



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 2 4 4 8 1	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDD Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	0 0 9 0 1	Fairfield Police Department	0 4
County *		City *	City, Village, Township *	Crash Date *	Time of Crash
0 9		<input type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	0 4 0 2 2 0 1 6	1 1 5 9

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input checked="" type="checkbox"/> S N - Northbound E - Eastbound S - Southbound W - Westbound	0 4	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
S R	4		Dixie	H W	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	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W <input type="checkbox"/> F				Diversion

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<input checked="" type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input checked="" type="checkbox"/> 0 3 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	<input checked="" type="checkbox"/> Intersection Related	<input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

Road Contour	Road Conditions	Weather
<input checked="" type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 0 1 <input type="checkbox"/> Primary <input type="checkbox"/> Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	<input checked="" type="checkbox"/> 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	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 2 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	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> Primary <input type="checkbox"/> 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 9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

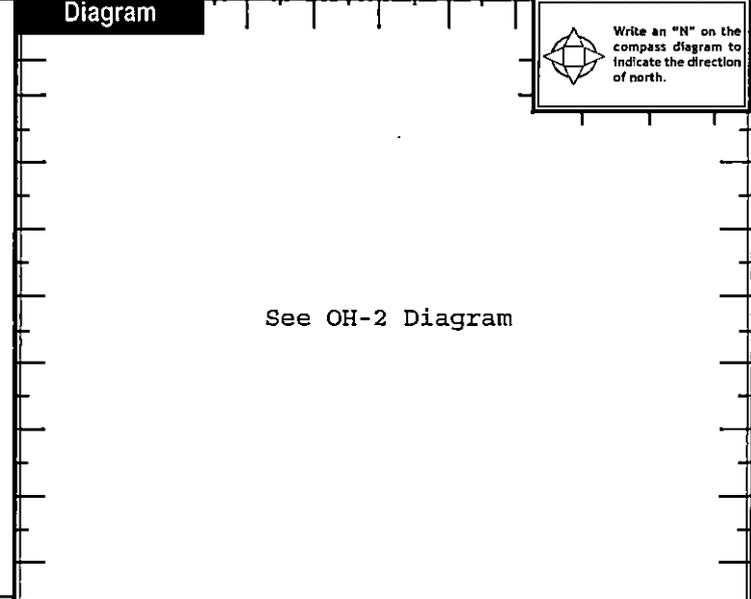
Road Surface	Type of Work Zone	Location of Crash in Work Zone
<input checked="" type="checkbox"/> 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Work Zone Related	Workers Present	Supplement (Correction or Addition to an Existing Report Sent to ODPS)
<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"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Report Taken By	Police Agency	Motorist
	<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Narrative

On April 2, 2016 at about 11:59 a.m. Unit 1 was traveling southbound on Dixie Highway at approximately 40 m.p.h. and when at Diversion Road failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound on Dixie Highway and was stopped in traffic at Diversion Road. Unit 2 was then pushed into Unit 3 which was also southbound on Dixie Highway and was stopped in traffic. Unit 3 was then pushed into Unit 4 which was also southbound on Dixie Highway and was stopped in traffic. Brake lights on unit 2 were inspected and were working properly.



Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 4 0 2 2 0 1 6	1 1 5 9	1 2 0 1	1 2 0 2	1 2 4 8	2 0	6 6
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 9			
E. Knizner	83	Sgt. Valandingham				



Unit

Local Report Number
16024481

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Mallicote, Troy	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 591-9965	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 72 Brittany Lane Fairfield, Ohio 45014				
LP State OH	License Plate Number C636074	Vehicle Identification Number 1G1AT58H997255472	# Occupants 01	
Vehicle Year 2009	Vehicle Make Chevrolet	Vehicle Model Cobalt	Vehicle Color Blue	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Geico	Policy Number 438 449 4821	Towed By FOX	
Carrier Name, Address, City, State, Zip				Carrier Phone- Include area code

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 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, Chlps, Gravel	Trafficway Description 3 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

