



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 2 7 5 5 5	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
Fairfield Police Department		0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	Fairfield	0 4 1 4 2 0 1 6	1 1 1 4	T H U

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost 2
Undivided	N - Northbound E - Eastbound S - Southbound W - Westbound	0 2	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1	Location Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type 2	Route Types 1
			Winton	R D	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
				5373	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 - House Number	0 1 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout		1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
2 - Straight Grade	0 1 - Dry 02 - Wet 03 - Snow 04 - Ice	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke

Manner of Crash Collision/Impact	Weather
2 - Not Collision Between Two Motor Vehicles In Transport	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke

Road Surface	Light Conditions	School Bus Related
2 - Blacktop, Bituminous, Asphalt	1 - Daylight	

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
	4 - Intermittent or Moving Work	3 - Transition Area

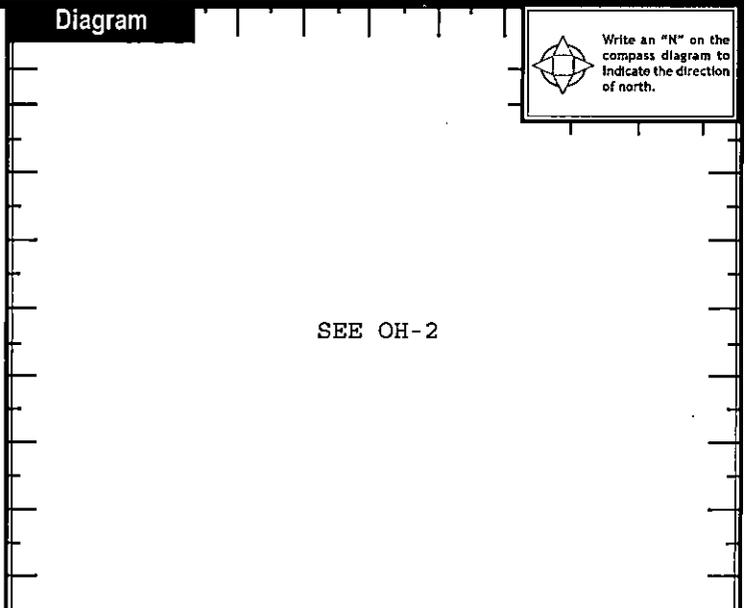
Narrative

On 04/14/2015 at about 11:14 A.M. unit 1 was traveling southbound on Winton Rd. at about 35 MPH when it failed to stop within the assured clear distance ahead, and in so doing collided with unit 2 which was stopped in traffic for a lane closure. Unit 1 then ran off the road to the right and struck a mailbox, gas line, and fire hydrant in front on 5373 Winton Rd.

The mailbox is property of Edward Bowling, 5373 Winton Rd. Fairfield, OH 45014. 513-384-0593.

The gas line is property of Duke Energy, 1199 Nilles Rd. Fairfield, OH 45014. 513-421-9500.

The fire hydrant is property of the City of Fairfield, 5350 Pleasant Ave. Fairfield, OH 45014. 513-867-5300.

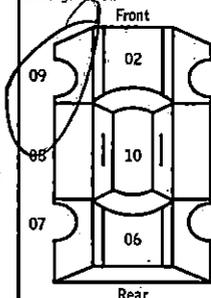


Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODP)					
C. Singleton						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 4 1 4 2 0 1 6	1 1 1 5	1 1 1 7	1 1 1 9	1 2 0 8	3 0	7 9
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6			
C. Singleton	89	Sgt. Valandingham				



Unit

Local Report Number
16027555

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Rogers, Gary	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 915-4936	Damage Scale 4	Damaged Area 
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 236 N D St. Hamilton, Ohio 45013				
LP State OH	License Plate Number GHE4506	Vehicle Identification Number 1J8HG48N46C145631	# Occupants 01	
Vehicle Year 2006	Vehicle Make Jeep	Vehicle Model Commander	Vehicle Color Blue	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By FOX	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

