 16 - Not Reported
05 - Traffic Flashers 11 - Person (Flagger, Officer)
06 - School Zone 12 - Pavement Markings
Unit Direction From **2** To **1** 1 - North 5 - Northeast 9 - Unknown
2 - South 6 - Northwest
3 - East 7 - Southeast
4 - West 8 - Southwest



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 4 2 9 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle DUVAL, SERAH N.	Date of Birth 09/26/1994	Age 21	Gender F - Female M - Male
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Address, City, State, Zip 202 SHOEMAKER DR. LOVELAND, OH 45140	Contact Phone- include area code (513) 379-4246
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number TU276979	OL Class 4	No Valid OL	M/C End.	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
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Offense Charged (Local Code) 331.17 (a)	Offense Description FAILURE TO YIELD	Citation Number 229261	Hands-Free Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle ROSS, JULIE A.	Date of Birth 08/24/1970	Age 45	Gender F - Female M - Male
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Address, City, State, Zip 5646 TALLAWANDA DR. FAIRFIELD, OH 45014	Contact Phone- include area code (513) 325-4071
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State oh	Operator License Number RG415356	OL Class 4	No Valid OL	M/C End.	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1
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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 Used 99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc.) 12 - Reflective Clothing 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 5 - Fell Asleep, Fainted, Fatigued 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/E-mailing 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	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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