



Traffic Crash Report

Local Report Number *

1 6 0 6 0 8 8 9

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 9City, Village, Township *
Fairfield

Crash Date *

0 8 2 2 2 0 1 6

Time of Crash

0 6 4 4

Day of Week

M O N

Degrees / Minutes / Seconds

Latitude 0 / Longitude 0

Decimal Degrees

Latitude 3 9 . 3 1 9 7 9 0 Longitude - 8 4 . 5 3 2 0 3 5

Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
N - Northbound E - Eastbound
S - Southbound W - WestboundNumber of Thru Lanes
0 2Road 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

Location Route Number

Loc Prefix
N,S,E,W

Location Road Name

RESOR

Location Road Type ²Route 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
 YardsDir From Ref
N,S,E,WReference Route Type ¹

Reference Route Number

Ref Prefix
N,S,E,W

Reference Name (Road, Milepost, House #)

2535

Reference Road Type ²Reference Point Used
3 1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 1 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
2 1 - Straight Level
2 - Straight Grade
3 - Curve Level4 - Curve Grade
9 - UnknownRoad Conditions
0 1 Primary

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 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

 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
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block
 4 - Slag, Gravel, Stone
5 - Dirt
6 - Other
Light Conditions
2 Primary

Secondary

 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
 2 - Dawn 6 - Dark - Unknown Roadway Lighting 10 - Other
 3 - Dusk 7 - Glare*
 4 - Dark - Lighted Roadway 8 - Other

* Secondary Condition Only

School Bus Related
 School Zone Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved
Work Zone Related
 Work Zone Related
 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

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

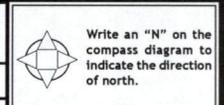
Location of Crash in Work Zone

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

Narrative

On 08-22-16 at 6:44 a.m., Unit 2 was parked on eastbound Resor Rd. Unit 1 was traveling east on Resor Rd. when Unit 1 drove into the rear of Unit 2.

Diagram



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 2 2 2 0 1 6

Time Crash Reported

0 6 4 5

Dispatch Time

0 6 4 7

Arrival Time

0 6 5 6

Time Cleared

0 7 4 3

Other Investigation Time

Total Minutes

4 7

Officer's Name *

P.O. J.DRAKE

Officer's Badge Number

88

Checked By

Sgt. M. Rednour #53

Page 1 of 5

Local Report Number
16060889

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver) **THE DOLLRIES GROUP LLC** Owner Phone Number - inc. area code (Same As Driver) **(513) 479-8845** Damage Scale: **4** Damaged Area:

Owner Address: City, State, Zip (Same As Driver)
7361 E. KEMPER RD. CINCINNATI, OHIO 45249

LP State: **OH** License Plate Number: **PIW6797** Vehicle Identification Number: **3N6CM0KN3FK707005** # Occupants: **01**

Vehicle Year: **2015** Vehicle Make: **NISSAN** Vehicle Model: **NV200** Vehicle Color: **WHITE**

Proof of Insurance Shown: Insurance Company: **CINCINNATI INS.** Policy Number: **ENP0070587** Towed By: **MARCELL'S**

Carrier Name, Address, City, State, Zip: **THE DOLLRIES GROUP LLC 7361 E. KEMPER RD. CINCINNATI, OHIO 45249** Carrier Phone- include area code: **(513) 479-8845**

US DOT: **1** Vehicle Weight GVWR/GCWR: **1** Cargo Body Type: **01** Trafficway Description: **1** HM Placard ID No.: **1** HM Class Number: **1** Hazardous Material Released: **Has HM Placard**

Non-Motorist Location Prior to Impact: **01** Type of Use: **2** Unit Type: **08** Passenger Vehicles (less than 9 passengers): **01** Med/Heavy Trucks or Combo Units > 10k lbs: **13** Bus/Van/Limo (9 or More Including Driver): **21**

Special Function: **01** Most Damaged Area: **03** Impact Area: **03** Action: **3**

Pre-Crash Actions: **01** Motorist: **01** Non-Motorist: **15**

Contributing Circumstances: **17** Vehicle Defects: **01**

Sequence of Events: **1** Non-Collision Events: **01** Collision With Fixed Object: **25**

Collision with Person, Vehicle or Object Not Fixed: **14**

Unit Speed: **25** Posted Speed: **25** Traffic Control: **12** Unit Direction: From **4** To **3**



Unit

Local Report Number

16060889

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) PATTON, WAYNE P.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 289-4286	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2535 RESOR RD FAIRFIELD OH 45014				
LP State OH	License Plate Number EAC7530	Vehicle Identification Number 5FNRL38835B014204	# Occupants 00	
Vehicle Year 2005	Vehicle Make HONDA	Vehicle Model ODYSSEY	Vehicle Color GREY	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ALL STATE	Policy Number 980902649	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.	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 - 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 - Medial/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	Unit Type 05 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"/> In Emergency Response	<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 07 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
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Pre-Crash Actions 10 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 01 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 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 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 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 00 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	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 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number

1 6 0 6 0 8 8 9

Unit Number 01	Name: Last, First, Middle WILLIAMS, BRANDON M.	Date of Birth 06171990	Age 26	Gender M F - Female M - Male
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Address, City, State, Zip 2503 RESOR RD. FAIRFIELD, OHIO 45014	Contact Phone- include area code (513) 967-1787
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Motorist/Non-Motorist

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number TE951475	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	Drug Test Status 1	Drug Test Type

Offense Charged (<input checked="" type="checkbox"/> Local Code) 331.34A	Offense Description FAIL TO CONTROL	Citation Number 227856	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

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

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By
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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 99 - Unknown Safety Equipment Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 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	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

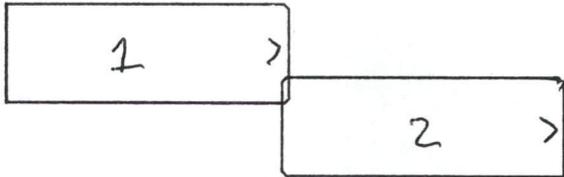
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER 16-060889	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 08-22-16
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IN COUNTY OF Butler	ACCIDENT LOCATION Resor Rd. / 2535 Resor Rd.
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RESOR RD.

* NOT TO SCALE *

OFFICER'S SIGNATURE P.O. J. Drake	BADGE NO. 88
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