



# Traffic Crash Report

|                       |   |                            |
|-----------------------|---|----------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                   |
| 1 6 0 8 7 3 0 9       | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|   |  |  |                         |                             |               |
|---|--|--|-------------------------|-----------------------------|---------------|
| Local Information   |  | Reporting Agency NCIC *  | Reporting Agency Name * | Number of Units             | Unit in error |
| <input checked="" type="checkbox"/> Photos Taken<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other |  | <input type="checkbox"/> PDD Under State Reportable Dollar Amount<br><input type="checkbox"/> Private Property | 0 0 9 0 1               | Fairfield Police Department | 0 2           |

|          |                           |                 |               |             |
|----------|---------------------------|-----------------|---------------|-------------|
| County * | City, Village, Township * | Crash Date *    | Time of Crash | Day of Week |
| 0 9      | Fairfield                 | 1 2 0 4 2 0 1 6 | 1 2 1 5       | S U N       |

|                                      |           |                          |                     |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude           |
| 0 / /                                | 0 / /     | 3 9 . 3 3 9 3 8 3        | - 8 4 . 5 3 4 3 3 0 |

|   |  |                      |   |
|---|--|----------------------|---|
| Roadway Division  | Divided Lane Direction of Travel   | Number of Thru Lanes | Road Types or Milepost  |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound<br><input type="checkbox"/> E - Eastbound<br><input type="checkbox"/> S - Southbound<br><input type="checkbox"/> W - Westbound | 0 3                  | AL - Alley CR - Circle<br>AV - Avenue CT - Court<br>BL - Boulevard DR - Drive<br>HE - Heights HW - Highway<br>MP - Milepost PK - Parkway<br>PL - Place RD - Road<br>ST - Street TE - Terrace<br>WA - Way LA - Lane<br>PI - Pike SQ - Square<br>TL - Trail |

|                       |                       |                    |                    |                      |  |
|-----------------------|-----------------------|--------------------|--------------------|----------------------|--|
| Location Route Type 1 | Location Route Number | Loc Prefix N,S,E,W | Location Road Name | Location Road Type 2 | Route Types  |
|                       |                       |                    | Nilles             | R D                  | IR - Interstate Route (inc. turnpike)<br>US - US Route<br>CR - Numbered County Route<br>SR - State Route<br>TR - Numbered Township Route |

|                              |              |                        |            |  |                       |
|------------------------------|--------------|------------------------|------------|--|-----------------------|
| Distance From Reference      | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type 2 |
| 20<br>Miles<br>Feet<br>Yards | W E,W        | 4                      |            | Dixie                                    | H W                   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| Reference Point Used                                  | Crash Location   | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 0 1<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout<br>06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | <input checked="" type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

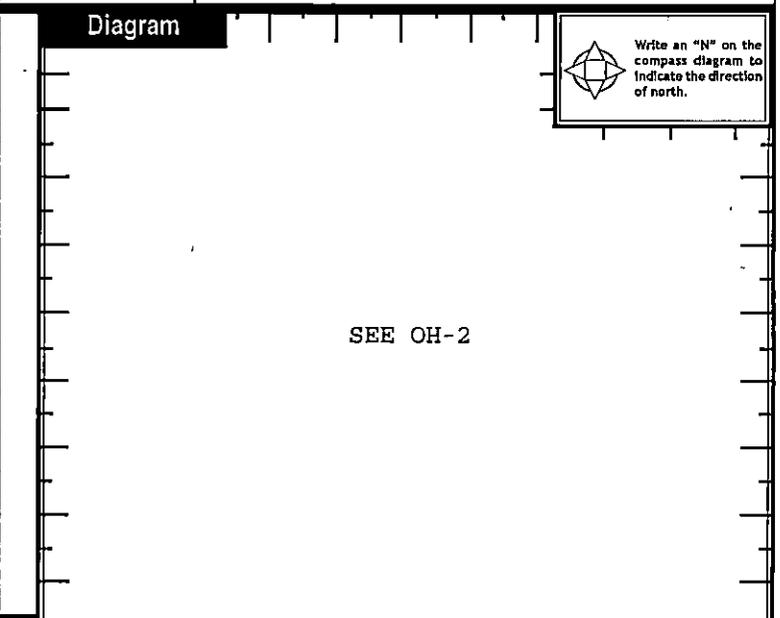
|   |                             |   |
|---|-----------------------------|---|
| Road Contour  | Road Conditions             | Weather   |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 0 1<br>Primary<br>Secondary | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