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 04 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function 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	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 Primary 09 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	Motorist 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 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 40 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 50	Traffic Control 12 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 1 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

Local Report Number

1 6 0 2 4 4 8 1

Unit Number 0 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Garcia, Carlos	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 349-9840	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 447 Camridge Drive Cincinnati, Ohio 45241				
LP State OH	License Plate Number FCB5755	Vehicle Identification Number 1FMZU67E23UB37210	# Occupants 0 4	
Vehicle Year 2003	Vehicle Make Ford	Vehicle Model Explorer Sport Trac	Vehicle Color Black	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Nationwide	Policy Number 9150877	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- Include area code

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 0 1 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 3 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

Non-Motorist Location Prior to Impact 0 1 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - 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 <input type="checkbox"/> In Emergency Response	Unit Type 0 6 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other, Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
				<input type="checkbox"/> Has HM Placard

Special Function 0 1 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 0 6 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown	Action 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 1 1 99 - Unknown 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 Primary 0 1 Secondary 0 0 99 - Unknown 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 0 0 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slack tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 2 0 2 2 0 3 0 0 4 0 0 5 0 0 6 0 0 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line 12 - Opposite Direction of Travel 13 - Downhill Runaway 14 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 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 Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object	

Unit Speed 0 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 5 0	Traffic Control 1 2 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 1 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

Local Report Number
 1 6 0 2 4 4 8 1

Unit Number: **03** Owner Name: Last, First, Middle (Same As Driver)
Flores, Harold C. Owner Phone Number - inc. area code (Same As Driver)
(224) 563-9247 Damage Scale: **3** Damaged Area:

Owner Address: City, State, Zip (Same As Driver)
55 Saddle Creek Lane Maineville, Ohio 45039

LP State: **OH** License Plate Number: **FKG2906** Vehicle Identification Number: **4T4BE46K09R082913** # Occupants: **03**

Vehicle Year: **2009** Vehicle Make: **Toyota** Vehicle Model: **Camry** Vehicle Color: **Red**

Proof of Insurance Shown: Insurance Company: **Allstate** Policy Number: **980756863** Towed By: _____

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

US DOT: _____ Vehicle Weight GVWR/GCWR: 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: **3**
 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.: _____ HM Class Number: _____
 Hazardous Material Released

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 - Median/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: **04**
 99 - Unknown or Hit / Skip
 Passenger Vehicles (less than 9 passengers)
 01 - Sub-Compact
 02 - Compact
 03 - Mid Size
 04 - Full Size
 05 - Minivan
 06 - Sport Utility Vehicle
 07 - Pickup
 08 - Van
 09 - Motorcycle
 10 - Motorized Bicycle
 11 - Snowmobile/ATV
 12 - Other Passenger Vehicle
 Med/Heavy Trucks or Combo Units > 10k lbs
 13 - Single Unit Truck or Van 2axle, 6 tires
 14 - Single Unit Truck; 3+ axles
 15 - Single Unit Truck / Trailer
 16 - Truck/Tractor (Bobtail)
 17 - Tractor/Semi-Trailer
 18 - Tractor/Double
 19 - Tractor/Triples
 20 - Other Med/Heavy Vehicle
 Bus/Van/Limo (9 or More Including Driver)
 21 - Bus/Van (9-15 Seats, Inc Driver)
 22 - Bus (16+ Seats, Inc Driver)
 Non-Motorist
 23 - Animal with Rider
 24 - Animal with Buggy, Wagon, Surrey
 25 - Bicycle/Pedacyclist
 26 - Pedestrian/Skater
 27 - Other Non-Motorist
 Has HM Placard

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: **06**
 01 - None
 02 - Center Front
 03 - Right Front
 04 - Right Side
 05 - Right Rear
 06 - Rear Center
 07 - Left Rear
 08 - Left Side
 09 - Left Front
 10 - Top and Windows
 11 - Undercarriage
 12 - Load/Trailer
 13 - Total(All Areas)
 14 - Other
 99 - Unknown

