OHIO DEPARTMENT OF PUBLIC SAFETY — Traffic Crash Report

EDUCATION • SERVICE • PROTECTION

Local Information

Local Report Number *: 16057660

Crash Severity: 2 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: (1 - Solved, 2 - Unsolved)

Photos Taken: ■ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 00901

Reporting Agency Name *: Fairfield Police Department

Number of Units: 02

Unit in error: 01 (98 - Animal, 99 - Unknown)

County *: 09

■ City * ☐ Village * ☐ Township *

City, Village, Township *: Fairfield

Crash Date *: 08092016

Time of Crash: 1310

Day of Week: TUE

Degrees / Minutes / Seconds — Latitude: 0 / // Longitude: 0 / //

OR

Decimal Degrees — Latitude: 39.337706 Longitude: -84.558419

Roadway Division: ☐ Divided ■ Undivided

Divided Lane Direction of Travel: N - Northbound E - Eastbound S - Southbound W - Westbound

Number of Thru Lanes: 04

Road Types or Milepost [2]: AL - Alley; AV - Avenue; BL - Boulevard; CR - Circle; CT - Court; DR - Drive; HE - Heights; HW - Highway; LA - Lane; MP - Milepost; PK - Parkway; PI - Pike; PL - Place; RD - Road; SQ - Square; ST - Street; TE - Terrace; TL - Trail; WA - Way

Location Route Type [1]:

Location Route Number:

Loc Prefix (N,S,E,W):

Location Road Name: Nilles

Location Road Type [2]: RD

Route Types [1]: IR - Interstate Route (inc. turnpike); US - US Route; SR - State Route; CR - Numbered County Route; TR - Numbered Township Route

Distance From Reference: ☐ Miles ☐ Feet ☐ Yards

Dir From Ref (N,S,E,W):

OF

Reference Route Type [1]:

Reference Route Number:

Ref Prefix (N,S,E,W):

Reference Name (Road, Milepost, House #): 650

Reference Road Type [2]:

Reference Point Used: 3 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 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)

☐ Intersection Related

Location of First Harmful Event: 1 (1 - On Roadway; 2 - On Shoulder; 3 - In Median; 4 - On Roadside; 5 - On Gore; 6 - Outside Trafficway; 9 - Unknown)

Road Contour: 1 (1 - Straight Level; 2 - Straight Grade; 3 - Curve Level; 4 - Curve Grade; 9 - Unknown)

Road Conditions — Primary: 01 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: 2 (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)

* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present

☐ Law Enforcement Present (Officer/Vehicle)

☐ 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 08/09/2016 at about 1:10 P.M. unit 1 was traveling westbound on Nilles Rd. at approximately 15 MPH when it failed to stop within the assured clear distance ahead, and in so doing, collided with unit 2 which was also westbound on Nilles Rd. and was turning right into the private parking lot of 650 Nilles Rd.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

SEE OH-2

Report Taken By: ■ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
08092016	1311	1317	1326	1348	30	52

Officer's Name *: C. Singleton

Officer's Badge Number: 89

Checked By: Sgt. M. Rednour #53

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Unit

Local Report Number: 16057660

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale	Damaged Area
01	Air Equip Rental Corp	(513) 942-1488	2	

Owner Address: City, State, Zip (☐ Same As Driver)
9400 Le Saint Dr. Fairfield, Ohio 45014

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front, 02, 09, 03, 08, 10, 04, 07, 06, 05, Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	PHY4768	1FTMF1CM4DKD93984	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2013	Ford	F150	White

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☑	Axis Ins.	A2A1OH00101016301	

Carrier Name, Address, City, State, Zip: Air Equip Rental Corp 9400 Le Saint Dr. Fairfield, OH 45014

Carrier Phone- include area code: (513) 942-1488

US DOT

HM Placard ID No.

HM Class Number

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.)

☐ Hazardous Material Released

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: 2
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
1 - Personal; 2 - Commercial; 3 - Government

☐ In Emergency Response

Unit Type: 07 (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

☐ 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: 03
Impact Area: 03
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: 3
1 - Non-Contact; 2 - Non-Collision; 3 - Striking; 4 - Struck; 5 - Striking/Struck; 9 - Unknown

Pre-Crash Actions: 01 (99 - Unknown)
Motorist: 01 - Straight Ahead; 02 - Backing; 03 - Changing Lanes; 04 - Overtaking/Passing; 05 - Making Right Turn; 06 - Making Left Turn; 07 - Making U-Turn; 08 - Entering Traffic Lane; 09 - Leaving Traffic Lane; 10 - Parked; 11 - Slowing or Stopped in Traffic; 12 - Driverless; 13 - Negotiating a Curve; 14 - Other Motorist Action
Non-Motorist: 15 - Entering or Crossing Specified Location; 16 - Walking, Running, Jogging, Playing, Cycling; 17 - Working; 18 - Pushing Vehicle; 19 - Approaching or Leaving Vehicle; 20 - Standing; 21 - Other Non-Motorist Action

