



Traffic Crash Report

Local Report Number *	Crash Severity	HIU/Skip
16025027	3 1 - Fatal 2 - Injury 3 - PDO	1 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit In error
<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	00901	Fairfield Police Department	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	Fairfield	Fairfield	04042016	1449	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.312051	-84.517547

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 E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	02	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
			MACK	RD	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 Type 1	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				3050	

Reference Point Used	Crash Location	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	01 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 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	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
3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary 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	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

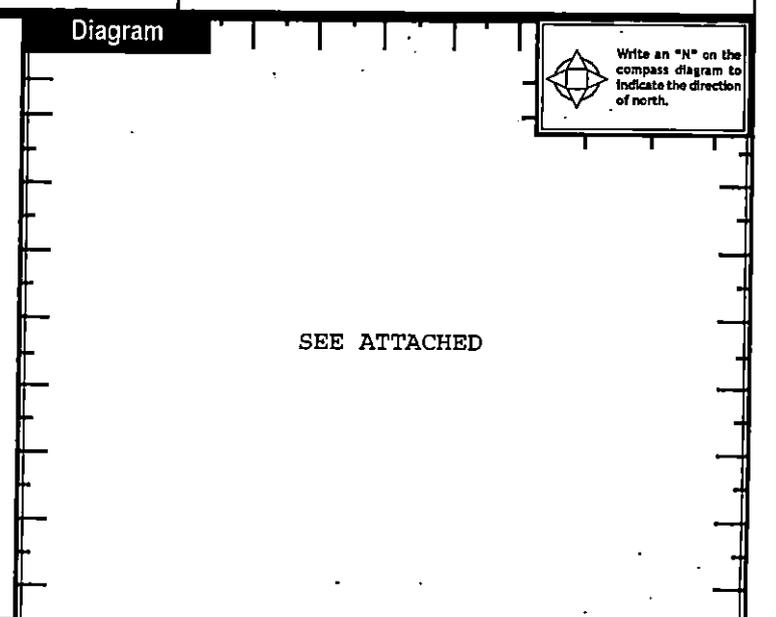
Manner of Crash Collision/Impact	Weather
1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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 9 - Unknown	<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	Law Enforcement Present (Officer/Vehicle)	Law Enforcement Present (Vehicle Only)	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

The driver of Unit 1 drove up onto the entrance way to the building and struck a concrete bench. The driver of Unit 1 then backed up at a high rate speed into the driveway of the building and spun out. During this process Unit 1 nearly struck pedestrians entering and exiting the building. The driver of Unit 1 was having an episode with their health.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODDS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>					
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
04042016	1451	1452	1500	1630	60	150

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4
P.O. Michelle Brettin	72	SL Dou Carnett 057	



Unit

Local Report Number
 1 6 0 2 5 0 2 7

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)
RADFORD, MILDRED I

Owner Phone Number - Inc. area code (Same As Driver)
 (513) 830-5688

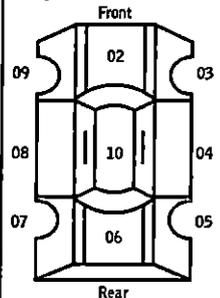
Owner Address: City, State, Zip (Same As Driver)
 11736 LAWNVIEW AVE. CINCINNATI, OHIO 45246

LP State: **OH** License Plate Number: **554XRT** Vehicle Identification Number: **3GSCL53759S621173** # Occupants: **01**

Vehicle Year: **2009** Vehicle Make: **SATURN** Vehicle Model: **VUE** Vehicle Color: **GOLD**

Proof of Insurance Shown Insurance Company: **HOME-OWNERS INS** Policy Number: **46-934-284-00** 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.

HM Placard ID No. _____ HM Class Number: _____ Hazardous Material Released

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

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: **05**
 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 - Tractor/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: **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

99 - Unknown

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

Pre-Crash Actions: **14**
 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: **17**
 Primary: 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

Secondary: _____

99 - Unknown

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 - Dangling 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: **52** _____ **1** _____ **1** _____

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

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

06 - Equipment Failure (Glow 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 - Pedalcycle 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

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: **20** Posted Speed: _____ Traffic Control: **15**
 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 **2** To **1**
 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 5 0 2 7

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle RADFORD, MILDRED I	Date of Birth 03/28/1941	Age 75	Gender F - Female M - Male
-------------------	---	-----------------------------	-----------	----------------------------------

Address, City, State, Zip 11736 LAWNVIEW AVE. CINCINNATI, OHIO 45246	Contact Phone- Include area code (513) 830-5688
---	--

Injuries 1	Injured Taken By 1	EMS Agency CFPD	Medical Facility Injured Taken To MERCY	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 RM174217	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 5	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 (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
---	---------------------	-----------------	---	---------------------------

