



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
1 6 0 2 6 7 0 6	2 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 0 0 9 0 1	Reporting Agency Name * Fairfield Police Department	Number of Units 0 2	Unit In error 0 1 98 - Animal 99 - Unknown
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County * 0 9	City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * Fairfield	Crash Date * 0 4 1 1 2 0 1 6	Time of Crash 0 6 5 0	Day of Week M O N
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Degrees / Minutes / Seconds Latitude 0 / 0 / 0	Longitude 0 / 0 / 0	OR	Decimal Degrees Latitude 3 9 3 2 6 9 9 6	Longitude - 8 4 5 1 7 3 7 6
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Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	Number of Thru Lanes 0 2	Road Types or Milepost ? 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
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Location Route Type 1	Location Route Number	Loc Prefix N,S,E,W	Location Road Name Fawn	Location Road Type 2 DR	Route Types 1 IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref <input type="checkbox"/> N,S <input type="checkbox"/> E,W	Reference Route Type 1	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #) 76	Reference Road Type 2
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Reference Point Used 3 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 0 1 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 type="checkbox"/> Intersection Related	Location of First Harmful Event 1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
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Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary 0 2 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	* Secondary Condition Only
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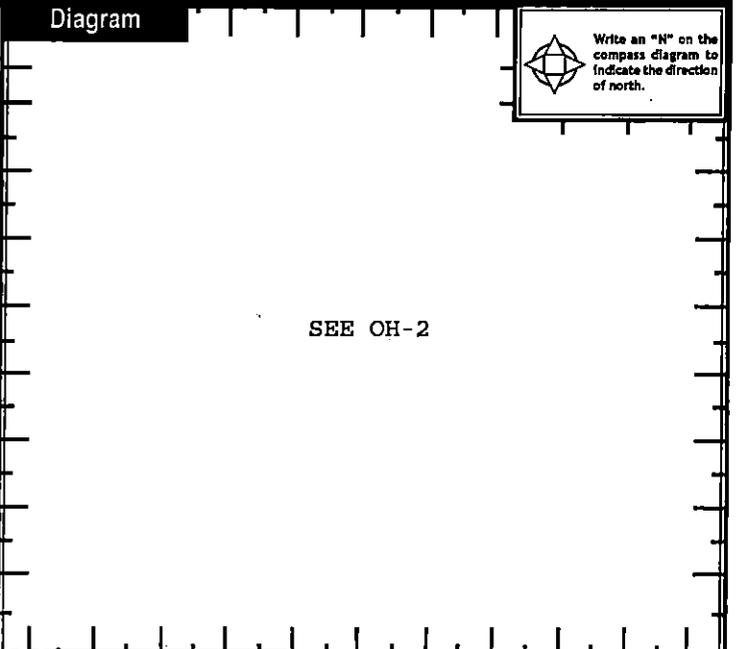
Manner of Crash Collision/Impact 1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hall 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
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Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary 5 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"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area
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Narrative

On 04/11/2016 at about 6:50 A.M. unit 2 was traveling northbound in the parking lot of 76 Fawn Dr. at about 15 MPH. Unit 1, a pedestrian, walked out in to the driveway between several parked vehicles and was struck by unit 2.



Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPSS)					
Date Crash Reported 0 4 1 1 2 0 1 6	Time Crash Reported 0 6 5 1	Dispatch Time 0 6 5 2	Arrival Time 0 6 5 8	Time Cleared 0 7 1 5	Other Investigation Time 3 0	Total Minutes 4 7

Officer's Name * C. Singleton	Officer's Badge Number 89	Checked By Sgt. Valandingham	Page 1 of 5
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Unit

Local Report Number
16026706

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Grady, Jonathan	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 304-5079	Damage Scale <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - Minor <input type="checkbox"/> 3 - Functional <input type="checkbox"/> 4 - Disabling <input type="checkbox"/> 9 - Unknown	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 76 Fawn Dr. #116 Fairfield, Ohio 45014				
LP State <input type="checkbox"/>	License Plate Number <input type="checkbox"/>	Vehicle Identification Number <input type="checkbox"/>	# Occupants <input type="checkbox"/>	
Vehicle Year <input type="checkbox"/>	Vehicle Make <input type="checkbox"/>	Vehicle Model <input type="checkbox"/>	Vehicle Color <input type="checkbox"/>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <input type="checkbox"/>	Policy Number <input type="checkbox"/>	Towed By <input type="checkbox"/>	
Carrier Name, Address, City, State, Zip <input type="checkbox"/>				Carrier Phone- include area code <input type="checkbox"/>

US DOT <input type="checkbox"/>	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 <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input checked="" type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway
HM Placard ID No. <input type="checkbox"/>	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact <input type="checkbox"/> 9 <input type="checkbox"/> 9	Type of Use <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 2 <input type="checkbox"/> 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 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 <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10k Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 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 <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Center Front <input type="checkbox"/> 03 - Right Front <input type="checkbox"/> 04 - Right Side <input type="checkbox"/> 05 - Right Rear <input type="checkbox"/> 06 - Rear Center <input type="checkbox"/> 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 <input type="checkbox"/> 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <input type="checkbox"/> 1 <input type="checkbox"/> 6 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 <input type="checkbox"/> 2 <input type="checkbox"/> 6 Secondary <input type="checkbox"/> 2 <input type="checkbox"/> 7 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 <input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Stick tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects
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Sequence of Events 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> 1 Most Harmful Event <input type="checkbox"/> 1 99 - Unknown	Non-Collision Events 01 - Overtaken/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 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <input type="checkbox"/>	Traffic Control <input type="checkbox"/> 0 <input type="checkbox"/> 1 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 <input type="checkbox"/> 3 To <input type="checkbox"/> 4 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 6 7 0 6