Contributing Circumstances
Primary: 09
Secondary:
99 - Unknown
Motorist: 01 - None; 02 - Failure to Yield; 03 - Ran Red Light; 04 - Ran Stop Sign; 05 - Exceeded Speed Limit; 06 - Unsafe Speed; 07 - Improper Turn; 08 - Left of Center; 09 - Followed Too Closely/ACDA; 10 - Improper Lane Change /Passing/Off Road; 11 - Improper Backing; 12 - Improper Start From Parked Position; 13 - Stopped or Parked Illegally; 14 - Operating Vehicle in Negligent Manner; 15 - Swerving to Avoid (Due to External Conditions); 16 - Wrong Side/Wrong Way; 17 - Failure to Control; 18 - Vision Obstruction; 19 - Operating Defective Equipment; 20 - Load Shifting/Falling/Spilling; 21 - Other Improper Action
Non-Motorist: 22 - None; 23 - Improper Crossing; 24 - Darting; 25 - Lying and/or Illegally in Roadway; 26 - Failure to Yield Right of Way; 27 - Not Visible (Dark Clothing); 28 - Inattentive; 29 - Failure to Obey Traffic Signs /Signals/Officer; 30 - Wrong Side of the Road; 31 - Other Non-Motorist Action

Vehicle Defects
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: ; 3: ; 4: ; 5: ; 6:
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: 15 ☐ Stated ☑ 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 3 To 4
1 - North; 2 - South; 3 - East; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

Unit

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

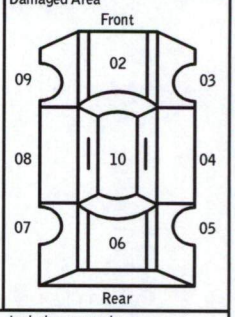
Local Report Number: 16057660

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale	Damaged Area
02	Smith, Victoria	(513) 829-9543	3	

Owner Address: City, State, Zip (☐ Same As Driver)
4886 Holiday Dr. #1 Fairfield, Ohio 45014

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area



LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	AG36BC	1G1JC124X1720436 9	02

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2001	Chevrolet	Cavalier	Silver

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☐	State Farm	2624516C3035J	

Carrier Name, Address, City, State, Zip

Carrier Phone- include area code

US DOT

HM Placard ID No.

HM Class Number

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.

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Type of Use: 1
1 - Personal; 2 - Commercial; 3 - Government

☐ In Emergency Response

Unit Type: 02
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

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

Pre-Crash Actions: 05
99 - Unknown

Motorist: 01 - Straight Ahead; 02 - Backing; 03 - Changing Lanes; 04 - Overtaking/Passing; 05 - Making Right Turn; 06 - Making Left Turn; 07 - Making U-Turn; 08 - Entering Traffic Lane; 09 - Leaving Traffic Lane; 10 - Parked; 11 - Slowing or Stopped in Traffic; 12 - Driverless; 13 - Negotiating a Curve; 14 - Other Motorist Action

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Contributing Circumstances

Primary: 01
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Sequence of Events

1	2	3	4	5	6
20					

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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Unit Direction: From 3 To 4
1 - North; 2 - South; 3 - East; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

Motorist / Non-Motorist / Occupant

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Report Number: 16057660

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Parker, Thomas	06191983	33	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- include area code
11347 Kenshire Dr. Cincinnati, Ohio 45240	(513) 383-6201

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
1				04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RX358927	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (■ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
333.03A	ACDA	230354	☐	1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Smith, Victoria	08281946	69	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- include area code
4886 Holiday Dr. #1 Fairfield, Ohio 45014	(513) 829-9543

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
2	1			04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RG415377	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	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
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

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Ellington, Landree	01120025	11	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- include area code
730 Doris Jane Ave. Fairfield, Ohio 45014	(513) 550-2731

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
1				04	☐	03	1	1	1

Occupant

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

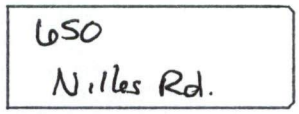
Address, City, State, Zip	Contact Phone- include area code

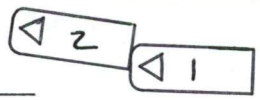
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION **OH-2 (Rev. 1/82)**

LOCAL REPORT NUMBER	16-057660	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	08/09/2016
IN COUNTY OF	Butler	ACCIDENT LOCATION	650 Nilles Rd.		

Not to Scale





	OFFICER'S SIGNATURE	BADGE NO.
	C. Singleton	89