



Traffic Crash Report

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|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 1 6 0 6 2 4 4 8 | 2 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 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 2 8 2 0 1 6 | 1 6 3 8 | S U N |

| | |
|-----------------------------|---------------------------------------|
| Degrees / Minutes / Seconds | Decimal Degrees |
| Latitude | Latitude |
| Longitude | Longitude |
| 0 / " 0 / " | 3 9 . 3 1 6 7 9 9 - 8 4 . 4 9 8 9 8 2 |

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|---|--|----------------------|--|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | 0 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 |

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|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| Location Route Type ¹ | Location Route Number | Loc Prefix | Location Road Name | Location Road Type ² | Route Types ¹ |
| | | N, S, E, W | Boymel | DR | IR - Interstate Route (inc. turnpike) US - US Route SR - State Route |

| | | | | | | |
|---|--------------|-----------------------------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Type ¹ | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | N, S, E, W | | | N, S, E, W | 5955 | |

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| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| <input checked="" type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Intersection Related | <input checked="" type="checkbox"/> 1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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| Road Contour | Road Conditions | Weather |
| <input checked="" type="checkbox"/> 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | <input checked="" type="checkbox"/> 0 1 Primary <input type="checkbox"/> Secondary | <input checked="" type="checkbox"/> 1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Glare* 8 - Other 9 - Severe Crosswinds 10 - Other 99 - Unknown |

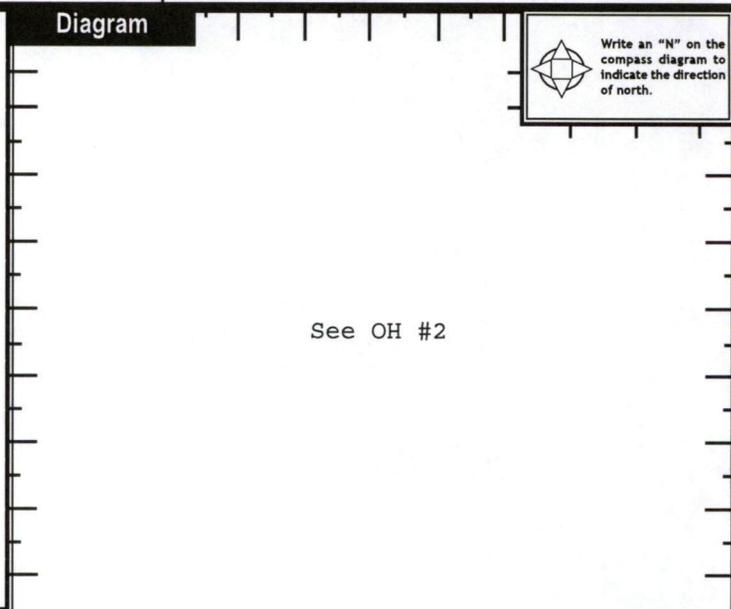
| | |
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| Manner of Crash Collision/Impact | Weather |
| <input checked="" type="checkbox"/> 1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | <input checked="" type="checkbox"/> 1 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 |

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| Road Surface | Light Conditions | School Bus Related |
| <input checked="" type="checkbox"/> 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | <input checked="" type="checkbox"/> 1 Primary <input type="checkbox"/> Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other | <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

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| Work Zone Related | Workers Present | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> Work Zone Related | <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

See OH# 2



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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | | 0 8 2 8 2 0 1 6 | 1 6 4 1 | 1 6 4 3 | 1 6 5 5 | 1 7 3 1 | 3 0 | 6 4 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 7 | | | | | |
| P.O. Gregg Lamb | 65 | Spl... Game # 57 | | | | | | |



Unit

Local Report Number
16062448Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver) **Griggs, Daniel R.** Owner Phone Number - inc. area code (Same As Driver) **(513) 433-4073** Damage Scale: **3** Damaged Area: Owner Address: City, State, Zip (Same As Driver)
4401 W. 3rd. St. Apt 410 Dayton, OH. 45428LP State: **OH** License Plate Number: **ARN94** Vehicle Identification Number: **1HD1P8448K975599** # Occupants: **01**Vehicle Year: **2008** Vehicle Make: **Harley Davidson** Vehicle Model: **Sportster** Vehicle Color: **Bro**Proof of Insurance Shown: Insurance Company: **Dairyland Insurance** Policy Number: **OH334105492** 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** 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway Hit / Skip UnitHM Placard ID No.: HM Class Number: Hazardous Material Released: 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: **09** Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist Has HM PlacardSpecial 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: **08** 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 Impact Area: **08** Action: **1** 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - UnknownPre-Crash Actions: **99** 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: **99** 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 **99** 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 ObjectUnit Speed: **10** Posted Speed: **35** Traffic Control: **12** 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported Unit Direction: From **2** To **1** 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown

