



# Traffic Crash Report

|                       |   |  |
|-----------------------|---|--|
| Local Report Number * | Crash Severity                          | Hit/Skip   |
| 16025488              | 2<br>1 - Fatal<br>2 - Injury<br>3 - PDO | <input type="checkbox"/> 1 - Solved<br><input type="checkbox"/> 2 - Unsolved |

|   |   |   |                         |                             |               |
|---|---|---|-------------------------|-----------------------------|---------------|
| Local Information   |   | Reporting Agency NCIC *                   | Reporting Agency Name * | Number of Units             | Unit In error |
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><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 | 02            |
| County *  | City *  | City, Village, Township *                 | Crash Date *            | Time of Crash               | Day of Week   |
| 09  | Fairfield   | Fairfield                                 | 04062016                | 0752                        | WED           |

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
| 0 / /                                | 0 / /     | 39.315103                | -84.561721 |

|   |  |                      |   |
|---|--|----------------------|---|
| Roadway Division  | Divided Lane Direction of Travel                             | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>   |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | N - Northbound E - Eastbound<br>S - Southbound W - Westbound | 02                   | AL - Alley CR - Circle<br>AV - Avenue CT - Court<br>BL - Boulevard DR - Drive<br>HE - Heights MP - Milepost<br>HW - Highway PK - Parkway<br>LA - Lane PI - Pike<br>PL - Place RD - Road<br>ST - Street TE - Terrace<br>WA - Way |

|                                  |                       |            |                    |                                 |  |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| 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>   |
| US                               | 127                   |            | Pleasant           | AV                              | IR - Interstate Route (Inc. turnpike)<br>US - US Route<br>SR - State Route<br>CR - Numbered County Route<br>TR - Numbered Township Route |

|                         |              |                        |            |  |                                  |
|-------------------------|--------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 10                      | N            |                        |            | Happy Valley                             | DR                               |

|   |  |                          |   |
|---|--|--------------------------|---|
| Reference Point Used                                  | Crash Location   | Intersection Related     | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

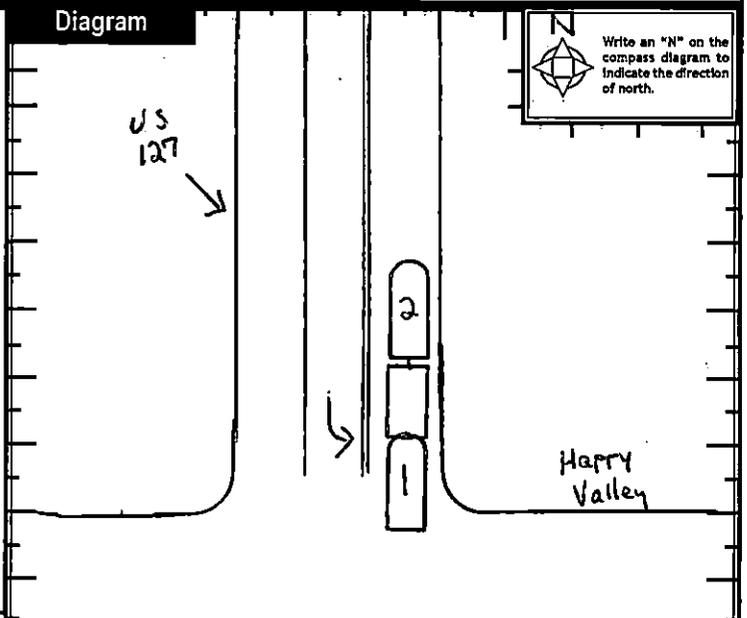
|  |                            |  |
|--|----------------------------|--|
| Road Contour   | Road Conditions            | Weather  |
| 2<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 01<br>Primary<br>Secondary | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hall<br>6 - Snow<br>7 - Slush<br>8 - Debris*<br>9 - Unknown |

|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 2<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hall<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|   |  |  |
|---|--|--|
| Road Surface  | Light Conditions   | School Bus Related   |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 2<br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>8 - Other | <input type="checkbox"/><br>School Bus Directly Involved<br><input type="checkbox"/><br>School Bus Indirectly Involved |

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

**Narrative**  
On 4-6-16 at about 7:52 am unit 2 was northbound on US127 when it and traffic suddenly slowed. Unit 1 then struck unit 2 from behind.



|  |  |               |              |              |                          |               |
|--|--|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By  | Supplement (Correction or Addition to an Existing Report Sent to ODPS) |               |              |              |                          |               |
| <input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/>   |               |              |              |                          |               |
| Date Crash Reported  | Time Crash Reported  | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 04062016   | 0754   | 0755          | 0801         | 0827         |                          | 26            |
| Officer's Name *   | Officer's Badge Number   | Checked By    | Page 1 of 4  |              |                          |               |
| T. Lucas   | 63   | MRL 53        |              |              |                          |               |



# Unit

Local Report Number

16025488

|                          |   |   |                          |                  |
|--------------------------|---|---|--------------------------|------------------|
| Unit Number<br><b>01</b> | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Timmerman, Johnathan D</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(513) 502-2332</b> | Damage Scale<br><b>3</b> | Damaged Area<br> |
|--------------------------|---|---|--------------------------|------------------|

