



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16028000	2 1 - Fatal 2 - Injury 3 - PDO	1 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	00901	Fairfield Police Department	02 01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Fairfield	04152016	2127	SAT

Degrees / Minutes / Seconds Latitude	Longitude	OR	Decimal Degrees Latitude	Longitude
0 / /	0 / /		39.302730	-84.485080

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	04	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
SR	4		DIXIE	HW	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W				7500	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	10 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"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	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

Manner of Crash Collision/Impact	Weather
2 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	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
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

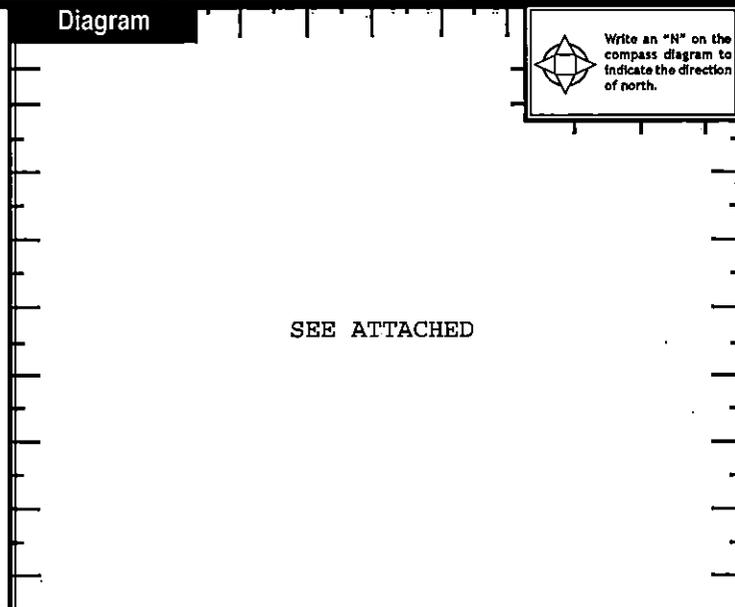
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover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

Narrative

The driver of unit 1 stated that on 04-15-2015 at approximately 9:27 pm. unit 2 was north bound on Dixie Hwy. in the middle through lane when it was trying to turn right into the driveway of 7500 Dixie Hwy. and was struck in the rear by unit 1. The driver of unit 2 stated that she was also north bound on Dixie Hwy. when she attempted to reach for her phone and unit 1 struck unit 2 in the rear.

The driver of unit 1 was also cited for driving under suspension.

The driver of unit 2 was cited for improper turn.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OOPS)	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"/>	04152016	2128	2129	2133	2216	60	103
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5					
P.O. Michelle Brettin	72	<i>[Signature]</i>						



Unit

Local Report Number
16028000

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) LATHAM, DANIEL	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 885-0185	Damage Scale 4	Damaged Area
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Owner Address: City, State, Zip (Same As Driver)
2500 SOUTH MILLBEND DR. APT 8207 THE WOODLANDS, TEXAS 77380

LP State TX	License Plate Number DLF7548	Vehicle Identification Number 1W4BLZAP9AN551920	# Occupants 01
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Vehicle Year 2010	Vehicle Make NISSAN	Vehicle Model ALTIMA	Vehicle Color BLACK
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
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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 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 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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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 04 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
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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	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 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	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 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 00 3 00 4 00 5 00 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
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	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 - Embankment 45 - Embankment 46 - Fence 47 - Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 35	Posted Speed 40	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 2 To 1 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
16028000

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) MCCLINTON, PORSHA L.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 545-1994	Damage Scale 3	Damaged Area
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Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 1486 SOUTHRIDGE LN. CINCINNATI, OHIO 45231