Action: **5**
 1 - Non-Contact
 2 - Non-Collision
 3 - Striking
 4 - Struck
 5 - Striking/Struck
 9 - Unknown

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

Contributing Circumstances: **01**
 Primary: **01**
 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:
 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** **20** **3** **4** **5** **6**
 First Harmful Event: **1** Most Harmful Event: **1**
 99 - Unknown

Non-Collision Events
 01 - Overturn/Rollover
 02 - Fire/Explosion
 03 - Immersion
 04 - Jackknife
 05 - Cargo/Equipment Loss or Shift
 06 - Equipment Failure (Blown Tire, Brake Failure, etc)
 07 - Separation of Units
 08 - Ran Off Road Right
 09 - Ran Off Road Left
 10 - Cross Median
 11 - Cross Center Line Opposite Direction of Travel
 12 - Downhill Runaway
 13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
 14 - Pedestrian
 15 - 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
 Collision With Fixed Object
 25 - Impact Attenuator/Crash Cushion
 26 - Bridge Overhead Structure
 27 - Bridge Pier or Abutment
 28 - Bridge Parapet
 29 - Bridge Rail
 30 - Guardrail Face
 31 - Guardrail End
 32 - Portable Barrier
 33 - Median Cable Barrier
 34 - Median Guardrail Barrier
 35 - Median Concrete Barrier
 36 - Median Other Barrier
 37 - Traffic Sign Post
 38 - Overhead Sign Post
 39 - Light/Luminaries Support
 40 - Utility Pole
 41 - Other Post, Pole or Support
 42 - Culvert
 43 - Curb
 44 - Ditch
 45 - Embankment
 46 - Fence
 47 - Mailbox
 48 - Tree
 49 - Fire Hydrant
 50 - Work Zone Maintenance Equipment
 51 - Wall, Building, Tunnel
 52 - Other Fixed Object

Unit Speed: **0** Posted Speed: **50** Traffic Control: **12**
 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 **1** To **2**
 1 - North
 2 - South
 3 - East
 4 - West
 5 - Northeast
 6 - Northwest
 7 - Southeast
 8 - Southwest
 9 - Unknown



Unit

Local Report Number
 1 6 0 2 4 4 8 1

Unit Number 04	Owner Name: Last, First, Middle (Same As Driver) Wood, David	Owner Phone Number - Inc. area code (Same As Driver) (513) 858-1910	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (Same As Driver) 1601 Jefferson Court Fairfield, Ohio 45014			1 - None	
LP State OH	License Plate Number GGP1072	Vehicle Identification Number KN DJ P 3 A 5 6 E 7 0 0 6 3 3 2	2 - Minor	
Vehicle Year 2014	Vehicle Make Kia	Vehicle Model Soul	3 - Functional	
Vehicle Color Tan	Insurance Company Western Reserve Mutual	Policy Number WPV 3401269811-8	4 - Disabling	
Proof of Insurance Shown	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	
Carrier Phone- include area code				

US DOT	Vehicle Weight GVWR/GCWR 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 - 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 3 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.	Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit <input type="checkbox"/> Has HM Placard		

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 - Medway/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 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 06 Impact Area 06	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 99 - Unknown	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 01 99 - Unknown	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 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 1 2 0 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 0 Stated Estimated	Posted Speed 50	Traffic Control 12 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 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 4 4 8 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Mallicote, Troy	Date of Birth 11111975	Age 40	Gender M F - Female M - Male
Address, City, State, Zip 72 Brittany Lane Fairfield, Ohio 45014			Contact Phone- Include area code (513) 591-9965	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1	
OL State OH	Operator License Number TJ843324	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
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	Offense Charged (Local Code) 333.03A	Offense Description A.C.D.A.	Citation Number 228642
Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By 1		