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

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

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

Narrative  
SEE OH-2



|  |  |                     |                     |               |              |              |                          |               |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| 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<br><input type="checkbox"/> Motorist | <input type="checkbox"/>   | 1 2 0 4 2 0 1 6     | 1 2 1 5             | 1 2 1 6       | 1 2 2 8      | 1 2 5 6      | 0                        | 2 8           |

|                  |                        |                     |             |
|------------------|------------------------|---------------------|-------------|
| Officer's Name * | Officer's Badge Number | Checked By          | Page 1 of 6 |
| P.O. T. Wolf     | 97                     | Sgt. M. Rednour #53 |             |



# Unit

Local Report Number

16087309

|   |   |   |                                  |                  |
|---|---|---|----------------------------------|------------------|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Christensen, Joshua Robert</b> | Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(513) 969-2845</b> | Damage Scale<br><b>2</b>         | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>4971 Pleasant Ave Lot 67 Fairfield, Ohio 45014</b> |   |   |                                  |                  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>GTU 3620</b>   | Vehicle Identification Number<br><b>1G1AK55F067631834</b>   | # Occupants<br><b>01</b>         |                  |
| Vehicle Year<br><b>2006</b>   | Vehicle Make<br><b>Chevrolet</b>  | Vehicle Model<br><b>Cobalt</b>  | Vehicle Color<br><b>Black</b>    |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>Metlife</b>   | Policy Number<br><b>1292956210</b>  | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip   |   |   | Carrier Phone- include area code |                  |

|                                    |   |  |   |   |                                    |  |
|------------------------------------|---|--|---|---|------------------------------------|--|
| US DOT<br><b>HM Placard ID No.</b> | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b>             | 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b> | 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| <b>HM Class Number</b>             | <input type="checkbox"/> Hazardous Material Released  | <input type="checkbox"/> Hit / Skip Unit |   |   |                                    |  |

|  |  |                         |  |   |                        |   |   |  |
|--|--|-------------------------|--|---|------------------------|---|---|--|
| Non-Motorist Location Prior to Impact<br><b>01</b> | 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b> | 1 - Personal<br>2 - Commercial<br>3 - Government | <input checked="" type="checkbox"/> In Emergency Response | Unit Type<br><b>03</b> | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
|  |  |                         |  | <input type="checkbox"/> Has HM Placard                   |                        |   |   |  |

|                               |   |   |   |                                |  |   |              |                    |  |
|-------------------------------|---|---|---|--------------------------------|--|---|--------------|--------------------|--|
| Special Function<br><b>01</b> | 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>03</b> | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | 99 - Unknown | Action<br><b>3</b> | 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|-------------------------------|---|---|---|--------------------------------|--|---|--------------|--------------------|--|

|                                |  |   |  |  |                                |
|--------------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>01</b> | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--------------------------------|--|---|--|--|--------------------------------|

|  |  |  |   |                              |   |
|--|--|--|---|------------------------------|---|
| Contributing Circumstances<br>Primary<br><b>09</b> | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b> | 01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Stuck tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|--|---|------------------------------|---|

|  |   |   |  |   |  |  |  |
|--|---|---|--|---|--|--|--|
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>  | First Harmful Event <b>1</b>  | Most Harmful Event <b>1</b>   | 99 - Unknown   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left | 10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |  |
| Collision with Person, Vehicle or Object Not Fixed   |   |   |  | Collision With Fixed Object   |  |  |  |
| 14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | 25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox                    | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object         |  |  |

|                        |                           |                              |   |  |   |   |  |  |             |
|------------------------|---------------------------|------------------------------|---|--|---|---|--|--|-------------|
| Unit Speed<br><b>5</b> | Posted Speed<br><b>35</b> | Traffic Control<br><b>12</b> | 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>4</b> To <b>3</b> | 1 - North<br>2 - South<br>3 - East<br>4 - West | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest | 9 - Unknown |
|------------------------|---------------------------|------------------------------|---|--|---|---|--|--|-------------|



