



Traffic Crash Report

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

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
		0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	1 2 2 1 2 0 1 6	0 7 4 5	W E D

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0	0	3 9 . 3 2 3 9 8 2	- 8 4 . 5 0 6 3 6 2

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 <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	0 4	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

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

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
5	E N,S,E,W	4		Dixie	H W

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 3 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	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	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

Manner of Crash Collision/Impact	Light Conditions	School Bus Related
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 Primary Secondary	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Road Surface	Light Conditions	Location of Crash in Work Zone
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	2 Primary Secondary	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Work Zone Related	Workers Present	Law Enforcement Present (Officer/Vehicle)	Law Enforcement Present (Vehicle Only)	Type of Work Zone	Intermittent or Moving Work	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/>	

Narrative	Diagram
On December 21, 2016 at about 7:45 a.m. Unit 1 was traveling westbound on Diversion Road at approximately 10 m.p.h. and when at Dixie Highway failed to stop within the assured clear distance ahead and collided with Unit 2 which was also westbound and was stopped in traffic at Dixie Highway. Brake lights on Unit 2 were inspected and were working properly.	See OH-2 Diagram

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
Police Agency	<input type="checkbox"/>	1 2 2 1 2 0 1 6	0 7 4 7	0 7 4 9	0 7 5 1	0 8 1 3	1 0	3 2
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6					
E. Knizner	83	SET. VALANDINGHAM						



Unit

Local Report Number
 1 6 0 9 1 3 9 8

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)
Lintz, Jennifer K. Owner Phone Number - Inc. area code (Same As Driver)
(513) 401-2889

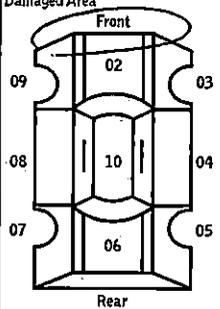
Owner Address: City, State, Zip (Same As Driver)
3431 Cherry Hill Drive Fairfield, Ohio 45014

LP State: **OH** License Plate Number: **GCE6808** Vehicle Identification Number: **J T D B T 9 0 3 7 8 1 2 4 4 9 1** # Occupants: **03**

Vehicle Year: **2008** Vehicle Make: **Toyota** Vehicle Model: **Yaris** Vehicle Color: **Lt. Green**

Proof of Insurance Shown Insurance Company: **Allstate** Policy Number: **992-423-900** 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.

HM Placard ID No. HM Class Number

Cargo Body Type **01**
 01 - No Cargo Body Type/Not Applicable 09 - Pole
 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank
 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed
 04 - Vehicle Towing Another Vehicle 12 - Dump
 05 - Logging 13 - Concrete Mixer
 06 - Intermodal Container Chassis 14 - Auto Transporter
 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse
 08 - Grain, Chlps, Gravel 99 - Other/Unknown

Trafficway Description **1**
 1 - Two-Way, Not Divided
 2 - Two-Way, Not Divided, Continuous Left Turn Lane
 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
 4 - Two-Way, Divided, Positive Median Barrier
 5 - One-Way Trafficway

Hit / Skip Unit

Non-Motorist Location Prior to Impact
 01 - Intersection - Marked Crosswalk
 02 - Intersection - No Crosswalk
 03 - Intersection - Other
 04 - Midblock - Marked Crosswalk
 05 - Travel Lane - Other Location
 06 - Bicycle Lane
 07 - Shoulder/Roadside
 08 - Sidewalk
 09 - Median/Crossing Island
 10 - Driveway Access
 11 - Shared-Use Path or Trail
 12 - Non-Trafficway Area
 99 - Other/Unknown

Type of Use **1**
 1 - Personal
 2 - Commercial
 3 - Government

In Emergency Response

Unit Type **03**
 99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers)
 01 - Sub-Compact
 02 - Compact
 03 - Mid Size
 04 - Full Size
 05 - Minivan
 06 - Sport Utility Vehicle
 07 - Pickup
 08 - Van
 09 - Motorcycle
 10 - Motorized Bicycle
 11 - Snowmobile/ATV
 12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10k lbs
 13 - Single Unit Truck or Van 2axle, 6 tires
 14 - Single Unit Truck 3+ axles
 15 - Single Unit Truck / Trailer
 16 - Truck/Tractor (Bobtail)
 17 - Tractor/Seml-Trailer
 18 - Tractor/Double
 19 - Tractor/Triples
 20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver)
 21 - Bus/Van (9-15 Seats, Inc Driver)
 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist
 23 - Animal with Rider
 24 - Animal with Buggy, Wagon, Surrey
 25 - Bicycle/Pedacyclist
 26 - Pedestrian/Skater
 27 - Other Non-Motorist

Has HM Placard

Special Function **01**
 01 - None
 02 - Taxi
 03 - Rental Truck (Over 10k Lbs)
 04 - Bus - School (Public or Private)
 05 - Bus - Transit
 06 - Bus - Charter
 07 - Bus - Shuttle
 08 - Bus - Other

09 - Ambulance
 10 - Fire
 11 - Highway/Maintenance
 12 - Military
 13 - Police
 14 - Public Utility
 15 - Other Government
 16 - Construction Equip.