Local Report Number
1 6 0 6 2 4 4 8

Unit Number: Owner Name: Last, First, Middle (Same As Driver)
 Owner Phone Number - inc. area code (Same As Driver)
 Lerdo-Varela, Tiffany (513) 441-8798

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

LP State: License Plate Number: Vehicle Identification Number: # Occupants:

Vehicle Year: Vehicle Make: Vehicle Model: Vehicle Color:

Insurance Company: Policy Number: Towed By:

Carrier Name, Address, City, State, Zip: Carrier Phone- include area code:

US DOT: Vehicle Weight GVWR/GCWR: Cargo Body Type: Trafficway Description:

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

Special Function: Most Damaged Area: Impact Area: Action:

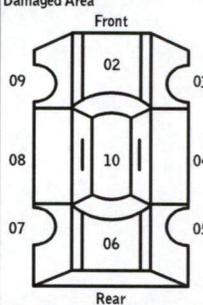
Pre-Crash Actions: Motorist: Non-Motorist:

Contributing Circumstances: Vehicle Defects:

Sequence of Events: Non-Collision Events:

Collision with Person, Vehicle or Object Not Fixed: Collision With Fixed Object:

Unit Speed: Posted Speed: Traffic Control: Unit Direction:





Motorist / Non-Motorist / Occupant

Local Report Number

1 6 0 6 2 4 4 8

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

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|-------------------|--|---------------------------|-----------|---------------------------------------|
| Unit Number 01 | Name: Last, First, Middle Griggs, Daniel R. | Date of Birth 02091974 | Age 42 | Gender M F - Female M - Male |
|-------------------|--|---------------------------|-----------|---------------------------------------|

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|--|--|
| Address, City, State, Zip 4401 W 3rd St. Apt. 410 Dayton, OH. 45428 | Contact Phone- include area code (513) 433-4073 |
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|----------------|-------------------------------------|---------------|---|---|--|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries 2 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 01 | DOT Compliant <input type="checkbox"/> Motorcycle Helmet | Seating Position 01 | Air Bag Usage 5 | Ejection 2 | Trapped 1 | | |
| OL State OH | Operator License Number RT162194 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input checked="" 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 1 |

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| 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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|-------------------|---|---------------------------|-----------|---------------------------------------|
| Unit Number 02 | Name: Last, First, Middle Lerdo-Varela, Sergio | Date of Birth 11271989 | Age 26 | Gender M F - Female M - Male |
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| Address, City, State, Zip 320 S. 6th St. Hamilton, OH. 45011 | Contact Phone- include area code (513) 441-8798 |
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| Injuries 1 | Injured Taken By 1 | 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 | Operator License Number | OL Class | No Valid OL <input checked="" 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 1 |

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| 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 - M/C/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 02 | Name: Last, First, Middle Lerdo-Varela, Tiffany | Date of Birth 08171994 | Age 22 | Gender F F - Female M - Male |
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| Address, City, State, Zip 320 S. 6th St. Hamilton, OH. 45011 | Contact Phone- include area code (513) 433-4073 |
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| Injuries 1 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 | DOT Compliant <input type="checkbox"/> Motorcycle Helmet | Seating Position 03 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
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| Unit Number 02 | Name: Last, First, Middle Lerdo-Pruett, Enrique | Date of Birth 06232014 | Age 2 | Gender M F - Female M - Male |
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| Address, City, State, Zip 320 S. 6th St. Hamilton, OH. 45011 | Contact Phone- include area code (513) 433-4073 |
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| Injuries 1 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 05 | DOT Compliant <input type="checkbox"/> Motorcycle Helmet | Seating Position 05 | Air Bag Usage 5 | Ejection 1 | Trapped 1 |
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Occupant / Witness Addendum

Local Report Number

1 6 0 6 2 4 4 9

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|------------------------|--|----------------------------------|-----------|------------------------------------|
| Unit Number [] [] | Name: Last, First, Middle Summerville, Daniel | Date of Birth 0 9 1 6 1 9 7 2 | Age 43 | Gender M F - Female M - Male |
|------------------------|--|----------------------------------|-----------|------------------------------------|