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

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

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 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 09 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Dairling 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 08 3 47 4 52 5 49 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number

16027555

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) Rutherford, Jalynn	Owner Phone Number - inc. area code (Same As Driver) (513) 290-4649	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (Same As Driver) 3760 President Dr. Cincinnati, Ohio 45225				
LP State OH	License Plate Number GNP4878	Vehicle Identification Number 5J6YH18747L001027	# Occupants 04	
Vehicle Year 2007	Vehicle Make Honda	Vehicle Model Element	Vehicle Color Burgundy	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Alfa	Policy Number 1134008368977	Towed By Marcell's	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

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

Local Report Number

1 6 0 2 7 5 5 5

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Rogers, Gary	Date of Birth 09/14/1977	Age 38	Gender M F - Female M - Male
Address, City, State, Zip 236 N D St. Hamilton, Ohio 45013			Contact Phone- include area code (513) 915-4936	
Injuries 1	Injured Taken By []	EMS Agency []	Medical Facility Injured Taken To []	Safety Equipment Used 04
OL State OH	Operator License Number RS425147	OL Class 4	No Valid OL []	M/C End. []
Offense Charged ([x] Local Code) 333.03A	Offense Description ACDA	Citation Number 228836	Hands-Free Device Used []	Driver Distracted By 1
DOT Compliant Motorcycle Helmet []	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1	Drug Test Type 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Rutherford, Jalyann	Date of Birth 11/24/1994	Age 21	Gender F F - Female M - Male
Address, City, State, Zip 3760 President Dr. Cincinnati, Ohio 45225			Contact Phone- include area code (513) 290-4649	
Injuries 2	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04
OL State OH	Operator License Number UC279700	OL Class 4	No Valid OL []	M/C End. []
Offense Charged ([] Local Code)	Offense Description	Citation Number	Hands-Free Device Used []	Driver Distracted By 1
DOT Compliant Motorcycle Helmet []	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1	Drug Test Type 1

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / - Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Motorist: 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	Non-Motorist: 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 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) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	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, Pickup with Cap)	13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

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

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

Occupant

Unit Number 02	Name: Last, First, Middle Clark, Jack	Date of Birth 06/11/1957	Age 58	Gender M F - Female M - Male
Address, City, State, Zip 2860 Harrison Ave. Cincinnati, Ohio 45211			Contact Phone- include area code (513) 290-4649	
Injuries 2	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet []	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

Unit Number 02	Name: Last, First, Middle Davis, Deshawntaze	Date of Birth 10/01/1986	Age 28	Gender M F - Female M - Male
Address, City, State, Zip 1187 Simmons St. #2 Cincinnati, Ohio 45215			Contact Phone- include area code (513) 208-0370	
Injuries 2	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet []	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number

1 6 0 2 7 5 5 5

Unit Number 102	Name: Last, First, Middle Cain, Rhaniya	Date of Birth 12152014	Age 1	Gender F - Female M - Male
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Occupant

Address, City, State, Zip 3760 President Dr. Cincinnati, Ohio 45225	Contact Phone- include area code (513) 290-4649
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Injuries 2	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 05	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 06	Air Bag Usage <input type="checkbox"/>	Ejection 1	Trapped 1
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Unit Number []	Name: Last, First, Middle Cox, Ethan	Date of Birth 05201993	Age 22	Gender M - Male F - Female
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Occupant

Address, City, State, Zip 6380 Shaker Rd. Franklin, Ohio 45005	Contact Phone- include area code (513) 292-4740
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Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used []	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position []	Air Bag Usage <input type="checkbox"/>	Ejection []	Trapped []
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Unit Number []	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Occupant