# Unit

Local Report Number  
**16087309**

|   |   |  |                                  |                  |
|---|---|--|----------------------------------|------------------|
| Unit Number<br><b>02</b>  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver)<br><b>Edwards, John O</b> | Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver)<br><b>(513) 532-9091</b> | Damage Scale<br><b>2</b>         | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver)<br><b>6419 Hamilton Mason Rd West Chester, Ohio 45069</b> |   |  |                                  |                  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>EYS 2488</b>   | Vehicle Identification Number<br><b>KNDJ33245280877</b>  | # Occupants<br><b>02</b>         |                  |
| Vehicle Year<br><b>2004</b>   | Vehicle Make<br><b>Kia</b>  | Vehicle Model<br><b>Sorento</b>  | Vehicle Color<br><b>Green</b>    |                  |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/>   | Insurance Company<br><b>Cincinnati Insurance</b>  | Policy Number<br><b>A010597823</b>   | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip   |   |  | Carrier Phone- include area code |                  |

|                   |   |   |   |  |
|-------------------|---|---|---|--|
| US DOT            | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | Hazardous Material Released<br><input type="checkbox"/>   | <input type="checkbox"/> Hit / Skip Unit  |   |  |

|  |   |   |   |  |
|--|---|---|---|--|
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>06</b><br>Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard  |   |   |   |  |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>07</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|--|---|---|--|---|--|

|  |   |  |  |                                |
|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>11</b><br>Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>99 - Unknown | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--|---|--|--|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| Contributing Circumstances<br>Primary<br><b>01</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<br><input type="checkbox"/><br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road<br>99 - Unknown | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><input type="checkbox"/><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Warn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|---|--|---|--|

|  |  |  |
|--|--|--|
| Sequence of Events<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
|--|--|--|

|                        |                           |  |  |
|------------------------|---------------------------|--|--|
| Unit Speed<br><b>0</b> | Posted Speed<br><b>35</b> | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|------------------------|---------------------------|--|--|



# Motorist / Non-Motorist / Occupant

Local Report Number  
**16087309**

Motorist/Non-Motorist

|                          |  |                                    |                  |   |
|--------------------------|--|------------------------------------|------------------|---|
| Unit Number<br><b>01</b> | Name: Last, First, Middle<br><b>Christensen, Joshua Robert</b> | Date of Birth<br><b>02/27/1998</b> | Age<br><b>18</b> | Gender<br><b>M</b> F - Female<br>M - Male |
|--------------------------|--|------------------------------------|------------------|---|

|  |   |
|--|---|
| Address, City, State, Zip<br><b>4971 Pleasant Ave Lot 67 Fairfield, Ohio 45014</b> | Contact Phone- include area code<br><b>(513) 969-2845</b> |
|--|---|

|                       |  |  |   |                                      |   |                                    |                                 |                               |                                |                              |                            |
|-----------------------|--|--|---|--------------------------------------|---|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------|
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/> | EMS Agency<br><input type="checkbox"/> | Medical Facility Injured Taken To<br><input type="checkbox"/> | Safety Equipment Used<br><b>04</b>   | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b>            |                              |                            |
| OL State<br><b>OH</b> | Operator License Number<br><b>UJ280762</b>   | OL Class<br><b>4</b>                   | No Valid OL<br><input type="checkbox"/>                       | M/C End.<br><input type="checkbox"/> | Condition<br><b>1</b>                                       | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value<br><b>1</b> | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |

|  |                                    |                                  |  |                                  |
|--|------------------------------------|----------------------------------|--|----------------------------------|
| Offense Charged ( <input checked="" type="checkbox"/> Local Code )<br><b>333.03A</b> | Offense Description<br><b>ACDA</b> | Citation Number<br><b>231050</b> | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><b>1</b> |
|--|------------------------------------|----------------------------------|--|----------------------------------|

Motorist/Non-Motorist

|                          |  |                                    |                  |   |
|--------------------------|--|------------------------------------|------------------|---|
| Unit Number<br><b>02</b> | Name: Last, First, Middle<br><b>Edwards, John O.</b> | Date of Birth<br><b>02/03/1950</b> | Age<br><b>66</b> | Gender<br><b>M</b> F - Female<br>M - Male |
|--------------------------|--|------------------------------------|------------------|---|

|   |   |
|---|---|
| Address, City, State, Zip<br><b>6419 Hamilton Mason Rd West Chester, Ohio 45069</b> | Contact Phone- include area code<br><b>(513) 532-9091</b> |
|---|---|

|                       |  |  |   |                                      |  |                                    |                                 |                               |                                |                              |                            |
|-----------------------|--|--|---|--------------------------------------|--|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------|
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/> | EMS Agency<br><input type="checkbox"/> | Medical Facility Injured Taken To<br><input type="checkbox"/> | Safety Equipment Used<br><b>04</b>   | DOT Compliant Motorcycle Helmet<br><input checked="" type="checkbox"/> | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b>            |                              |                            |
| OL State<br><b>OH</b> | Operator License Number<br><b>RX349762</b>   | OL Class<br><b>4</b>                   | No Valid OL<br><input type="checkbox"/>                       | M/C End.<br><input type="checkbox"/> | Condition<br><b>1</b>  | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value<br><b>1</b> | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |

|   |                     |                 |  |                                  |
|---|---------------------|-----------------|--|----------------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code ) | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><b>1</b> |
|---|---------------------|-----------------|--|----------------------------------|

