



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 2 5 3 3 8	2 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 2
0 1		98 - Animal 99 - Unknown		0 1	

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Fairfield	0 4 0 5 2 0 1 6	1 8 0 5	T U E

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> 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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
S R	4		Dixie	H W	IR - Interstate Route (Inc. Turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

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

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 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 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<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	Secondary	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
<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"/> Secondary		02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

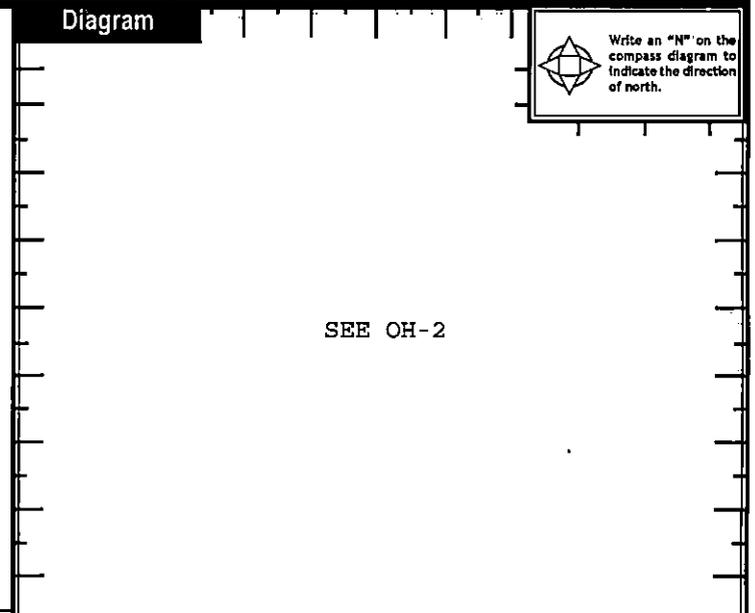
Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	<input checked="" type="checkbox"/> 1 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
<input checked="" type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input checked="" type="checkbox"/> 1 <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	<input type="checkbox"/> School Zone 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"/> Workers Present <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 5, 2016 at approximately 6:05 PM, Unit 2 was traveling Eastbound on S.R. 4 (Dixie Hwy). Unit 1 was traveling Southbound on Holden Blvd. and drove between two vehicles sitting and waiting on the red traffic signal. Unit 1 proceeded into the intersection while honking his horn and struck Unit 2. Unit 2 spun off the roadway and sideswiped a utility pole on the Southeast corner of S.R. 4 and South Gilmore Rd. There was no damage to the pole. Unit 2 came to rest in the grass, in front of BP Fuel at 5575 Dixie Hwy.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)	0 4 0 5 2 0 1 6	1 8 0 8	1 8 0 9	1 8 1 3	1 9 0 3	0	5 0

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6
P.O. M. Woodall	118	<i>[Signature]</i>	



# Unit

Local Report Number  
 1 6 0 2 5 3 3 8

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver) <b>John, Erick</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver)	Damage Scale <b>4</b>	Damaged Area 
Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver) <b>1031 Chestnut St. Hamilton, Ohio 45011</b>				
LP State <b>OH</b>	License Plate Number <b>C684247</b>	Vehicle Identification Number <b>1ZWF161L3X5617377</b>	# Occupants <b>01</b>	
Vehicle Year <b>1999</b>	Vehicle Make <b>Mercury</b>	Vehicle Model <b>Cougar</b>	Vehicle Color <b>Silver</b>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By <b>Marcell's</b>	
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 <b>01</b> 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 <b>1</b> 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"/> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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 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 <b>01</b> 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 <b>03</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	---	--	---	--

Pre-Crash Actions <b>01</b> 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
--	---	--	--	--------------------------------

Contributing Circumstances Primary <b>03</b> 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 - Daring 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
--	--	--	--

Sequence of Events 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow 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
--	---	--

Unit Speed <b>20</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
--	---------------------------	--	--



