



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
1 6 0 2 9 0 3 6	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			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	0 4 1 9 2 0 1 6	1 6 5 4	T U E

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

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	0 1	AL - Alley CR - Circle AV - Avenue CT - Court BL - Boulevard DR - Drive HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike PL - Place ST - Street RD - Road TE - Terrace SQ - Square TL - Trail WA - Way

Location Route Type 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types 1
U S	1 2 7		Pleasant	AV	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

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

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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 checked="" type="checkbox"/>	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 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary 0 1	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

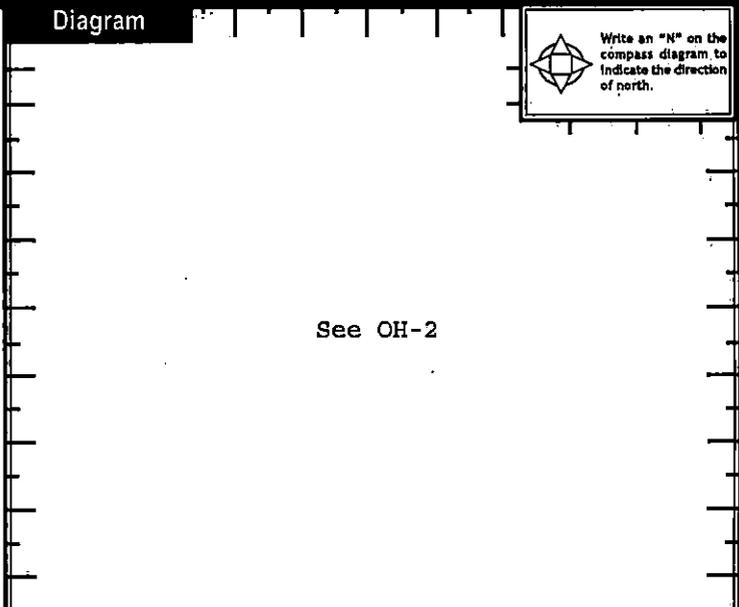
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	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	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

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

Narrative

On 04/19/2016 at about 4:54 P.M. Unit 1 was traveling south on Pleasant Ave. when, at about 50 ft. north of the intersection with John Gray Rd., failed to maintain an assured clear distance ahead and crashed into Unit 2 who was stopped in traffic.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to DDPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
Police Agency <input type="checkbox"/> Motorist <input type="checkbox"/>	<input type="checkbox"/>	0 4 1 9 2 0 1 6	1 6 5 5	1 6 5 6	1 7 0 2	1 7 1 6	0	1 4
Officer's Name *	Officer's Badge Number *	Checked By	Page 1 of 5					
Larsh, Sam	134	Sp. Det. Gamett #5						



Unit

Local Report Number
1 6 0 2 9 0 3 6

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) GRASSMASTERS LAWN AND LANDSCAPING	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 310-6144	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5985 HERITAGE KNOLL TER, FAIRFIELD OHIO 45014			1 - None	
LP State OH	License Plate Number PIQ4898	Vehicle Identification Number 1F7X2B6XCBA10016	2 - Minor	
Vehicle Year 2012	Vehicle Make FORD	Vehicle Model F-250	3 - Functional	
Vehicle Color RED	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE FARM	4 - Disabling	
	Policy Number 4683785-D01-35D	Towed By	9 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 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 Glass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit

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 07 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 02 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 11 Motorist 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	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 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
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 - 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 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 40	Traffic Control 04 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
16029036

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Buechel, Thomas	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 271-7213	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 3815 Simpson Ave., Cincinnati, Ohio, 45227			1 - None	
LP State OH	License Plate Number DJB9703	Vehicle Identification Number 1MELE1M50U7VG651141	2 - Minor	
Vehicle Year 1997	Vehicle Make Mercury	Vehicle Model Sable	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Nationwide	Policy Number 9234K176028	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			Carrier Phone- include area code	

US DOT 1	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	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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Unit Speed 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 04	Traffic Control 01 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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Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 2 9 0 3 6

Motorist/Non-Motorist

Unit Number: 01 Name: Last, First, Middle: Broerman, Vincent Date of Birth: 11/25/1986 Age: 28 Gender: M (F - Female, M - Male)