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>Injuries</b><br>1 - No Injury / None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | <b>Injured Taken By</b><br>1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Safety Equipment Used</b><br>Motorist<br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder and Lap Belt Used | <b>99 - Unknown Safety Equipment</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System- Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used | <b>Non-Motorist</b><br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc) | <b>12 - Reflective Clothing</b><br>13 - Lighting<br>14 - Other |
|---|--|---|---|---|--|

|   |   |  |   |
|---|---|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side | <b>07 - Third - Left Side (Motorcycle Side Car)</b><br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger In Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) | <b>12 - Passenger in Unenclosed Cargo Area</b><br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|---|---|--|---|

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|--|---|---|--|--|--|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - M/C/Moped Only | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness | <b>5 - Fell Asleep, Fainted, Fatigued</b><br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|--|---|---|--|--|--|

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|--|---|---|--|--|---|
| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD) | <b>6 - Other Inside the Vehicle</b><br>7 - External Distraction |
|--|---|---|--|--|---|

Occupant

|                          |  |                                    |                  |   |
|--------------------------|--|------------------------------------|------------------|---|
| Unit Number<br><b>02</b> | Name: Last, First, Middle<br><b>Quigley, Colleen</b> | Date of Birth<br><b>05/22/1959</b> | Age<br><b>57</b> | Gender<br><b>F</b> F - Female<br>M - Male |
|--------------------------|--|------------------------------------|------------------|---|

|   |   |
|---|---|
| Address, City, State, Zip<br><b>6419 Hamilton Mason Rd West Chester, Ohio 45069</b> | Contact Phone- include area code<br><b>(513) 509-1054</b> |
|---|---|

|                      |  |  |   |                                    |   |                               |                           |                      |                     |
|----------------------|--|--|---|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| Injuries<br><b>1</b> | Injured Taken By<br><input type="checkbox"/> | EMS Agency<br><input type="checkbox"/> | Medical Facility Injured Taken To<br><input type="checkbox"/> | Safety Equipment Used<br><b>04</b> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>03</b> | Air Bag Usage<br><b>1</b> | Ejection<br><b>1</b> | Trapped<br><b>1</b> |
|----------------------|--|--|---|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

