



Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
16032167	3 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	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC * 00901	Reporting Agency Name * Fairfield Police Department	Number of Units 01	Unit In error 01 98 - Animal 99 - Unknown
--	--	------------------	----------------------------------	--	-----------------------	--

County * 09	City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * Fairfield	Crash Date * 04302016	Time of Crash 1850	Day of Week Sat
----------------	---	--	--------------------------	-----------------------	--------------------

Degrees / Minutes / Seconds Latitude	Longitude	OR	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0		39.323741	-78.4561296

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 02	Road Types or Milepost 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 US	Location Route Number 127	Loc Prefix N,S,E,W	Location Road Name Pleasant	Location Road Type ² AV	Route Types ¹ IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
--	------------------------------	-----------------------	--------------------------------	---------------------------------------	--

Distance From Reference 75 Miles Feet Yards	Dir From Ref N,S,E,W N	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #) Resor	Reference Road Type ² RD
---	------------------------------	-----------------------------------	------------------------	-----------------------	---	--

Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01 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 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
---	--	---	--	---	--

Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary 02	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
---	----------------------------------	-----------	---	----------------------------

Manner of Crash Collision/Impact 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	Weather 4 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
--	--

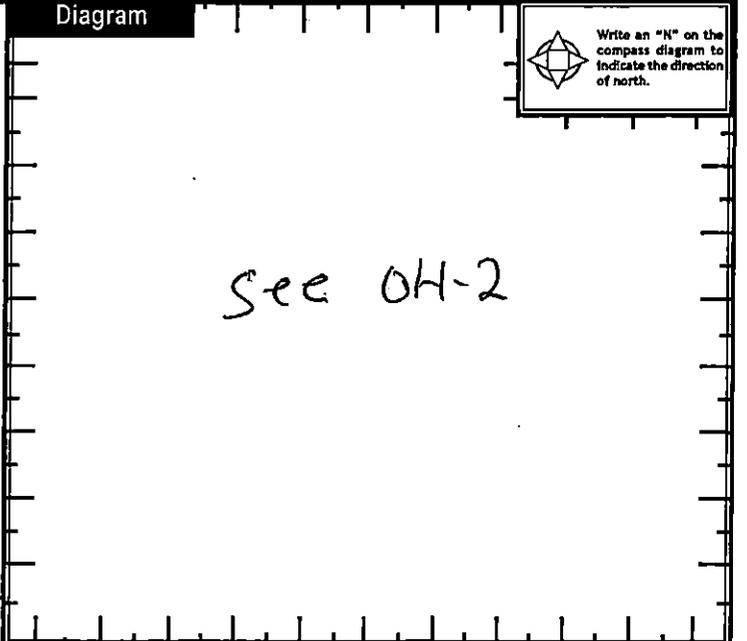
Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary 1	Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other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

<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
---	---	---

Narrative

On 04-30-16 at 6:50 p.m. Unit#1 was traveling southbound on US 127(Pleasant Ave) near Resor Rd when she slid into Unit#2 who was also southbound on US 127(Pleasant Ave) near Resor Rd.

Unit#2 stated she was slowing for traffic on US 127(Pleasant Ave) near Resor Rd when she was rear ended by Unit#1.



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 DDBS)					
Date Crash Reported 04302016	Time Crash Reported 1851	Dispatch Time 1851	Arrival Time 1855	Time Cleared 1910	Other Investigation Time 30	Total Minutes 45

Officer's Name * P.O. John Cresap	Officer's Badge Number 113	Checked By <i>[Signature]</i> #8	Page 1 of 5
--------------------------------------	-------------------------------	-------------------------------------	-------------



Unit

Local Report Number
1 6 0 3 2 1 6 7

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Kharel, Chura, M	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 720-8632	Damage Scale 2	
LP State OH	License Plate Number GOH-4112	Vehicle Identification Number J T D B T 9 2 3 X 8 4 0 3 7 0 8 6	# Occupants 01	
Vehicle Year 2008	Vehicle Make Toyota	Vehicle Model Yaris	Vehicle Color Maroon	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Geico Ins	Policy Number 4432882027	Towed By	

Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 10011 Arborwood Dr Cincinnati, OH 45251	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 <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 <input type="checkbox"/> 09 - Pole <input type="checkbox"/> 10 - Cargo Tank <input type="checkbox"/> 11 - Flat Bed <input type="checkbox"/> 12 - Dump <input type="checkbox"/> 13 - Concrete Mixer <input type="checkbox"/> 14 - Auto Transporter <input type="checkbox"/> 15 - Garbage/Refuse <input type="checkbox"/> 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 FL) 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 <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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 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 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
--	---	---	--	--	--

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
--	---	--	--

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 <input type="checkbox"/> 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 20 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 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 - Dscr 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 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 15	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
-------------------------	---------------------------	--	--



Unit

Local Report Number
 1 6 0 3 2 1 6 7

Unit Number: **02** Owner Name: Last, First, Middle (Same As Driver)
Haslit, Mary, V. Owner Phone Number - inc. area code (Same As Driver)
(513) 939-1917 Damage Scale: **2** Damaged Area:

Owner Address: City, State, Zip (Same As Driver)
1635 Gelhot Dr #19 Fairfield, OH 45014

LP State: **OH** License Plate Number: **FVD-3216** Vehicle Identification Number: **1N4AL3AF4DCL76522** # Occupants: **02**

Vehicle Year: **2013** Vehicle Make: **Nissan** Vehicle Model: **Sentra** Vehicle Color: **White**

Proof of Insurance Shown Insurance Company: **State Farm Ins** Policy Number: **786-2560-C04-35** 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.

HM Placard ID No.: _____ HM Class Number: _____

Cargo Body Type: 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 - 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

Hit / Skip Unit

Non-Motorist Location Prior to Impact: 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 - Personal 2 - Commercial 3 - Government In Emergency Response

Unit Type: 03 - 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

Has HM Placard

Special Function: 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: 06 - 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 99 - Unknown

Action: 4 - 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions: 11 - 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

Contributing Circumstances: Primary: 01 - 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: 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 2 3 4 5 6 First Harmful Event: 1 Most Harmful Event: 1

Non-Collision Events: 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow 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 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: 5 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



Motorist / Non-Motorist / Occupant

Local Report Number

1,6,0,3,2,1,6,7

Unit Number 01	Name: Last, First, Middle Kharel, Nirmala	Date of Birth 01/07/1996	Age 20	Gender F F - Female M - Male
--------------------------	---	------------------------------------	------------------	--

Address, City, State, Zip 4663 Pleasant Ave Fairfield, OH 45014	Contact Phone- include area code (513) 720-8632
---	---

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UN112291	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 1	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code) 333.03A	Offense Description ACDA	Citation Number 229677	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
--	------------------------------------	----------------------------------	--	----------------------------------

Unit Number 02	Name: Last, First, Middle Haslit, Mary, V.	Date of Birth 05/18/1951	Age 64	Gender F F - Female M - Male
--------------------------	--	------------------------------------	------------------	--

Address, City, State, Zip 1635 Gelhot Dr Apt 19 Fairfield, OH 45014	Contact Phone- include area code (513) 939-1917
---	---

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RR553317	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 1	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
------------------------------	---------------------	-----------------	--	----------------------------------

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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	99 - Unknown Safety Equipment	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
--	---	--	-------------------------------	--	---

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

Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
---	--	---	--	---

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

Unit Number 02	Name: Last, First, Middle Sosby, Meredith	Date of Birth 06/17/2007	Age 8	Gender F F - Female M - Male
--------------------------	---	------------------------------------	-----------------	--

Address, City, State, Zip 2666 Granite Path Ct Burlington, KY 41005	Contact Phone- include area code (513) 470-1478
---	---

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 06	Air Bag Usage 5	Ejection 1	Trapped 1
----------------------	------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

