



Traffic Crash Report

Local Report Number * 16059974 Crash Severity 2 Hit/Skip 1
 1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved

Local Information
 Photos Taken PDD Under State Reportable Dollar Amount Private Property
 OH-2 OH-1P OH-3 Other
 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 * Fairfield City, Village, Township * Fairfield
 City Village Township
 Crash Date * 08182016 Time of Crash 1100 Day of Week THU

Degrees / Minutes / Seconds Latitude 0 Longitude 0 OR Decimal Degrees Latitude 39.349234 Longitude -84.531041

Roadway Division Divided Undivided
 Divided Lane Direction of Travel N - Northbound E - Eastbound 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 RD Location Road Type ² RD 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 Miles Feet Yards Dir From Ref N,S,E,W
 Reference Route Type ¹ DR Reference Name (Road, Milepost, House #) Industry Reference Road Type ² DR

Reference Point Used 1 Crash Location 03
 1 - Intersection 2 - Mile Post 3 - House Number
 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 Road Conditions Primary 01 Secondary 00
 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown
 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*
 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown

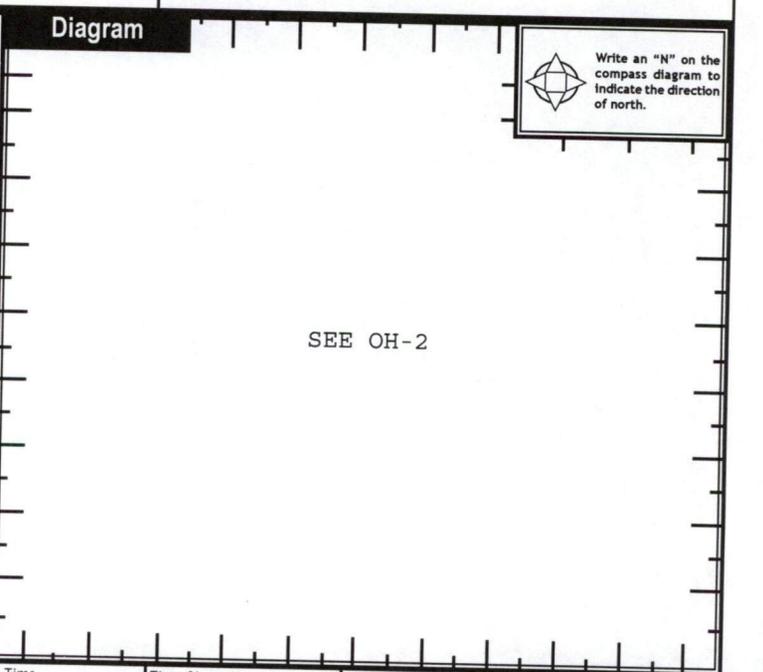
Manner of Crash Collision/Impact 3 Weather 1
 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear
 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown
 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 -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

Road Surface 2 Light Conditions Primary 1 Secondary 00
 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other
 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
 School Bus Related School Bus Directly Involved 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 08/18/16 at approximately 11:00 am. unit 1 was westbound on Symmes Rd. and turned left southbound toward Industry Drive. Unit 2 was eastbound on Symmes Rd. Unit 1 struck unit 2 head on then the rear of unit 2 spun in a northbound direction and the rear of unit 2 struck the rear of unit 1. Unit 1 was forced off the roadway and struck the curb and then utility pole # BT12560E.

Owner of utility pole:
 Duke Energy
 1199 Nilles Rd.
 Fairfield, OH 45014
 513-421-9500
 Owner of curb:
 City of Fairfield
 5350 Pleasant Ave.
 Fairfield, OH 45014
 513-867-5300



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)
 Date Crash Reported 08182016 Time Crash Reported 1102 Dispatch Time 1110 Arrival Time 1118 Time Cleared 1158 Other Investigation Time 30 Total Minutes 70

Officer's Name * Michael Sulfridge Officer's Badge Number 59 Checked By Sgt. Valandingham



Unit

Local Report Number

16059974

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Dirr, William J.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 907-4508	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2709 Saturn Drive Fairfield, OH 45014				1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown
LP State OH	License Plate Number EXR3229	Vehicle Identification Number 1D4HB48296F165550	# Occupants 01	
Vehicle Year 2006	Vehicle Make Dodge	Vehicle Model Durango	Vehicle Color Black	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Electric	Policy Number 63116836A1	Towed By Strause	

Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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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 06 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 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
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Pre-Crash Actions 06 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 02 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 99 - Unknown	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 43 3 40 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With 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 25 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 3 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
 1 6 0 5 9 9 7 4

Unit Number: **02** Owner Name: Last, First, Middle (Same As Driver)
Lowery, Christopher L.

Owner Phone Number - inc. area code (Same As Driver)
(606) 261-6302

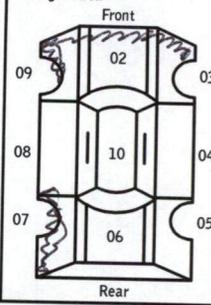
Owner Address: City, State, Zip (Same As Driver)
41 N. 6th St. Hamilton, OH 45011

LP State: **OH** License Plate Number: **GWH5566** Vehicle Identification Number: **1GNDX03E23D162513** # Occupants: **01**

Vehicle Year: **2003** Vehicle Make: **Chevrolet** Vehicle Model: **Venture** Vehicle Color: **Silver**

Proof of Insurance Shown Insurance Company: _____ Policy Number: _____ Towed By: **FOX**

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: _____ Hazardous Material Released