Address, City, State, Zip: 5985 Heritage Knoll Ter., Fairfield, Ohio, 45014 Contact Phone- include area code: (513) 310-6144

Injuries: 1 Injured Taken By: [] EMS Agency: [] Medical Facility Injured Taken To: [] Safety Equipment Used: 04 DOT Compliant Motorcycle Helmet: [] Seating Position: 01 Air Bag Usage: 1 Ejection: 1 Trapped: 1

OL State: OH Operator License Number: SN153494 OL Class: 4 No Valid OL: [] M/C End.: [] Condition: 1 Alcohol/Drug Suspected: 1 Alcohol Test Status: 1 Alcohol Test Type: 1 Alcohol Test Value: [] Drug Test Status: 1 Drug Test Type: 1

Offense Charged (Local Code): 333.03 (a) Offense Description: ACDA Citation Number: 229577 Hands-Free Device Used: [] Driver Distracted By: 1

Motorist/Non-Motorist

Unit Number: 02 Name: Last, First, Middle: Buechel, Thomas Date of Birth: 06/30/1943 Age: 72 Gender: M (F - Female, M - Male)

Address, City, State, Zip: 3815 Simpson Ave., Cincinnati, Ohio, 45227 Contact Phone- include area code: (513) 271-7213

Injuries: 1 Injured Taken By: [] EMS Agency: [] Medical Facility Injured Taken To: [] Safety Equipment Used: 04 DOT Compliant Motorcycle Helmet: [] Seating Position: 01 Air Bag Usage: 1 Ejection: 1 Trapped: 1

OL State: OH Operator License Number: RK261693 OL Class: 4 No Valid OL: [] M/C End.: [] Condition: 1 Alcohol/Drug Suspected: 1 Alcohol Test Status: 1 Alcohol Test Type: 1 Alcohol Test Value: [] Drug Test Status: 1 Drug Test Type: 1

Offense Charged (Local Code): [] Offense Description: [] Citation Number: [] Hands-Free Device Used: [] Driver Distracted By: 1

Injuries Legend:
 1 - No Injury / None Reported
 2 - Possible
 3 - Non-Incapacitating
 4 - Incapacitating
 5 - Fatal

Injured Taken By Legend:
 1 - Not Transported / Treated at Scene
 2 - EMS
 3 - Police
 4 - Other
 9 - Unknown

Safety Equipment Used Legend:
 Motorist:
 01 - None Used - Vehicle Occupant
 02 - Shoulder Belt Only Used
 03 - Lap Belt Only Used
 04 - Shoulder and Lap Belt Used
 Non-Motorist:
 05 - Child Restraint System-Forward Facing
 06 - Child Restraint System- Rear Facing
 07 - Booster Seat
 08 - Helmet Used
 99 - Unknown Safety Equipment

Seating Position Legend:
 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 Legend:
 1 - Not Deployed
 2 - Deployed Front
 3 - Deployed Side
 4 - Deployed Both Front/Side
 5 - Not Applicable
 9 - Deployment Unknown

Ejection Legend:
 1 - Not Ejected
 2 - Totally Ejected
 3 - Partially Ejected
 4 - Not Applicable

Trapped Legend:
 1 - Not Trapped
 2 - Extricated by Mechanical Means
 3 - Extricated by Non-Mechanical Means

Operator License Class Legend:
 1 - Class A
 2 - Class B
 3 - Class C
 4 - Regular Class (Ohio is "D")
 5 - MC/Moped Only

Condition Legend:
 1 - Apparently Normal
 2 - Physical Impairment
 3 - Emotional (Depressed, Anxious, Disturbed)
 4 - Illness
 5 - Fell Asleep, Fainted, Fatigued
 6 - Under The Influence of Medications, Drugs, Alcohol
 7 - Other

Alcohol/Drug Suspected Legend:
 1 - None
 2 - Yes - Alcohol Suspected
 3 - Yes - HBD Not Impaired
 4 - Yes - Drugs Suspected
 5 - Yes - Alcohol and Drugs Suspected
 12 - Reflective Clothing
 13 - Lighting
 14 - Other

Alcohol Test Status Legend:
 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 Legend:
 1 - None
 2 - Blood
 3 - Urine
 4 - Breath
 5 - Other

Drug Test Status Legend:
 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 Legend:
 1 - None
 2 - Blood
 3 - Urine
 4 - Other