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Velazquez Castillo, Raul	Date of Birth 01311988	Age 28	Gender M F - Female M - Male
Address, City, State, Zip 445 Cambridge Drive Cincinnati, Ohio 45241			Contact Phone- Include area code (513) 349-9840	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number UE318858	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
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	Offense Charged (Local Code)	Offense Description	Citation Number
Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By 1		

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)
				12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	Air Bag Usage
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	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	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	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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

Occupant

Unit Number 02	Name: Last, First, Middle Perez Sanchez, Claribel	Date of Birth 03151983	Age 33	Gender F F - Female M - Male
Address, City, State, Zip 445 Cambridge Drive Cincinnati, Ohio 45241			Contact Phone- Include area code (513) 349-9840	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1	

Occupant

Unit Number 02	Name: Last, First, Middle Perez Sanchez, Carla	Date of Birth 11112009	Age 6	Gender F F - Female M - Male
Address, City, State, Zip 445 Cambridge Drive Cincinnati, Ohio 45241			Contact Phone- Include area code (513) 349-9840	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT Compliant Motorcycle Helmet
Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1	



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 4 4 8 1

Motorist/Non-Motorist

Unit Number 03	Name: Last, First, Middle Mantari Falcon, Edith	Date of Birth 12101975	Age 40	Gender F - Female M - Male
Address, City, State, Zip 55 Saddle Creek Lane Maineville, Ohio 45039			Contact Phone- include area code (224) 563-9247	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/>	Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1
Trapped 1	OL State OH	Operator License Number UD566734	OL Class 4	No Valid OL <input type="checkbox"/>
M/C End. <input type="checkbox"/>	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	Offense Charged (Local Code) 	Offense Description
Citation Number 	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1		

Motorist/Non-Motorist

Unit Number 04	Name: Last, First, Middle Wood, Valerie M.	Date of Birth 12181948	Age 67	Gender F - Female M - Male
Address, City, State, Zip 1601 Jefferson Court Fairfield, Ohio 45014			Contact Phone- include area code (513) 858-1910	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/>	Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1
Trapped 1	OL State OH	Operator License Number RG506743	OL Class 4	No Valid OL <input type="checkbox"/>
M/C End. <input type="checkbox"/>	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	Offense Charged (Local Code) 	Offense Description
Citation Number 	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1		

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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment	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 02	Name: Last, First, Middle Velazquez Perez, Raul	Date of Birth 02062015	Age 1	Gender M - Male F - Female
Address, City, State, Zip 445 Cambridge Drive Cincinnati, Ohio 45241			Contact Phone- include area code (513) 349-9840	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 06
DOT Compliant <input type="checkbox"/>	Motorcycle Helmet	Seating Position 06	Air Bag Usage 1	Ejection 1
Trapped 1				

Occupant

Unit Number 03	Name: Last, First, Middle Falcon, Isidora	Date of Birth 03041957	Age 59	Gender F - Female M - Male
Address, City, State, Zip 55 Saddle Creek Lane Maineville, Ohio 45039			Contact Phone- include area code (224) 563-9247	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/>	Motorcycle Helmet	Seating Position 06	Air Bag Usage 1	Ejection 1
Trapped 1				