LP State OH	License Plate Number GSP3904	Vehicle Identification Number 1HGC6565XYA036861	# Occupants 02
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Vehicle Year 2000	Vehicle Make HONDA	Vehicle Model CIVIC	Vehicle Color BLACK
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 35-6193-F61	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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US DOT 01	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	Trafficway Description <input type="checkbox"/> 1 - Two-Way, Not Divided <input 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
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HM Placard ID No. 01	HM Class Number 01	Hazardous Material Released <input type="checkbox"/>	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 <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input checked="" type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sport Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle	Passenger Vehicles (less than 9 passengers) <input type="checkbox"/> 01 - Pole <input type="checkbox"/> 02 - Cargo Tank <input type="checkbox"/> 03 - Flat Bed <input type="checkbox"/> 04 - Dump <input type="checkbox"/> 05 - Concrete Mixer <input type="checkbox"/> 06 - Auto Transporter <input type="checkbox"/> 07 - Garbage/Refuse <input type="checkbox"/> 08 - Other/Unknown	Med/Heavy Trucks or Combo Units > 10k lbs <input type="checkbox"/> 13 - Single Unit Truck or Van 2axle, 6 tires <input type="checkbox"/> 14 - Single Unit Truck 3+ axles <input type="checkbox"/> 15 - Single Unit Truck / Trailer <input type="checkbox"/> 16 - Truck/Tractor (Bobtail) <input type="checkbox"/> 17 - Tractor/Semi-Trailer <input type="checkbox"/> 18 - Tractor/Double <input type="checkbox"/> 19 - Tractor/Triples <input type="checkbox"/> 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) <input type="checkbox"/> 21 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 22 - Bus (16+ Seats, Inc Driver) Non-Motorist <input type="checkbox"/> 23 - Animal with Rider <input type="checkbox"/> 24 - Animal with Buggy, Wagon, Surrey <input type="checkbox"/> 25 - Bicycle/Pedacyclist <input type="checkbox"/> 26 - Pedestrian/Skater <input type="checkbox"/> 27 - Other Non-Motorist
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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	<input type="checkbox"/> 09 - Ambulance <input type="checkbox"/> 10 - Fire <input type="checkbox"/> 11 - Highway/Maintenance <input type="checkbox"/> 12 - Military <input type="checkbox"/> 13 - Police <input type="checkbox"/> 14 - Public Utility <input type="checkbox"/> 15 - Other Government <input type="checkbox"/> 16 - Construction Equip.	<input type="checkbox"/> 17 - Farm Vehicle <input type="checkbox"/> 18 - Farm Equipment <input type="checkbox"/> 19 - Motorhome <input type="checkbox"/> 20 - Golf Cart <input type="checkbox"/> 21 - Train <input type="checkbox"/> 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	<input type="checkbox"/> 08 - Left Side <input type="checkbox"/> 09 - Left Front <input type="checkbox"/> 10 - Top and Windows <input type="checkbox"/> 11 - Undercarriage <input type="checkbox"/> 12 - Load/Trailer <input type="checkbox"/> 13 - Total (All Areas) <input type="checkbox"/> 14 - Other	Action <input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown
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Pre-Crash Actions <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn	<input type="checkbox"/> 07 - Making U-Turn <input type="checkbox"/> 08 - Entering Traffic Lane <input type="checkbox"/> 09 - Leaving Traffic Lane <input type="checkbox"/> 10 - Parked <input type="checkbox"/> 11 - Slowing or Stopped in Traffic <input type="checkbox"/> 12 - Driverless	<input type="checkbox"/> 13 - Negotiating a Curve <input type="checkbox"/> 14 - Other Motorist Action	Non-Motorist <input type="checkbox"/> 15 - Entering or Crossing Specified Location <input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling <input type="checkbox"/> 17 - Working <input type="checkbox"/> 18 - Pushing Vehicle <input type="checkbox"/> 19 - Approaching or Leaving Vehicle <input type="checkbox"/> 20 - Standing	<input type="checkbox"/> 21 - Other Non-Motorist Action
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Contributing Circumstances Primary <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign Secondary <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road	<input type="checkbox"/> 11 - Improper Backing <input type="checkbox"/> 12 - Improper Start From Parked Position <input type="checkbox"/> 13 - Stopped or Parked Illegally <input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner <input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions) <input type="checkbox"/> 16 - Wrong Side/Wrong Way <input type="checkbox"/> 17 - Failure to Control <input type="checkbox"/> 18 - Vision Obstruction <input type="checkbox"/> 19 - Operating Defective Equipment <input type="checkbox"/> 20 - Load Shifting/Falling/Spilling <input type="checkbox"/> 21 - Other Improper Action	Non-Motorist <input type="checkbox"/> 22 - None <input type="checkbox"/> 23 - Improper Crossing <input type="checkbox"/> 24 - Darting <input type="checkbox"/> 25 - Lying and/or Illegally in Roadway <input type="checkbox"/> 26 - Failure to Yield Right of Way <input type="checkbox"/> 27 - Not Visible (Dark Clothing) <input type="checkbox"/> 28 - Inattentive <input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer <input type="checkbox"/> 30 - Wrong Side of the Road <input type="checkbox"/> 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 Slick 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"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event 1 Most Harmful Event 1	Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift	<input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc) <input type="checkbox"/> 07 - Separation of Units <input type="checkbox"/> 08 - Ran Off Road Right <input type="checkbox"/> 09 - Ran Off Road Left	<input type="checkbox"/> 10 - Cross Median <input type="checkbox"/> 11 - Cross Center Line Opposite Direction of Travel <input type="checkbox"/> 12 - Downhill Runaway <input type="checkbox"/> 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed <input type="checkbox"/> 14 - Pedestrian <input type="checkbox"/> 15 - Pedacyclist <input type="checkbox"/> 16 - Railway Vehicle (Train, Engine) <input type="checkbox"/> 17 - Animal - Farm <input type="checkbox"/> 18 - Animal - Deer <input type="checkbox"/> 19 - Animal - Other <input type="checkbox"/> 20 - Motor Vehicle in Transport	<input type="checkbox"/> 21 - Parked Motor Vehicle <input type="checkbox"/> 22 - Work Zone Maintenance Equipment <input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle <input type="checkbox"/> 24 - Other Movable Object	Collision With Fixed Object <input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Parapet <input type="checkbox"/> 29 - Bridge Rail <input type="checkbox"/> 30 - Guardrail Face <input type="checkbox"/> 31 - Guardrail End <input type="checkbox"/> 32 - Portable Barrier	<input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Guardrail Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light/Luminaries Support <input type="checkbox"/> 40 - Utility Pole