Driver Distracted By Legend:
 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: [] 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

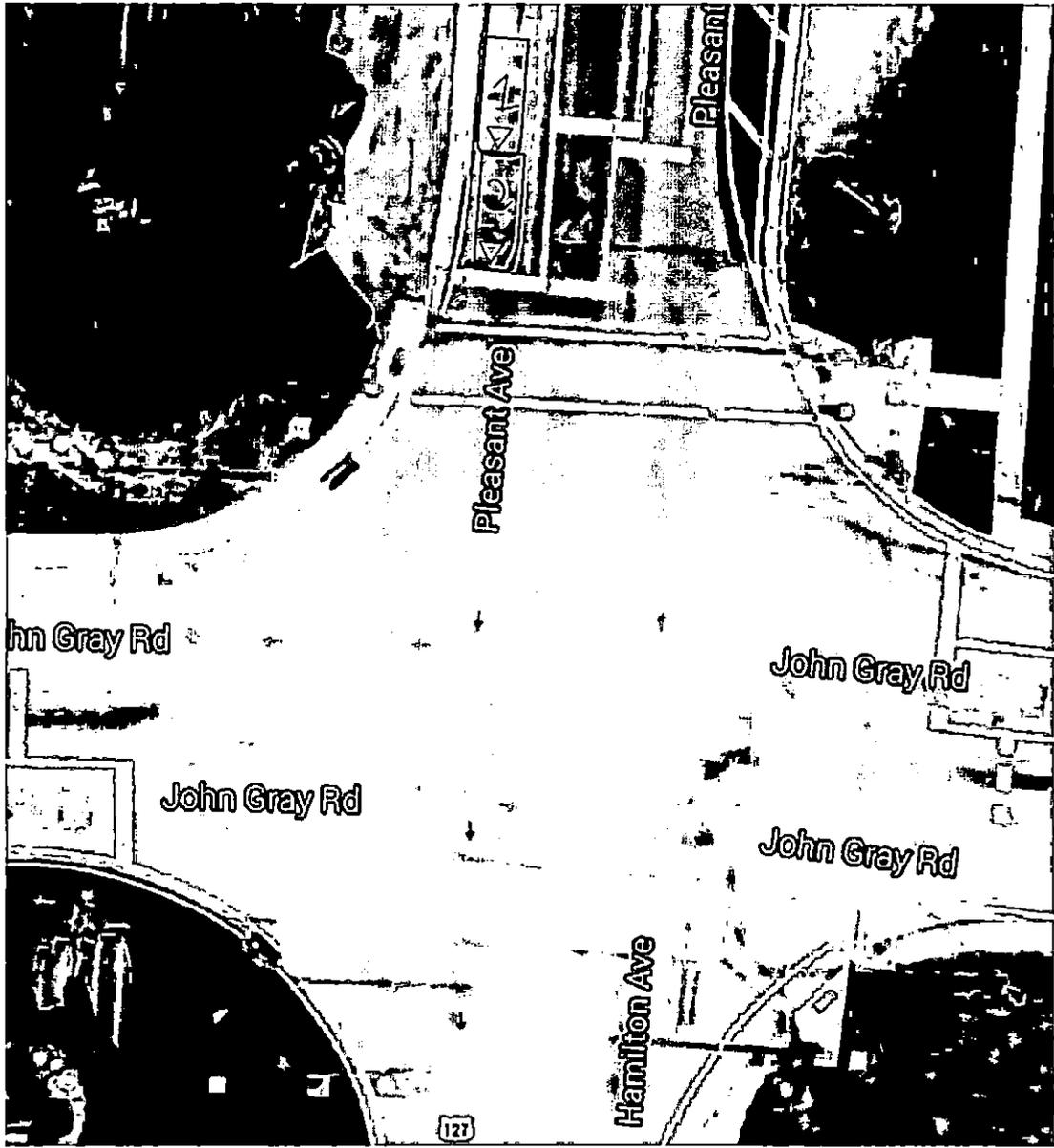
Unit Number: [] Name: Last, First, Middle: [] Date of Birth: [] Age: [] Gender: [] (F - Female, M - Male)

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 16-029036	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 04/19/2016
IN COUNTY OF Butler	ACCIDENT LOCATION Pleasant Ave. and John Gray	

** Not to Scale* *↑ North*



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NO. 134
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