NUMBER

16-032167

FAIRFIELD P.D. 00901

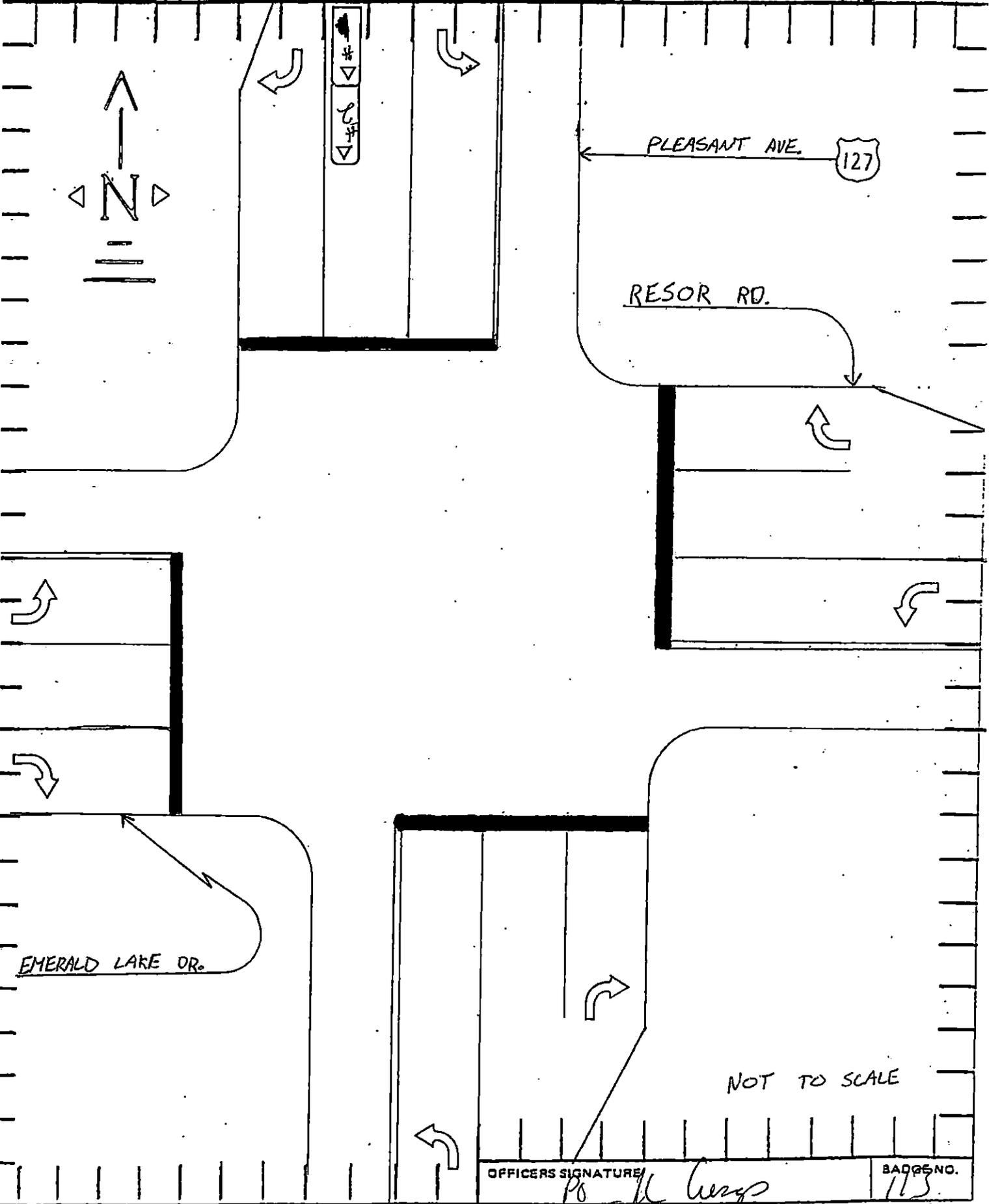
MO 4 30 16

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

US 127 (Pleasant Ave.) & Resor Rd



OFFICERS SIGNATURE

Po J. Lopez

BADGE NO.

115