



# Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
1 6 0 8 8 2 3 9	2 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC * 0 0 9 0 1	Reporting Agency Name * Fairfield Police Department	Number of Units 0 2	Unit in error 9 9 98 - Animal 99 - Unknown
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County * 0 9	City * Fairfield	City, Village, Township *	Crash Date * 1 2 0 8 2 0 1 6	Time of Crash 0 7 4 8	Day of Week T H U
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Degrees / Minutes / Seconds Latitude 0 / /	Longitude 0 / /	Decimal Degrees Latitude 3 9 . 3 1 0 9 2 2	Longitude - 8 4 . 5 1 9 5 4 7
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Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 0 4	Road Types or Milepost <sup>2</sup> 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 <sup>1</sup>	Location Route Number	Loc Prefix N, S, E, W	Location Road Name Mack	Location Road Type <sup>2</sup> R D	Route Types <sup>1</sup> IR - Interstate Route (Inc. Turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
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Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N, S, E, W	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #) 2960	Reference Road Type <sup>2</sup>
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 1 0	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 <input checked="" type="checkbox"/>	Location of First Harmful Event 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 6	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 2	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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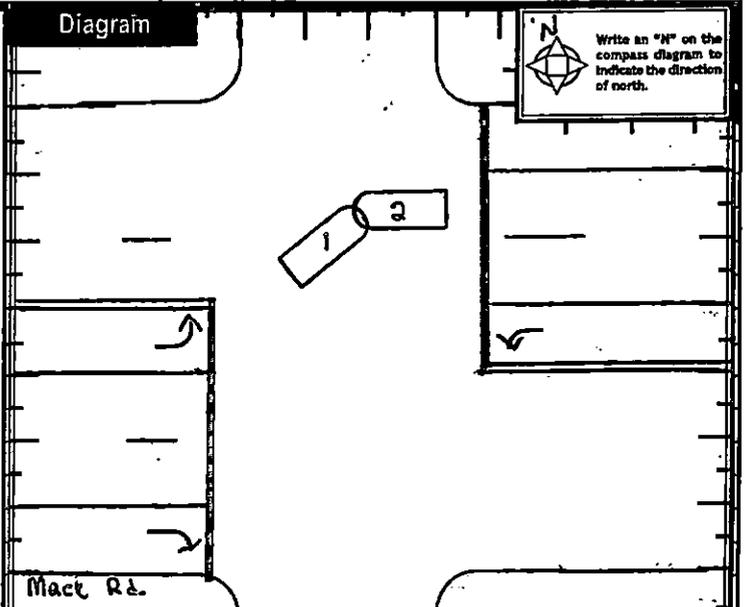
Road Surface 2	1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input checked="" type="checkbox"/> Yes, School Bus Indirectly Involved
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Work Zone Related <input type="checkbox"/>	Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	Location of Crash In Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area
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**Narrative**

On 12-8-16 at about 7:48 am unit 1 was making a left turn from eastbound Mack Road into the entrance of Mercy Hospital when it was struck by unit 2. Unit 2 was westbound on Mack Road.

Driver of unit 1 said she had a green arrow as she made her turn. Driver of unit 2 said she had a solid green light as she entered the intersection.



Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPs)	Date Crash Reported 1 2 0 8 2 0 1 6	Time Crash Reported 0 7 5 0	Dispatch Time 0 7 5 1	Arrival Time 0 7 5 9	Time Cleared 0 8 4 9	Other Investigation Time	Total Minutes 5 0
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Officer's Name * T. Lucas	Officer's Badge Number 63	Checked By Sgt. M. Rednour #53	Page 1 of 4
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# Unit