# Unit

Local Report Number  
**16025338**

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Rice, Darryl</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 403-1632</b>	Damage Scale <b>4</b>	Damaged Area 
Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>6441 Stockton Rd. Fairfield, Ohio 45014</b>				
LP State <b>OH</b>	License Plate Number <b>GPB5969</b>	Vehicle Identification Number <b>5NPEB4ACXDH628785</b>	# Occupants <b>01</b>	
Vehicle Year <b>2013</b>	Vehicle Make <b>Hyundai</b>	Vehicle Model <b>Sonata</b>	Vehicle Color <b>Black</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Allstate</b>	Policy Number <b>980855769</b>	Towed By <b>Fox</b>	
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 <b>01</b> 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 <b>1</b> 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit
HM Class Number			

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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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 <b>01</b> 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 <b>04</b> 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 <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	---	--	--	--

Pre-Crash Actions <b>01</b> 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
--	---	--	--

Contributing Circumstances Primary <b>01</b> 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
--	--	---	--

Sequence of Events 1 <b>20</b> 2 <b>08</b> 3 <b>43</b> 4 <b>41</b> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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
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		

Unit Speed <b>40</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>4</b> To <b>3</b> 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 3 3 8

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Mark, Marcus	Date of Birth 04/02/1980	Age 36	Gender M	F - Female M - Male
-------------------	---	-----------------------------	-----------	-------------	------------------------

Address, City, State, Zip 951 Harmon Ave. Hamilton, Ohio 45011	Contact Phone- Include area code
---	----------------------------------

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		
OL State	Operator License Number	OL Class [ ]	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

Offense Charged ( [ ] Local Code) 313.01A1	Offense Description Red Light Violation	Citation Number 229190	Hands-Free Device Used [ ]	Driver Distracted By 1
---	--	---------------------------	-------------------------------	---------------------------

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Rice, James Thomas	Date of Birth 11/11/1994	Age 21	Gender M	F - Female M - Male
-------------------	---	-----------------------------	-----------	-------------	------------------------

Address, City, State, Zip 6441 Stockton Rd. Fairfield, Ohio 45014	Contact Phone- Include area code (513) 255-3221
--	--

Injuries 2	Injured Taken By 2	EMS Agency COFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet [ ]	Seating Position 01	Air Bag Usage 3	Ejection 1	Trapped 1		
OL State	Operator License Number TX268874	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

Offense Charged ( [ ] Local Code)	Offense Description	Citation Number	Hands-Free Device Used [ ]	Driver Distracted By
-----------------------------------	---------------------	-----------------	-------------------------------	----------------------

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

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

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

<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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	Name: Last, First, Middle Lockard, Samantha	Date of Birth 04/26/1967	Age 48	Gender F	F - Female M - Male
-------------	--	-----------------------------	-----------	-------------	------------------------

Address, City, State, Zip 14 Raleigh Ct. #306, Fairfield, Ohio 45014	Contact Phone- Include area code (513) 616-6175
---	--

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

Occupant

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

Address, City, State, Zip 6337 Stonewall Ln. Fairfield, Ohio 45014	Contact Phone- Include area code (513) 713-7058
---	--

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



# Occupant / Witness Addendum

Local Report Number  
1 6 0 2 5 3 3 8

Unit Number [ ] [ ] [ ]	Name: Last, First, Middle Wolf, Douglas P.	Date of Birth 0 3 0 1 1 9 5 6	Age [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Gender M F - Female M - Male
----------------------------	---	----------------------------------	--	------------------------------------

Address, City, State, Zip 4477 Mogul Ln. Hamilton, Ohio 45011	Contact Phone- include area code (513) 305-5456
--	--

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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
---	---	---	--	--	--	---	--	---	--

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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
---	---	---	--	--	--	---	--	---	--