Cargo Body Type: **01** 01 - No Cargo Body Type/Not Applicable 09 - Pole
 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank
 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed
 04 - Vehicle Towing Another Vehicle 12 - Dump
 05 - Logging 13 - Concrete Mixer
 06 - Intermodal Container Chassis 14 - Auto Transporter
 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse
 08 - Grain, Chips, Gravel 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

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: **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 - Tractor/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: **09** 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: **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: **01** 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

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

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 Object

Unit Speed: **35** Posted Speed: **35**

Stated Estimated

Traffic Control: **01** 01 - No Controls
 02 - Stop Sign
 03 - Yield Sign
 04 - Traffic Signal
 05 - Traffic Flashers
 06 - School Zone

07 - Railroad Crossbucks
 08 - Railroad Flashers
 09 - Railroad Gates
 10 - Construction Barricade
 11 - Person (Flagger, Officer)
 12 - Pavement Markings

13 - Crosswalk Lines
 14 - Walk/Don't Walk
 15 - Other
 16 - Not Reported

Unit Direction: From **4** To **3**

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 9 9 7 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Dirr, Brenda M.	Date of Birth 09/26/1986	Age 29	Gender F F - Female M - Male
Address, City, State, Zip 2709 Saturn Drive Fairfield, OH 45014			Contact Phone- include area code (513) 310-8750	
Injuries 3	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number SN148367	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 .
Offense Charged (<input checked="" type="checkbox"/> Local Code) 331.17	Offense Description Failure to yield	Citation Number 230555	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Lowery, Christopher L.	Date of Birth 10/18/1974	Age 41	Gender M F - Female M - Male
Address, City, State, Zip 41 N. 6th St. Hamilton, OH 45011			Contact Phone- include area code (606) 261-6302	
Injuries 3	Injured Taken By 2	EMS Agency Fairfield life squad	Medical Facility Injured Taken To Fairfield Mercy	Safety Equipment Used 04
OL State SC	Operator License Number 102059287	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 .
Offense Charged (<input type="checkbox"/> 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
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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 []	Name: Last, First, Middle Lewis, Donald L.	Date of Birth 11/29/1979	Age 36	Gender M F - Female M - Male
Address, City, State, Zip 3935 Jayfield Ct. Hamilton, OH 45011			Contact Phone- include area code (937) 533-9607	

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 []

Occupant

Unit Number []	Name: Last, First, Middle Hurst, Stefanie R.	Date of Birth 06/07/1983	Age 33	Gender F F - Female M - Male
Address, City, State, Zip 5971 Judith Dr. Hamilton, OH 45011			Contact Phone- include area code (513) 785-8199	

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 []



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 5 9 9 7 4

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number [][]	Name: Last, First, Middle	Date of Birth [][][][][][][][][]	Age [][]	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
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Address, City, State, Zip		Contact Phone- include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>		
OL State [][]	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <input type="checkbox"/>	Alcohol/Drug Suspected <input type="checkbox"/>	Alcohol Test Status <input type="checkbox"/>	Alcohol Test Type <input type="checkbox"/>	Alcohol Test Value [][][][]	Drug Test Status <input type="checkbox"/>	Drug Test Type <input type="checkbox"/>

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <input type="checkbox"/>
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Unit Number [][]	Name: Last, First, Middle	Date of Birth [][][][][][][][][]	Age [][]	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
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Address, City, State, Zip		Contact Phone- include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>		
OL State [][]	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <input type="checkbox"/>	Alcohol/Drug Suspected <input type="checkbox"/>	Alcohol Test Status <input type="checkbox"/>	Alcohol Test Type <input type="checkbox"/>	Alcohol Test Value [][][][]	Drug Test Status <input type="checkbox"/>	Drug Test Type <input type="checkbox"/>

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <input type="checkbox"/>
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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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Unit Number [][]	Name: Last, First, Middle	Date of Birth [][][][][][][][][]	Age [][]	Gender <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female
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Address, City, State, Zip		Contact Phone- include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Unit Number [][]	Name: Last, First, Middle	Date of Birth [][][][][][][][][]	Age [][]	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male
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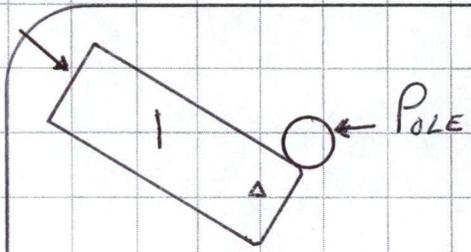
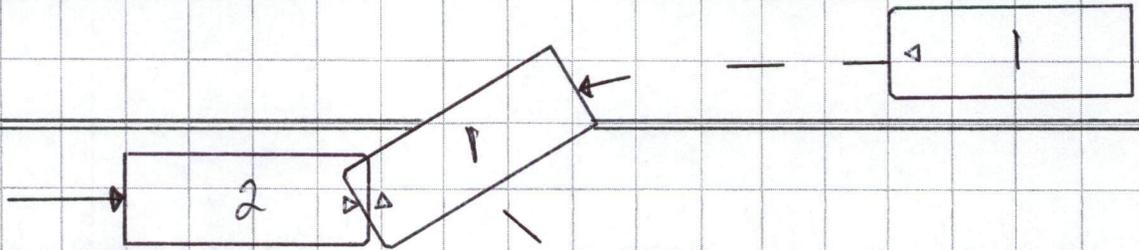
Address, City, State, Zip		Contact Phone- include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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LOCAL REPORT NUMBER 160 59974	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT M 8 D 18 Y 16
IN COUNTY OF BUTLER	ACCIDENT LOCATION SYMMES RD & INDUSTRY DR.	



SYMMES RD.



INDUSTRY DRIVE



NOT TO SCALE

OFFICERS SIGNATURE

P. S. Sullivan

BADGE NO.

59