Occupant / Witness Addendum

Local Report Number
1 6 0 2 4 4 8 1

Occupant

Unit Number 03	Name: Last, First, Middle Flores, Sophia	Date of Birth 1 0 1 2 2 0 0 7	Age 8	Gender F - Female M - Male
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Address, City, State, Zip 55 Saddle Creek Lane Maineville, Ohio 45039	Contact Phone- Include area code (224) 563-9247
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 05	Air Bag Usage 1	Ejection 1	Trapped 1
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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 <input type="checkbox"/>	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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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 <input type="checkbox"/>	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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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 <input type="checkbox"/>	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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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 <input type="checkbox"/>	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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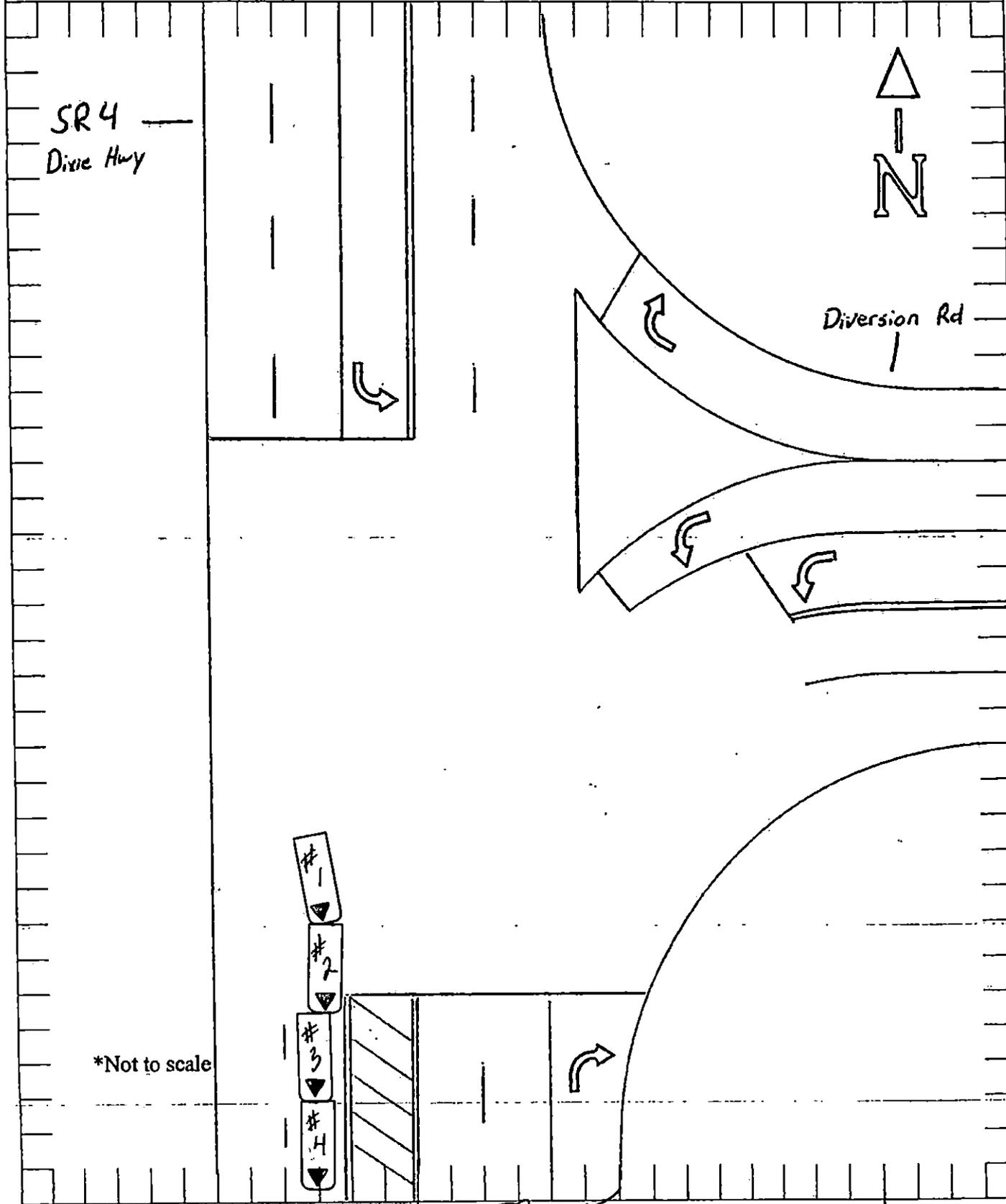
Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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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 Motorist 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	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
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LOCAL REPORT NUMBER 16024481	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4/2/16
IN COUNTY OF Butler	ACCIDENT LOCATION SR4 (Dixie Hwy) / Diversion Rd	



*Not to scale

OFFICER'S SIGNATURE

BADGE NO.

83