Local Report Number

16088239

Unit Number 01	Owner Name: Last, First, Middle (☐ Same As Driver) Cole, Julie A	Owner Phone Number - Inc. area code (☐ Same As Driver) (513) 263-0816	Damage Scale 4	Damaged Area 
Owner Address: City, State, Zip (☐ Same As Driver) 4655 Redwood Drive Fairfield, Ohio 45014				
LP State OH	License Plate Number ANA1718	Vehicle Identification Number 1GCD513E598153478	# Occupants 01	
Vehicle Year 2009	Vehicle Make Chevrolet	Vehicle Model Colorado	Vehicle Color White	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company State Farm	Policy Number 1176699A0935D	Towed By Marcell's	

Carrier Name, Address, City, State, Zip	Carrier Phone - Include area code
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US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - 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 - 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 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 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 (Boat/Trail) 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/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 09 Impact Area 09	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06 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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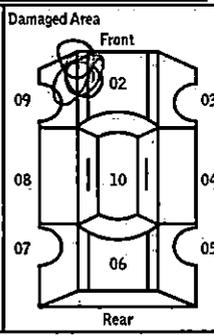
Contributing Circumstances Primary 99 Secondary 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - 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 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slack 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 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 Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier/Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole
41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		

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

Local Report Number  
**16088239**Unit Number **102** Owner Name: Last, First, Middle (  Same As Driver )  
**Fisher, Marilyn**Owner Phone Number - Inc. area code (  Same As Driver )  
**(513) 874-9293**Damage Scale  
**4**Owner Address: City, State, Zip (  Same As Driver )  
**6 Braintree Court Fairfield, Ohio 45014**LP State **OH** License Plate Number **GVV7389**Vehicle Identification Number **KNDUP131846531358** # Occupants **02**Vehicle Year **2004** Vehicle Make **Kia**Vehicle Model **Sedona** Vehicle Color **Green** Proof of Insurance Shown Insurance Company **State Farm**Policy Number **356254P30**Towed By **Dixie**