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| Address, City, State, Zip 5818 Gilmore Dr. Fairfield, OH. 45014 | Contact Phone- include area code (513) 478-0469 |
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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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| 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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| 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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| 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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| 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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| 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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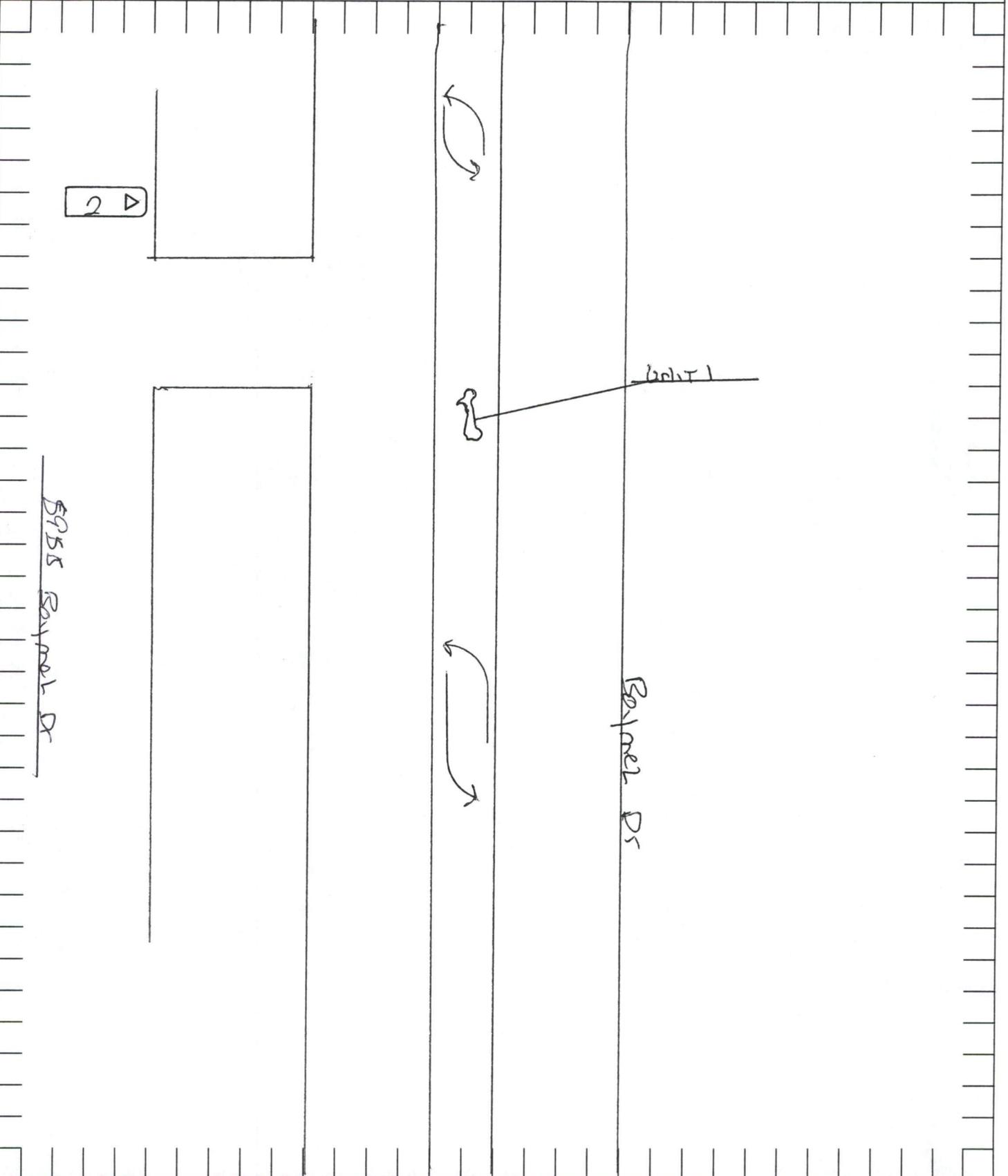
| | | | | | | | | | |
|-----------------|-------------------------|------------|-----------------------------------|----------------------------------|--|-----------------------------|----------------------|-----------------|----------------|
| Injuries [] | Injured Taken By [] | EMS Agency | Medical 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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|---|--|---|
| 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) | Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown | Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means |
|--|---|--|---|

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| LOCAL REPORT NUMBER 16062448 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 8/28/16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Boymel Dr. at 5955 Boymel Dr. | |
| <p>On 08/28/16 at 4:38 P.M. Unit 1 said as he was traveling north bound on Boymel Dr. in the left turn lane in order to turn into 5955 Boymel Dr., Unit 2 pulled from the through lane of north bound Boymel Dr. into the left turn lane directly in front of him (unit 1) causing the Driver of Unit 1 to brake hard to keep from striking Unit 2. While braking, the driver of Unit 1 said he lost control of his motorcycle causing his motorcycle to fall over on it left side and hit the street.</p> <p>On 08/28/16 at 4:38 P.M. The driver of Unit 2 said while traveling north bound on Boymel Dr. in the left turn lane in order to turn into 5955 Boymel Dr. , Unit 1 was following him in the left turn lane. The driver of Unit 2 said Unit 1 lost control of his motorcycle and dropped the motorcycle onto the roadway on it left side. The witness to the crash said he saw unit 2 fall to the ground. The witness said he never saw a second vehicle involved in the crash.</p> | | |
| OFFICER'S SIGNATURE P.O. Gregg Lamb | | BADGE NO. 65 |

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| LOCAL REPORT NUMBER 16-062448 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 8/28/16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Boymel Dr. at 5955 Boymel Dr. | |



OFFICER'S SIGNATURE

P.O. Gregg Lamb

BADGE NO.

65