Owner Address: City, State, Zip (  Same As Driver )  
**3243 Sovereign Drive #6 Cincinnati, Ohio 45251**

|                       |  |  |                          |
|-----------------------|--|--|--------------------------|
| LP State<br><b>OH</b> | License Plate Number<br><b>GQX9297</b> | Vehicle Identification Number<br><b>1FTSW21R38EB971583</b> | # Occupants<br><b>02</b> |
|-----------------------|--|--|--------------------------|

|                             |                             |                              |                               |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|
| Vehicle Year<br><b>2008</b> | Vehicle Make<br><b>Ford</b> | Vehicle Model<br><b>F250</b> | Vehicle Color<br><b>White</b> |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|

|  |                                      |                                   |          |
|--|--------------------------------------|-----------------------------------|----------|
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company<br><b>Allstate</b> | Policy Number<br><b>280965046</b> | Towed By |
|--|--------------------------------------|-----------------------------------|----------|

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

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

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

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

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

|  |  |   |   |
|--|--|---|---|
| Contributing Circumstances<br>Primary<br><b>09</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally In Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slack tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|---|---|

|   |   |   |
|---|---|---|
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | Collision With Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
|---|---|---|

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



# Unit

Local Report Number  
**16025488**

|  |   |  |   |                  |
|--|---|--|---|------------------|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>City of Fairfield</b> | Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>(513) 867-5300</b> | Damage Scale<br><b>2</b>                                  | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>5350 Pleasant Avenue Fairfield, Ohio 45014</b> |   |  | 1 - None  |                  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>815YNN</b>   | Vehicle Identification Number<br><b>1GDM7H1J9TJ502714</b>  | 2 - Minor   |                  |
| Vehicle Year<br><b>1996</b>  | Vehicle Make<br><b>GMC</b>  | Vehicle Model<br><b>Top Kick</b>   | 3 - Functional  |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>Marsh &amp; McLennan</b>  | Policy Number<br><b>9103036P177</b>  | 4 - Disabling   |                  |
| Carrier Name, Address, City, State, Zip<br><b>City of Fairfield 5350 Pleasant Avenue Fairfield, Ohio 45014</b>                   |   |  | 9 - Unknown   |                  |
|  |   |  | Carrier Phone- include area code<br><b>(513) 867-5300</b> |                  |

|                    |  |   |   |
|--------------------|--|---|---|
| US DOT<br><b>3</b> | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.<br><b>3</b> | Cargo Body Type<br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel<br><b>12</b> | Trafficway Description<br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway<br><b>1</b> |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released   |   | <input type="checkbox"/> Hit / Skip Unit  |

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

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

|                                |  |   |  |  |                                |
|--------------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>11</b> | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>99 - Unknown | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--------------------------------|--|---|--|--|--------------------------------|

|  |  |  |   |   |
|--|--|--|---|---|
| Contributing Circumstances<br>Primary<br><b>01</b> | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|--|---|---|

|   |   |  |
|---|---|--|
| Sequence of Events<br>1 <b>20</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b>  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Immersion<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object |   |  |

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



# Motorist / Non-Motorist / Occupant

Local Report Number  
 1 6 0 2 5 4 8 8

Motorist/Non-Motorist

Unit Number:  Name: Last, First, Middle: Timmerman, Johnathan D  
 Date of Birth:  Age: 23 Gender:  M (Male)  F (Female)

Address, City, State, Zip: 3243 Sovereign Drive #6 Cincinnati, Ohio 45251  
 Contact Phone- include area code: (513) 502-2332

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:   
 OL State:  Operator License Number: TN617035  
 OL Class:  No Valid OL:  M/C End.:  Condition:  Alcohol/Drug Suspected:  Alcohol Test Status:  Alcohol Test Type:  Alcohol Test Value:   
 Offense Charged (  Local Code ): 333.03A Offense Description: ACDA Citation Number: 228588  
 Hands-Free Device Used:  Driver Distracted By:

Motorist/Non-Motorist

Unit Number:  Name: Last, First, Middle: Bieker, Michael R  
 Date of Birth:  Age: 59 Gender:  M (Male)  F (Female)

Address, City, State, Zip: 5860 Lake Tahoe Court Fairfield, Ohio 45014  
 Contact Phone- include area code: (513) 260-3433

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:   
 OL State:  Operator License Number: RQ565268  
 OL Class:  No Valid OL:  M/C End.:  Condition:  Alcohol/Drug Suspected:  Alcohol Test Status:  Alcohol Test Type:  Alcohol Test Value:   
 Offense Charged (  Local Code ): Offense Description: Citation Number: Hands-Free 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 "D")  
 5 - M/C/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

Occupant

Unit Number:  Name: Last, First, Middle: Timmerman, Kelsey Marie  
 Date of Birth:  Age: 0 Gender:  F (Female)  M (Male)

Address, City, State, Zip: 3243 Sovereign Drive #6 Cincinnati, Ohio 45251  
 Contact Phone- include area code: (513) 502-2332

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: Burns, Brandon  
 Date of Birth:  Age: 21 Gender:  M (Male)  F (Female)

Address, City, State, Zip: 2517 Clemmer Drive Hamilton, Ohio 45013  
 Contact Phone- include area code: (513) 869-0465

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: