



Traffic Crash Report

Local Report Number *

1 6 0 5 9 1 6 5

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

 Photos Taken
 OH-2 OH-1P
 OH-3 Other

 PDO Under State Reportable Dollar Amount

 Private Property
Reporting Agency NCIC *
0 0 9 0 1Reporting Agency Name *
Fairfield Police DepartmentNumber of Units
0 2Unit in error
0 1 98 - Animal
99 - UnknownCounty *
0 9
 City *
 Village *
 Township *
City, Village, Township *
FairfieldCrash Date *
0 8 1 5 2 0 1 6Time of Crash
1 1 5 9Day of Week
M O N

Degrees / Minutes / Seconds

Latitude
0 / " Longitude
0 / "

Decimal Degrees

Latitude
3 9 . 3 3 6 8 9 9 Longitude
- 8 4 . 5 1 8 0 0 0Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
 N - Northbound E - Eastbound
 S - Southbound W - WestboundNumber of Thru Lanes
0 3Road Types or Milepost²
 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 Type¹Location Road Name
HoldenLocation Road Type²
B LRoute Types¹
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route
 US - US Route TR - Numbered Township Route
 SR - State Route
Distance From Reference
 Miles
 Feet
 YardsDir From Ref
 N,S
 E,WReference Route Type¹Reference Name (Road, Milepost, House #)
8800Reference Road Type²Reference Point Used
3 1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 1 01 - Not an intersection 06 - Five-point, or more
02 - Four-way Intersection 07 - On Ramp 11 - Railway Grade Crossing
03 - T-Intersection 08 - Off Ramp 12 - Shared-Use Paths or Trails
04 - Y-Intersection 09 - Crossover 99 - Unknown
05 - Traffic Circle/Roundabout 10 - Driveway/Alley AccessIntersection Related
Location of First Harmful Event
1 1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
1 1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve LevelRoad Conditions
Primary
0 1

Secondary

 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
 02 - Wet 06 - Water (Standing, Moving) 10 - Other
 03 - Snow 07 - Slush 99 - Unknown
 04 - Ice 08 - Debris*

* Secondary Condition Only

Manner of Crash Collision/Impact

 2 1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction
 Two Motor Vehicles 3 - Head-On 6 - Angle
 In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown

Weather

 2 1 - Clear 4 - Rain 7 - Severe Crosswinds
 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

 2 1 - Concrete 4 - Slag, Gravel, Stone
 2 - Blacktop, Bituminous, Asphalt 5 - Dirt
 3 - Brick/Block 6 - Other

Light Conditions

 1 Primary Secondary 1 - Daylight
 2 - Dawn 5 - Dark - Roadway Not Lighted 9 - Unknown
 3 - Dusk 6 - Dark - Unknown Roadway Lighting
 4 - Dark - Lighted Roadway 8 - Other 7 - Glare*

* Secondary Condition Only

 School Zone 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

 2 1 - Lane Closure 4 - Intermittent or Moving Work
 2 - Lane Shift/Crossover 5 - Other
 3 - Work on Shoulder or Median

Location of Crash in Work Zone

 3 1 - Before the First Work Zone Warning Sign 4 - Activity Area
 2 - Advance Warning Area 5 - Termination Area
 3 - Transition Area

Narrative

On 08/15/16 at approximately 11:59 a.m. unit 2 was southbound on Holden Blvd. Unit 1 was southbound on Holden Blvd. behind unit 2 and failed to stop before striking unit 2 in the rear. The brake lights of unit 2 were checked and worked properly.

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

0 8 1 5 2 0 1 6

Time Crash Reported

1 1 5 9

Dispatch Time

1 2 0 0

Arrival Time

1 2 0 3

Time Cleared

1 2 3 8

Other Investigation Time

3 0

Total Minutes

6 5

Officer's Name *

Michael Sulfridge

Officer's Badge Number

59

Checked By

Sgt. M. Rednour #53

Page 1 of 5



Unit

Local Report Number

16059165

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Said, Josephine D.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 884-0181	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 1301 Meadowlawn Way Apt A Fairfield, OH 45014				
LP State OH	License Plate Number GRW6666	Vehicle Identification Number 2A8HR44HX8R604018	# Occupants 03	
Vehicle Year 2008	Vehicle Make Chrysler	Vehicle Model Town & Country	Vehicle Color Silver	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Geico	Policy Number 4213234554	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 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
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<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 05 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 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 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 01 3 01 4 01 5 01 6 01 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 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 25 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	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

16059165

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Perdue, Elias G.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 319-7037	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 9936 Green River Dr. Cincinnati, OH 45231				1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown
LP State OH	License Plate Number FWS7767	Vehicle Identification Number 1GKDT135622387077	# Occupants 01	
Vehicle Year 2002	Vehicle Make GMC	Vehicle Model Envoy	Vehicle Color Maroon	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Allied	Policy Number PPCM00563428431	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 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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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 5 9 1 6 5

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Said, Josephine D.	Date of Birth 05181979	Age 37	Gender F - Female M - Male
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Address, City, State, Zip 1301 Meadowlawn Way Apt. A Fairfield, OH 45014	Contact Phone- include area code (513) 884-0181
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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 TJ620839	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) 333.03A	Offense Description Assured Clear Distance	Citation Number 230553	Hands-Free Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Perdue, Elias G.	Date of Birth 01311972	Age 34	Gender M - Male F - Female
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Address, City, State, Zip 9936 Green River Drive Cincinnati, OH 45231	Contact Phone- include area code (513) 319-7037
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RQ677911	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
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used 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
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - 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
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Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Occupant

Unit Number 01	Name: Last, First, Middle Dakwahene, Ivan	Date of Birth 03082013	Age 3	Gender M - Male F - Female
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Address, City, State, Zip 1301 Meadowlawn Way Apt. A Fairfield, OH 45014	Contact Phone- include area code (513) 884-0181
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 05	DOT Compliant Motorcycle Helmet	Seating Position 04	Air Bag Usage 5	Ejection 1	Trapped 1
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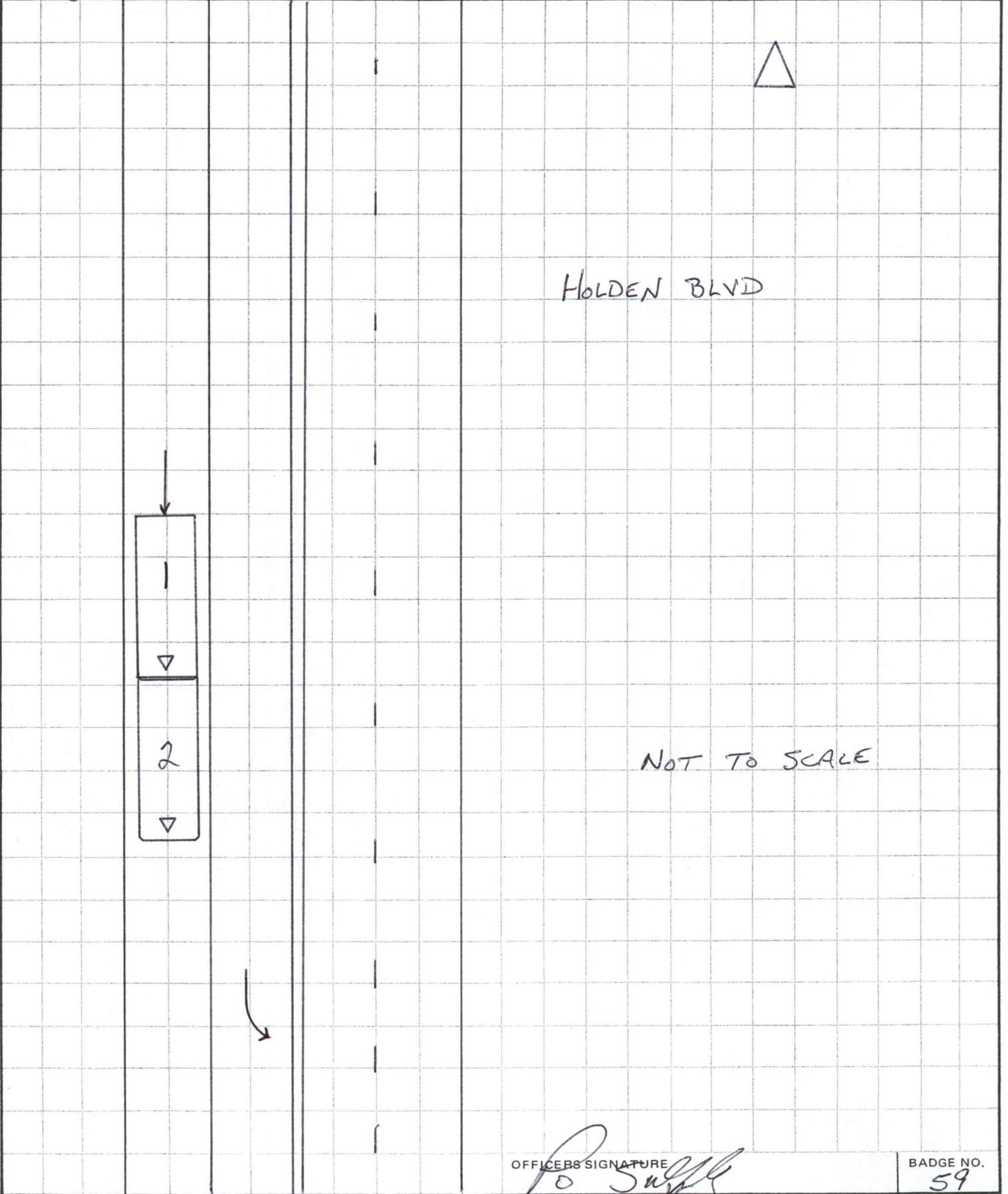
Occupant

Unit Number 01	Name: Last, First, Middle Dakwahene, Isaac	Date of Birth 03092009	Age 7	Gender M - Male F - Female
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Address, City, State, Zip 1301 Meadowlawn Way Apt. A Fairfield, OH 45014	Contact Phone- include area code (513) 884-0181
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 05	DOT Compliant Motorcycle Helmet	Seating Position 06	Air Bag Usage 5	Ejection 1	Trapped 1
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LOCAL REPORT NUMBER 16059165	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT M 8 10 15 Y 16
IN COUNTY OF BUTLER	ACCIDENT LOCATION HOLDEN BLVD	



OFFICERS SIGNATURE

PO Sullivan

BADGE NO.

59