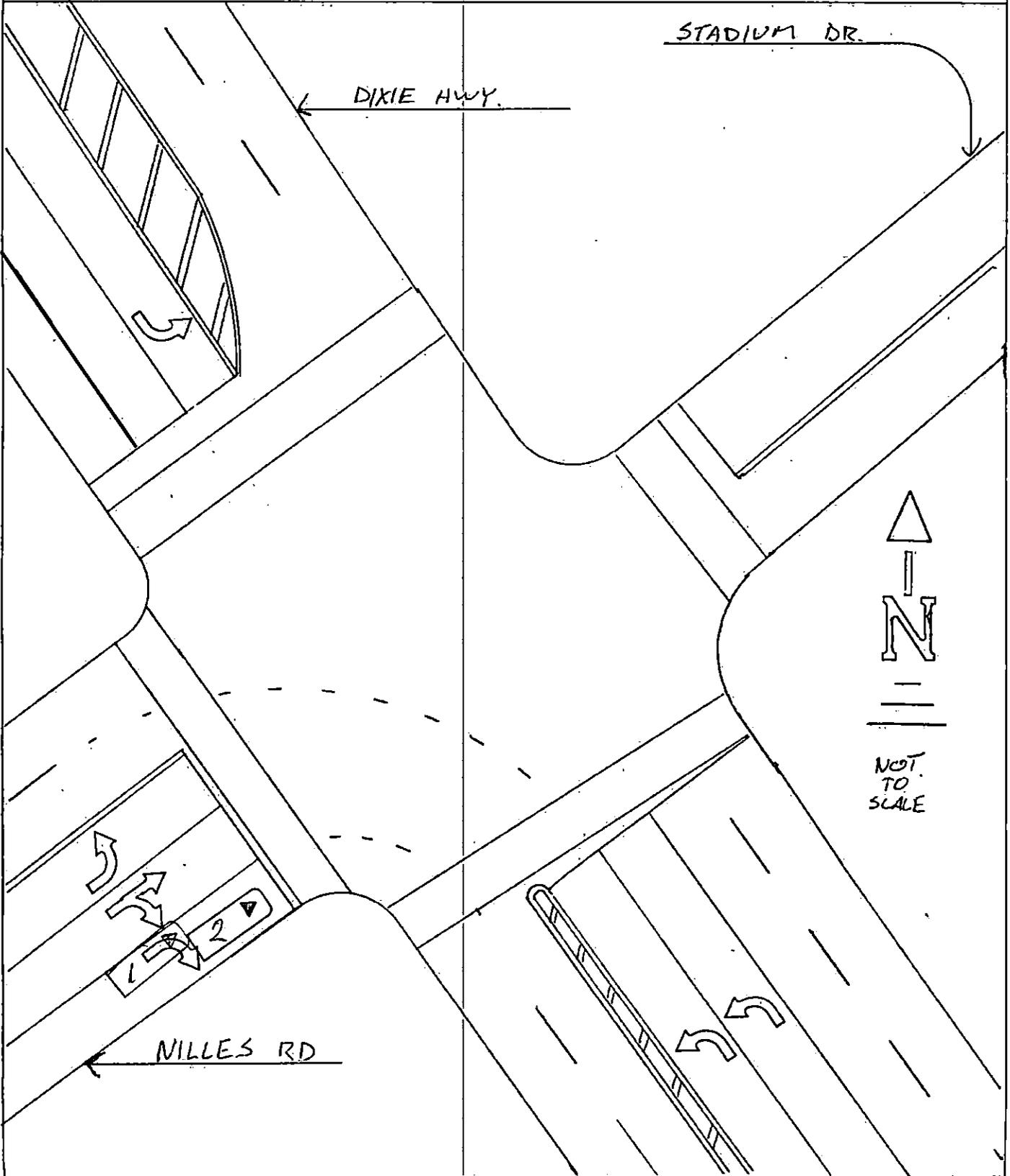
|                          |  |                                    |                  |   |
|--------------------------|--|------------------------------------|------------------|---|
| Unit Number<br><b>02</b> | Name: Last, First, Middle<br><b>Quigley, Colleen</b> | Date of Birth<br><b>05/22/1959</b> | Age<br><b>57</b> | Gender<br><b>F</b> F - Female<br>M - Male |
|--------------------------|--|------------------------------------|------------------|---|

|   |   |
|---|---|
| Address, City, State, Zip<br><b>6419 Hamilton Mason Rd West Chester, Ohio 45069</b> | Contact Phone- include area code<br><b>(513) 509-1054</b> |
|---|---|

|                                      |  |  |   |   |   |  |   |                                      |                                     |
|--------------------------------------|--|--|---|---|---|--|---|--------------------------------------|-------------------------------------|
| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency<br><input type="checkbox"/> | Medical Facility Injured Taken To<br><input type="checkbox"/> | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><input type="checkbox"/> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
|--------------------------------------|--|--|---|---|---|--|---|--------------------------------------|-------------------------------------|

|   |   |                              |
|---|---|------------------------------|
| LOCAL REPORT NUMBER<br>16087309   | REPORTING AGENCY<br>Fairfield Police Department | DATE OF ACCIDENT<br>12-04-16 |
| IN COUNTY OF<br>Butler  | ACCIDENT LOCATION<br>Nilles Rd @ Dixie Hwy      |                              |
| <p>On 12-04-16 at about 12:15 p.m. Unit 1 was traveling eastbound on Nilles Rd at approximately 5 m.p.h. and when at Dixie Hwy failed to stop within the assured clear distance ahead and collided with Unit 2 which was also eastbound and was stopped in traffic at Dixie Hwy. Brake lights on Unit 2 were inspected and were working properly.</p> |   |                              |
|   | OFFICER'S SIGNATURE<br>P.O. T. Wolf             | BADGE NO.<br>97              |

|   |  |                                    |
|---|--|------------------------------------|
| LOCAL REPORT NUMBER<br><b>16 087309</b> | REPORTING AGENCY<br><b>Fairfield Police Department</b>             | DATE OF ACCIDENT<br><b>12-4-16</b> |
| IN COUNTY OF<br><b>Butler</b>           | ACCIDENT LOCATION<br><b>Dixie Hwy // Nilles Rd. // Stadium Dr.</b> |                                    |



|  |                        |
|--|------------------------|
| OFFICER'S SIGNATURE<br><b>P.O. T. WOLF</b> | BADGE NO.<br><b>97</b> |
|--|------------------------|