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

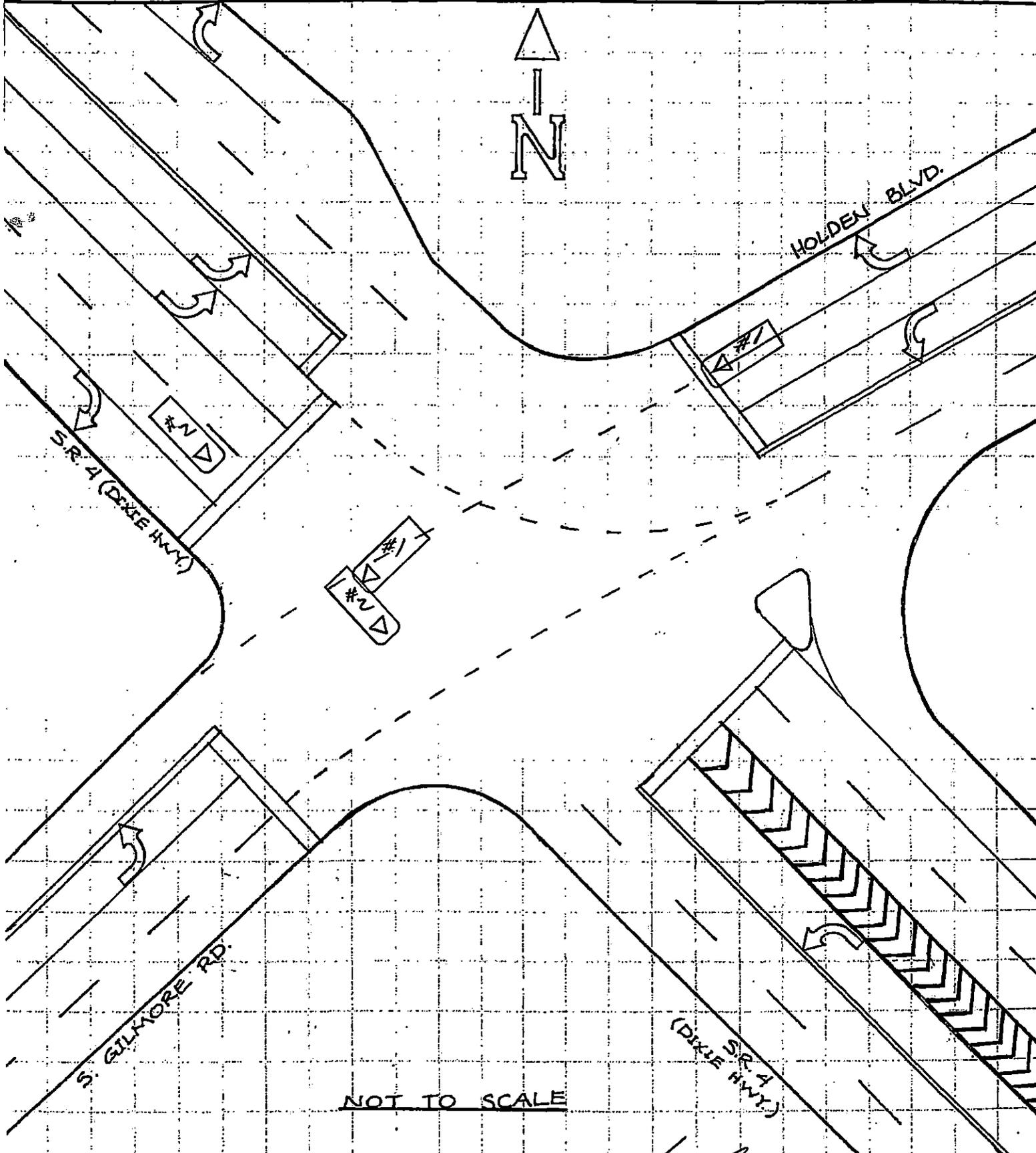
Address, City, State, Zip	Contact Phone- include area code
---------------------------	----------------------------------

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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
---	---	---	--	--	--	---	--	---	--

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

LOCAL REPORT NUMBER A-16-025338	REPORTING AGENCY FAIRFIELD P.D.	DATE OF CRASH M 04   D 05   Y 16
IN COUNTY OF BUTLER	CRASH LOCATION DIXIE HWY @ HOLDEN BLVD.	



OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 118
---	---------------------