



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 5 8 8 2 8	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 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	0 0 9 0 1	Fairfield Police Department	0 2
County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	0 8 1 3 2 0 1 6	1 8 5 7	S A T

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	0 4	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 Number	Location Road Name	Location Route Type <sup>1</sup>	Route Types <sup>1</sup>
4	Bypass	S R	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 Number	Reference Name (Road, Milepost, House #)
20 <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	E N, S, E, W	4	Dixie

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	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level	0 2 Primary Secondary	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke

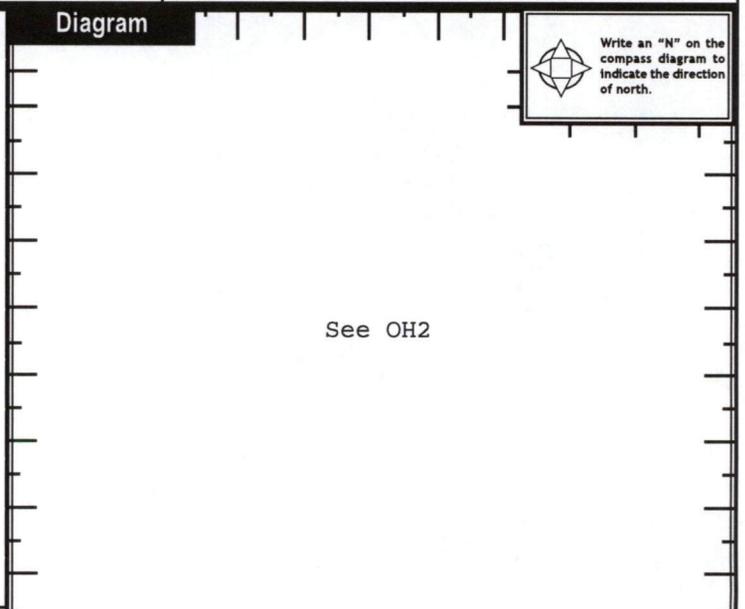
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> School Bus Indirectly Involved

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

**Narrative**

On 08-13-16 at approximately 6:57 p.m. Unit #2 and Unit #1 were traveling westbound on SR4 Bypass approaching the intersection of SR4 Bypass and Dixie Hwy. Unit #2 and Unit #1 were both going to turn right or northbound on Dixie Hwy. Unit #2 stopped at the traffic signal, then started to move forward, then stopped again for traffic. The driver of Unit #1 thought Unit #2 had made the turn and started to make the turn as well. When Unit #2 stopped Unit #1 was unable to stop and Unit #1 struck Unit #2 in the rear.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 8 1 3 2 0 1 6	1 8 5 7	1 8 5 8	1 9 1 1	1 9 3 9	1 0	3 8
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5			
P.O. T. Chenoweth	124					



# Unit

Local Report Number  
**16058828**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>Stewart, James F. Jr.</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 518-3916</b>	Damage Scale <b>2</b>	Damaged Area 
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Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>5810 Milona Ct. Fairfield, OH 45014</b>
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LP State <b>OH</b>	License Plate Number <b>DKX3419</b>	Vehicle Identification Number <b>1J4HA5H11AL156469</b>	# Occupants <b>02</b>
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Vehicle Year <b>2010</b>	Vehicle Make <b>Jeep</b>	Vehicle Model <b>Wrangler</b>	Vehicle Color <b>Silver</b>
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Motorist Mutual</b>	Policy Number <b>72780666398109</b>	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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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 <b>01</b> 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 <b>1</b> 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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HM Placard ID No.	HM Class Number	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit
Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government	Unit Type <b>06</b> 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist

Special Function <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> 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
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Contributing Circumstances Primary <b>09</b> Secondary <b>00</b> 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 <b>00</b> 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 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 - 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
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Unit Speed <b>10</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>50</b>	Traffic Control <b>12</b> 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 <b>3</b> To <b>4</b> 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  
**16058828**Unit Number: **02** Owner Name: Last, First, Middle (  Same As Driver )  
**Brooks, Angela N.** Owner Phone Number - inc. area code (  Same As Driver )  
**(859) 494-1720** Damage Scale: **3** Damaged Area: Owner Address: City, State, Zip (  Same As Driver )  
**73 Woodstock Dr. Fairfield, OH 45014**LP State: **OH** License Plate Number: **D522145** Vehicle Identification Number: **1FMDU73K14UC34217** # Occupants: **02**Vehicle Year: **2004** Vehicle Make: **Ford** Vehicle Model: **Explorer** Vehicle Color: **Black** Proof of Insurance Shown Insurance Company: Policy Number: 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. Cargo Body Type: **01** Trafficway Description: **1**  
HM Placard ID No.: HM Class Number:  Hazardous Material ReleasedNon-Motorist Location Prior to Impact:  Type of Use: **1** Unit Type: **06** Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)  
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  
1 - Personal  
2 - Commercial  
3 - Government  
 In Emergency Response  
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  
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  
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 PlacardSpecial Function: **01** Most Damaged Area: **06** Impact Area: **06** Action: **4**  
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)  
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 - UnknownPre-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 ActionContributing 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 DefectsSequence of Events: 1 **20** 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 (Blown Tire, Brake Failure, etc), 07 - Separation of Units, 08 - Ran Off Road Right, 09 - Ran Off Road Left, 10 - Cross Median, 11 - Cross Center Line Opposite Direction of Travel, 12 - Downhill Runaway, 13 - Other Non-Collision, Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion, 26 - Bridge Overhead Structure, 27 - Bridge Pier or Abutment, 28 - Bridge Parapet, 29 - Bridge Rail, 30 - Guardrail Face, 31 - Guardrail End, 32 - Portable Barrier, 33 - Median Cable Barrier, 34 - Median Guardrail Barrier, 35 - Median Concrete Barrier, 36 - Median Other Barrier, 37 - Traffic Sign Post, 38 - Overhead Sign Post, 39 - Light/Luminaries Support, 40 - Utility Pole, 41 - Other Post, Pole or Support, 42 - Culvert, 43 - Curb, 44 - Ditch, 45 - Embankment, 46 - Fence, 47 - Mailbox, 48 - Tree, 49 - Fire Hydrant, 50 - Work Zone Maintenance Equipment, 51 - Wall, Building, Tunnel, 52 - Other Fixed ObjectUnit Speed: **0** Posted Speed: **50** Traffic Control: **12** Unit Direction: From **3** To **4**  
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  
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 5 8 8 2 8

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Stewart, James F. Jr.	Date of Birth 09/14/1967	Age 48	Gender M F - Female M - Male
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Address, City, State, Zip 5810 Milona Ct. Fairfield, OH 45014	Contact Phone- include area code (513) 518-3916
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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 RM147985	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) 333.03a	Offense Description ACDA	Citation Number 229746	Hands-Free Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Slone, Bobby L.	Date of Birth 06/26/1985	Age 31	Gender M F - Female M - Male
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Address, City, State, Zip 548 George St. Milford, OH 45150	Contact Phone- include area code (513) 413-9122
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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 TU650884	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)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - M/C/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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 01	Name: Last, First, Middle Stewart, Ethan	Date of Birth 08/19/2002	Age 13	Gender M F - Female M - Male
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Address, City, State, Zip 5810 Milona Ct. Fairfield, OH 45014	Contact Phone- include area code (513) 518-3916
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	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 02	Name: Last, First, Middle Brooks, Angela N.	Date of Birth 10/25/1978	Age 37	Gender F F - Female M - Male
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Address, City, State, Zip 73 Woodstock Dr. Fairfield, OH 45014	Contact Phone- include area code (859) 494-1720
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1
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LOCAL REPORT NUMBER <b>16058828</b>	REPORTING AGENCY <b>FAIRFIELD P.D.</b>	DATE OF CRASH <b>MO8 10/31/16</b>
IN COUNTY OF <b>BUTLER</b>	CRASH LOCATION <b>DIXIE HWY AT ROSS RD &amp; BYPASS 4</b>	