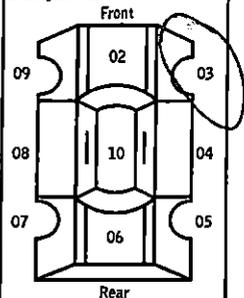
Unit Number: 02 | Owner Name: Last, First, Middle (Same As Driver) Chung, Brandon | Owner Phone Number - inc. area code (Same As Driver) (786) 274-9826

Owner Address: City, State, Zip (Same As Driver) 2200 Albemarle Dr. #208 Fairfield, Ohio 45014

LP State: OH | License Plate Number: BCHUNG | Vehicle Identification Number: 2T1BUEE0A479195 | # Occupants: 01

Vehicle Year: 2010 | Vehicle Make: Toyota | Vehicle Model: Corolla | Vehicle Color: Black

Proof of Insurance Shown: | Insurance Company: Geico | Policy Number: 4373444761 | 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 | Trafficway Description: 1 | HM Placard ID No. | HM Class Number | Hazardous Material Released: | Hit / Skip Unit:

Non-Motorist Location Prior to Impact: 01 - Intersection - Marked Crosswalk | Type of Use: 1 - Personal | Unit Type: 02 - Compact | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10k lbs | Bus/Van/Limo (9 or More Including Driver) | In Emergency Response: | Has HM Placard:

Special Function: 01 - None | 09 - Ambulance | 17 - Farm Vehicle | Most Damaged Area: 03 - Right Front | Impact Area: 03 - Right Side | Action: 3 - Striking

Pre-Crash Actions: 01 - Straight Ahead | Motorist | 07 - Making U-Turn | 13 - Negotiating a Curve | Non-Motorist | 15 - Entering or Crossing Specified Location | 21 - Other Non-Motorist Action

Contributing Circumstances: Primary 01 - None | Secondary 01 - None | 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 - 14 | Non-Collision Events: 01 - Overturn/Rollover | Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion | Collision With Person, Vehicle or Object Not Fixed: 14 - Pedestrian | 21 - Parked Motor Vehicle

Unit Speed: 15 | Posted Speed: | Traffic Control: 01 - No Controls | 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 6 7 0 6

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Grady, Jonathan	Date of Birth 07031989	Age 26	Gender M F - Female M - Male
Address, City, State, Zip 76 Fawn Dr. #116 Fairfield, Ohio 45014			Contact Phone- include area code (513) 304-5079	
Injuries 3	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 09
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
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Chung, Brandon	Date of Birth 01201990	Age 26	Gender M F - Female M - Male
Address, City, State, Zip 2200 Albemarle Dr. #208 Fairfield, Ohio 45014			Contact Phone- include area code (786) 274-9826	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State FL	Operator License Number C520063900200	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
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1

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

Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	Air Bag Usage
01 - Front - Left Side (Motorcycle Driver)	08 - Third - Middle	13 - Trailing Unit	1 - Not Deployed
02 - Front - Middle	09 - Third - Right Side	14 - Riding on Vehicle Exterior (Non-Trailing Unit)	2 - Deployed Front
03 - Front - Right Side	10 - Sleeper Section of Cab (Truck)	15 - Non-Motorist	3 - Deployed Side
04 - Second - Left Side (Motorcycle Passenger)	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	16 - Other	4 - Deployed Both Front/Side
05 - Second - Middle		99 - Unknown	5 - Not Applicable
06 - Second - Right Side			9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected	1 - Not Trapped	1 - Class A	1 - Apparently Normal	1 - None
2 - Totally Ejected	2 - Extricated by Mechanical Means	2 - Class B	2 - Physical Impairment	2 - Yes - Alcohol Suspected
3 - Partially Ejected	3 - Extricated by Non-Mechanical Means	3 - Class C	3 - Emotional (Depressed, Angry, Disturbed)	3 - Yes - HBD Not Impaired
4 - Not Applicable		4 - Regular Class (Ohio to "D")	4 - Illness	4 - Yes - Drugs Suspected
		5 - M/C/Moped Only		5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given	1 - None	1 - None Given	1 - None	1 - No Distraction Reported
2 - Test Refused	2 - Blood	2 - Test Refused	2 - Blood	2 - Phone
3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Texting/E-mailing
4 - Test Given, Results Known	4 - Breath	4 - Test Given, Results Known	4 - Other	4 - Electronic Communication Device
5 - Test Given, Results Unknown	5 - Other	5 - Test Given, Results Unknown		5 - Other Electronic Device (Navigation Device, Radio, DVD)
				6 - Other Inside the Vehicle
				7 - External Distraction

Occupant

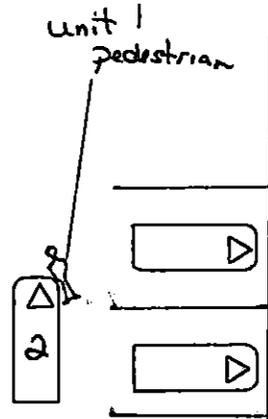
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone- include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage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

Occupant

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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

LOCAL REPORT NUMBER 16-026706	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 04/11/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 76 Fawn Dr.	

Not to Scale



76
Fawn
Dr.



OFFICER'S SIGNATURE C. Singleton	BADGE NO. 89
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