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By
---	---------------------	-----------------	---	----------------------

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
---	--	---	--	--

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	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "DP") 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
--	---	---	---	--

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
--	---	---	--	--

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

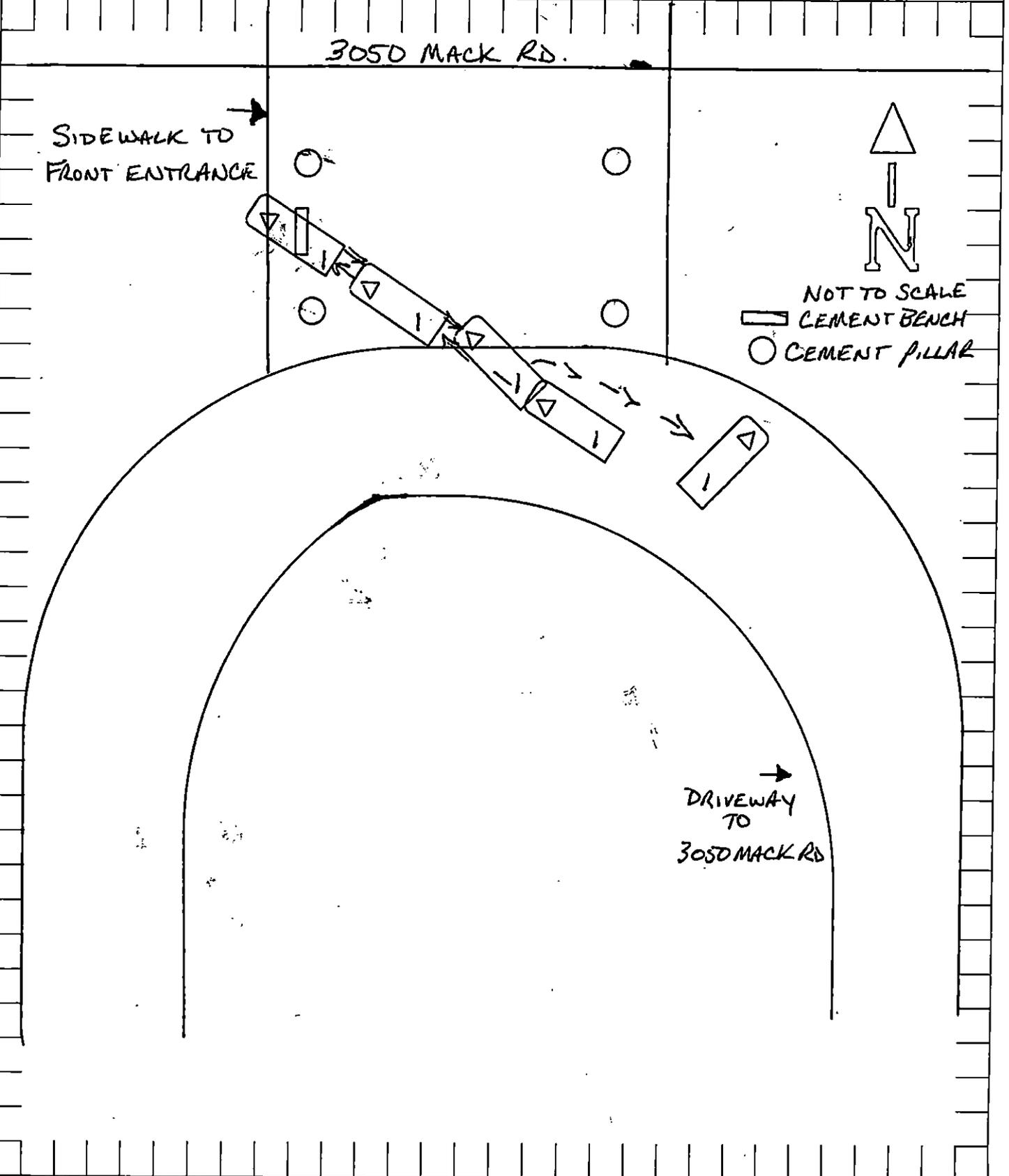
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
----------	------------------	------------	-----------------------------------	-----------------------	--	------------------	---------------	----------	---------

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
-------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
----------	------------------	------------	-----------------------------------	-----------------------	--	------------------	---------------	----------	---------

LOCAL REPORT NUMBER 16-025027	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 4-4-16
IN COUNTY OF Butler	ACCIDENT LOCATION 3050 MACK RD. FAIRFIELD OHIO	



OFFICER'S SIGNATURE P.O. Michelle Beuth	BADGE NO. 72
---	------------------------