Carrier Name, Address, City, State, Zip

Carrier Phone- Include area code

US DOT  
HM Placard ID No.  
HM Class Number  
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.  
 Hazardous Material ReleasedCargo 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/UnknownTrafficway 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 UnitNon-Motorist Location Prior to Impact  
**01**  
01 - Intersection - Marked Crosswalk  
02 - Intersection - No Crosswalk  
03 - Intersection - Other  
04 - Midblock - Marked Crosswalk  
05 - Travel Lane - Other Location  
06 - Bicycle Lane  
07 - Shoulder/Roadside  
08 - Sidewalk  
09 - Median/Crossing Island  
10 - Driveway Access  
11 - Shared-Use Path or Trail  
12 - Non-Trafficway Area  
99 - Other/UnknownType of Use  
**1**  
1 - Personal  
2 - Commercial  
3 - Government  
 In Emergency ResponseUnit Type  
**05**  
Passenger Vehicles (less than 9 passengers)  
01 - Sub-Compact  
02 - Compact  
03 - Mid Size  
04 - Full Size  
05 - Minivan  
06 - Sport Utility Vehicle  
07 - Pickup  
08 - Van  
09 - Motorcycle  
10 - Motorized Bicycle  
11 - Snowmobile/ATV  
12 - Other Passenger Vehicle  
99 - Unknown or Hit / SkipMed/Heavy Trucks or Combo Units > 10k lbs  
13 - Single Unit Truck or Van Axle, 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 VehicleBus/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  
**09**  
01 - None  
02 - Center Front  
03 - Right Front  
04 - Right Side  
05 - Right Rear  
06 - Rear Center  
07 - Left Rear  
08 - Left Side  
09 - Left Front  
10 - Top and Windows  
11 - Undercarriage  
12 - Load/Trailer  
13 - Total(All Areas)  
14 - Other  
99 - UnknownAction  
**3**  
1 - Non-Contact  
2 - Non-Collision  
3 - Striking  
4 - Struck  
5 - Striking/Struck  
9 - UnknownPre-Crash Actions  
**01**  
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 ActionNon-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**  
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 ActionNon-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 ActionVehicle 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 DefectsSequence of Events  
1 **20** 2 **00** 3 **00** 4 **00** 5 **00** 6 **00**  
First Harmful Event **1** Most Harmful Event **1**  
99 - UnknownNon-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-CollisionCollision with Person, Vehicle or Object Not Fixed  
14 - Pedestrian  
15 - Pedalcycle  
16 - Railway Vehicle (Train, Engine)  
17 - Animal - Farm  
18 - Animal - Deer  
19 - Animal - Other  
20 - Motor Vehicle in Transport  
21 - Parked Motor Vehicle  
22 - Work Zone Maintenance Equipment  
23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle  
24 - Other Movable Object  
25 - Impact Attenuator/Crash Cushion  
26 - Bridge Overhead Structure  
27 - Bridge Pier or Abutment  
28 - Bridge Parapet  
29 - Bridge Rail  
30 - Guardrail Face  
31 - Guardrail End  
32 - Portable Barrier  
33 - Median Cable Barrier  
34 - Median Guardrail Barrier  
35 - Median Concrete Barrier  
36 - Median Other Barrier  
37 - Traffic Sign Post  
38 - Overhead Sign Post  
39 - Light/Luminaries Support  
40 - Utility Pole  
41 - Other Post, Pole or Support  
42 - Culvert  
43 - Curb  
44 - Ditch  
45 - Embankment  
46 - Fence  
47 - Mailbox  
48 - Tree  
49 - Fire Hydrant  
50 - Work Zone Maintenance Equipment  
51 - Wall, Building, Tunnel  
52 - Other Fixed ObjectUnit Speed **35** Posted Speed **35** Traffic Control **04**  
01 - No Controls  
02 - Stop Sign  
03 - Yield Sign  
04 - Traffic Signal  
05 - Traffic Flashers  
06 - School Zone  
07 - Railroad Crossbucks  
08 - Railroad Flashers  
09 - Railroad Gates  
10 - Construction Barricade  
11 - Person (Flagger, Officer)  
12 - Pavement Markings  
13 - Crosswalk Lines  
14 - Walk/Don't Walk  
15 - Other  
16 - Not ReportedUnit Direction  
From **3** To **4**  
1 - North  
2 - South  
3 - East  
4 - West  
5 - Northeast  
6 - Northwest  
7 - Southeast  
8 - Southwest  
9 - Unknown



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 8 8 2 3 9

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Cole, Julie A	Date of Birth 05/25/1977	Age 39	Gender F - Female M - Male
Address, City, State, Zip 4655 Redwood Drive Fairfield, Ohio 45014			Contact Phone- Include area code (513) 263-0816	
Injuries 3	Injured Taken By 4	EMS Agency Fairfield Fire	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1
OL State OH	Operator License Number RG572706	OL Class 4	No <input type="checkbox"/> Valid OL <input type="checkbox"/> M/C End.	Condition 1
Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1
Drug Test Type 1	Offense Charged ( <input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used
				Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Fisher, Samantha	Date of Birth 01/30/1999	Age 17	Gender F - Female M - Male
Address, City, State, Zip 6 Braintree Court Fairfield, Ohio 45014			Contact Phone- Include area code (513) 874-9293	
Injuries 3	Injured Taken By 1	EMS Agency Fairfield Fire	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1
OL State OH	Operator License Number UJ500110	OL Class 4	No <input type="checkbox"/> Valid OL <input type="checkbox"/> M/C End.	Condition 1
Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1
Drug Test Type 1	Offense Charged ( <input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used
				Driver Distracted By 1

Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	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
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	
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	Alcohol/Drug Suspected 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other
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

Occupant

Unit Number 02	Name: Last, First, Middle Edwards, Dana	Date of Birth 07/16/1999	Age 17	Gender F - Female M - Male
Address, City, State, Zip 6684 Creekside Way Hamilton, Ohio 45011			Contact Phone- include area code (513) 254-8625	
Injuries 3	Injured Taken By 1	EMS Agency Fairfield Fire	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 03	Air Bag Usage 2	Ejection 1	Trapped 1

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone- Include area code	
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