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

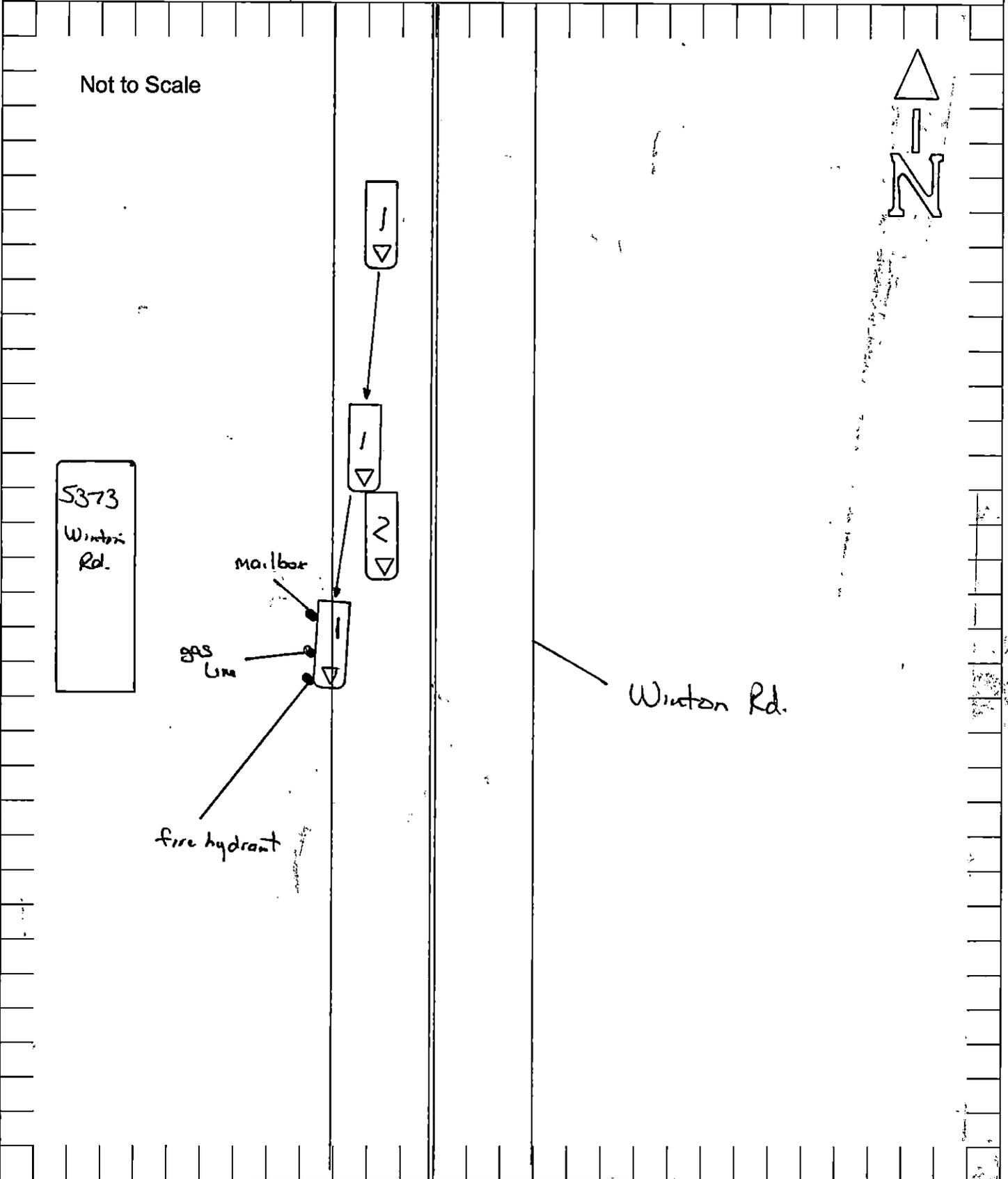
Address, City, State, Zip	Contact Phone- include area code
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Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used []	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position []	Air Bag Usage <input type="checkbox"/>	Ejection []	Trapped []
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used 99 - Unknown Safety Equipment Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck)	11 - Passenger in Other Enclosed Cargo Area. (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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LOCAL REPORT NUMBER 16-027555	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 04/14/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 5373 Winton Rd.	



OFFICER'S SIGNATURE C. Singleton	BADGE NO. 89
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