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

Local Report Number
1 6 2 8 0 0 0

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle LATHAM, MARIAH F.	Date of Birth 04/07/1991	Age 25	Gender F - Female M - Male
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Address, City, State, Zip 412 WALNUT ST. CINCINNATI, OHIO 45216	Contact Phone- include area code (513) 885-0185
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Injuries 1	Injured Taken By 1	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 OH	Operator License Number TH197862	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

Offense Charged (Local Code) 333.03A	Offense Description ACDA	Citation Number 229108	Hands-Free Device Used	Driver Distracted By 2
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle MCCLINTON, PORSHA L.	Date of Birth 08/20/1990	Age 25	Gender F - Female M - Male
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Address, City, State, Zip 1486 SOUTHRIDGE LN. CINCINNATI, OHIO 45231	Contact Phone- include area code (513) 545-1994
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Injuries 2	Injured Taken By 2	EMS Agency SFFD	Medical Facility Injured Taken To MERCY FAIRFIELD	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UA075724	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

Offense Charged (Local Code) 331.11A1	Offense Description IMPROPER TURN	Citation Number 229109	Hands-Free Device Used	Driver Distracted By 1
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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
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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
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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
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Occupant

Unit Number 02	Name: Last, First, Middle JOHNSON, KAYLA M.	Date of Birth 11/25/1990	Age 25	Gender F - Female M - Male
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Address, City, State, Zip 5860 RENEE CT. APT. 10 CINCINNATI, OHIO 45239	Contact Phone- include area code (513) 846-7581
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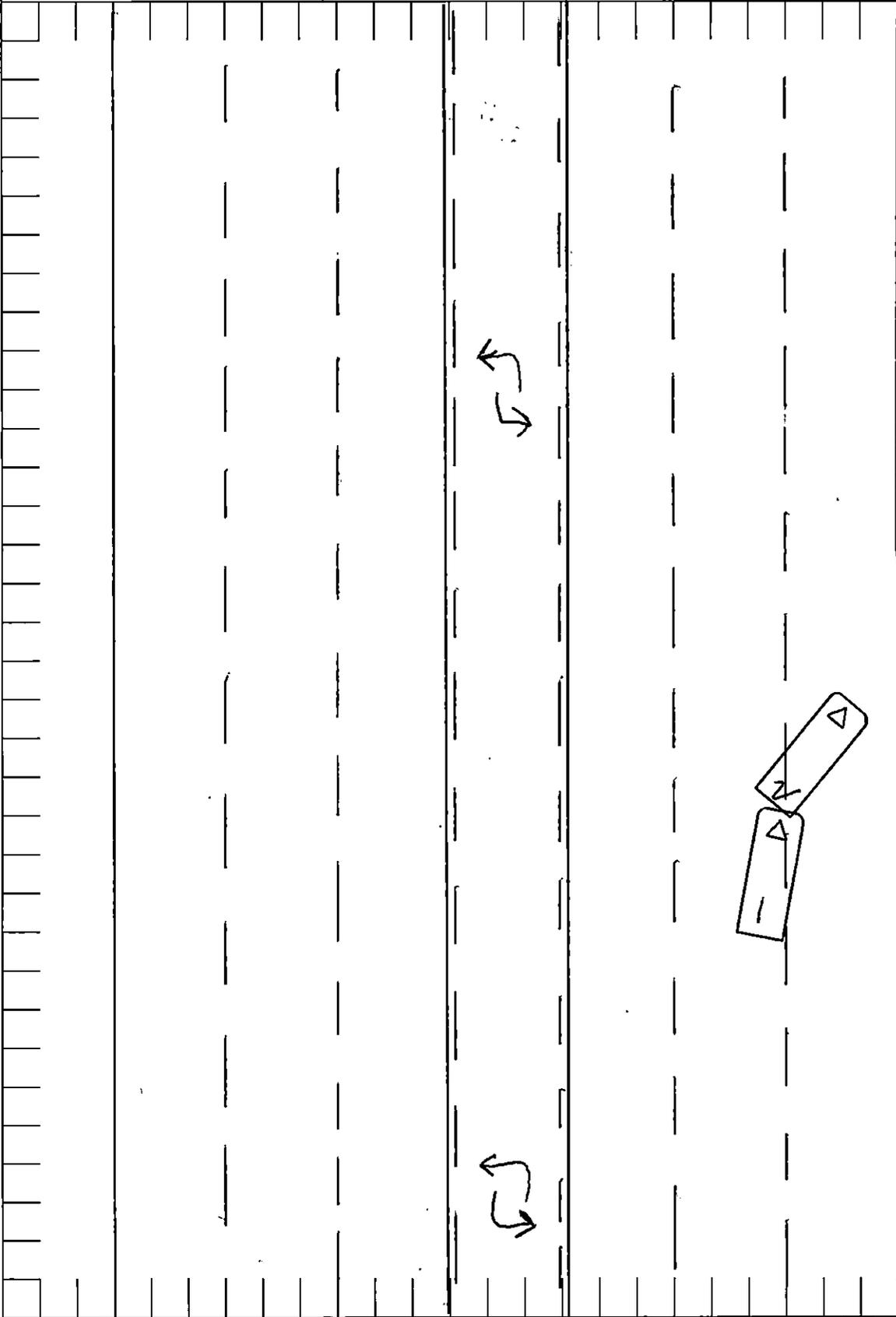
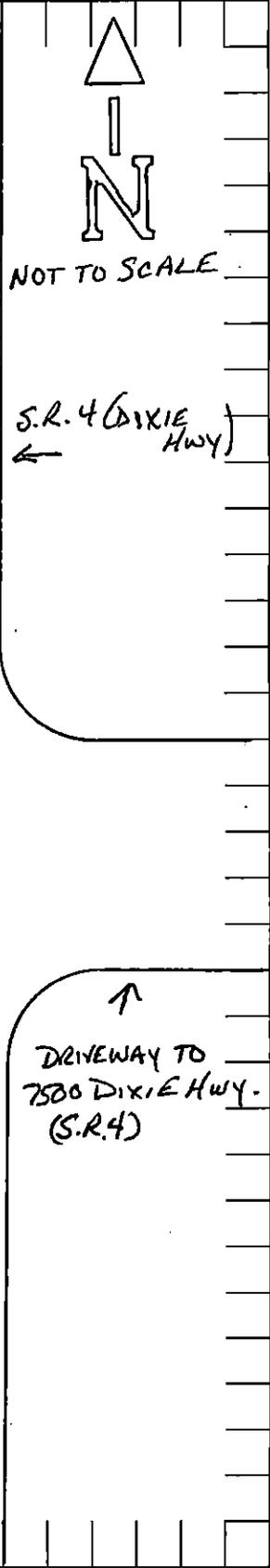
Injuries 2	Injured Taken By 2	EMS Agency SFFD	Medical Facility Injured Taken To MERCY FAIRFIELD	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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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	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER 16-02800	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 04-15-2016
IN COUNTY OF Butler	ACCIDENT LOCATION S.R. 4 (DIXIE HWY.) AT 7500 S.R.4 (DIXIE HWY.)	
 <p>The diagram shows a road with multiple lanes. On the left side, there are two lanes with arrows pointing left. On the right side, there are two lanes with arrows pointing right. In the center, there are two lanes with arrows pointing up. Two vehicles are depicted: vehicle 1 is in the right lane, and vehicle 2 is in the center lane, both moving upwards. A driveway is shown on the right side, branching off to the right from the road.</p>		 <p>↑ N NOT TO SCALE S.R. 4 (DIXIE HWY.) ← ↑ DRIVEWAY TO 7500 DIXIE HWY. (S.R.4)</p>
OFFICER'S SIGNATURE <i>P.O. Michelle Butth</i>		BADGE NO. 72