17 - Farm Vehicle
 18 - Farm Equipment
 19 - Motorhome
 20 - Golf Cart
 21 - Train
 22 - Other (Explain in Narrative)

Most Damaged Area **02**
 01 - None
 02 - Center Front
 03 - Right Front
 04 - Right Side
 05 - Right Rear
 06 - Rear Center
 07 - Left Rear

08 - Left Side
 09 - Left Front
 10 - Top and Windows
 11 - Undercarriage
 12 - Load/Trailer
 13 - Total(All Areas)
 14 - Other

99 - Unknown

Action **3**
 1 - Non-Contact
 2 - Non-Collision
 3 - Striking
 4 - Struck
 5 - Striking/Struck
 9 - Unknown

Pre-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 Action

Non-Motorist
 15 - Entering or Crossing Specified Location
 16 - Walking, Running, Jogging, Playing, Cycling
 17 - Working
 18 - Pushing Vehicle
 19 - Approaching or Leaving Vehicle
 20 - Standing

21 - Other Non-Motorist Action

Contributing Circumstances

Primary **09**
 Motorist
 01 - None
 02 - Failure to Yield
 03 - Ran Red Light
 04 - Ran Stop Sign
 05 - Exceeded Speed Limit
 06 - Unsafe Speed
 07 - Improper Turn
 08 - Left of Center
 09 - Followed Too Closely/ACDA
 10 - Improper Lane Change /Passing/Off Road

11 - Improper Backing
 12 - Improper Start From Parked Position
 13 - Stopped or Parked Illegally
 14 - Operating Vehicle in Negligent Manner
 15 - Swerving to Avoid (Due to External Conditions)
 16 - Wrong Side/Wrong Way
 17 - Failure to Control
 18 - Vision Obstruction
 19 - Operating Defective Equipment
 20 - Load Shifting/Falling/Spilling
 21 - Other Improper Action

Non-Motorist
 22 - None
 23 - Improper Crossing
 24 - Darting
 25 - Lying and/or Illegally in Roadway
 26 - Failure to Yield Right of Way
 27 - Not Visible (Dark Clothing)
 28 - Inattentive
 29 - Failure to Obey Traffic Signs /Signals/Officer
 30 - Wrong Side of the Road
 31 - Other Non-Motorist Action

Vehicle Defects **01**
 01 - Turn Signals
 02 - Head Lamps
 03 - Tail Lamps
 04 - Brakes
 05 - Steering
 06 - Tire Blowout
 07 - Worn or Slick tires
 08 - Trailer Equipment Defective
 09 - Motor Trouble
 10 - Disabled From Prior Accident
 11 - Other Defects

Sequence of Events
 1 **20** 2 3 4 5 6

First Harmful Event **1** Most Harmful Event **1** 99 - Unknown

Non-Collision Events
 01 - Overturn/Rollover
 02 - Fire/Explosion
 03 - Immersion
 04 - Jackknife
 05 - Cargo/Equipment Loss or Shift

06 - Equipment Failure (Blown Tire, Brake Failure, etc)
 07 - Separation of Units
 08 - Ran Off Road Right
 09 - Ran Off Road Left

10 - Cross Median
 11 - Cross Center Line
 12 - Downhill Runaway
 13 - Other Non-Collision

Collision With Fixed Object
 25 - Impact Attenuator/Crash Cushion
 26 - Bridge Overhead Structure
 27 - Bridge Pier or Abutment
 28 - Bridge Parapet
 29 - Bridge Rail
 30 - Guardrail Face
 31 - Guardrail End
 32 - Portable Barrier

33 - Median Cable Barrier
 34 - Median Guardrail Barrier
 35 - Median Concrete Barrier
 36 - Median Other Barrier
 37 - Traffic Sign Post
 38 - Overhead Sign Post
 39 - Light/Luminaries Support
 40 - Utility Pole

41 - Other Post, Pole or Support
 42 - Culvert
 43 - Curb
 44 - Ditch
 45 - Embankment
 46 - Fence
 47 - Mailbox

48 - Tree
 49 - Fire Hydrant
 50 - Work Zone Maintenance Equipment
 51 - Wall, Building, Tunnel
 52 - Other Fixed Object

Unit Speed **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 **3** To **1**
 1 - North
 2 - South
 3 - East
 4 - West

5 - Northeast
 6 - Northwest
 7 - Southeast
 8 - Southwest
 9 - Unknown



Unit

Local Report Number
1 6 0 9 1 3 9 8

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) Love, Melanie	Owner Phone Number - Inc. area code (Same As Driver) (513) 430-9739	Damage Scale 3	Diagram of vehicle damage areas (02-10, 07-09)
Owner Address: City, State, Zip (Same As Driver) 6265 Ross Road Fairfield, Ohio 45014			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State OH	License Plate Number FLC1012	Vehicle Identification Number 1GKKRRREJ134907	# Occupants 02	
Vehicle Year 2011	Vehicle Make GMC	Vehicle Model Acadia	Vehicle Color Silver	
Proof of Insurance Shown	Insurance Company Progressive	Policy Number 38569105	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 - 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, Chlps, 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.	Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit <input type="checkbox"/> Has HM Placard		

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 06 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 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 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
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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 06 Impact Area 06	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 11 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 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 Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 2 3 4 5 6 2 0 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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		

Unit Speed 0 Stated Estimated	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 3 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number
16091398

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Lintz, Jennifer K.	Date of Birth 09211974	Age 42	Gender F F - Female M - Male
Address, City, State, Zip 3431 Cherry Hill Drive Fairfield, Ohio 45014			Contact Phone- include area code (513) 401-2889	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			DOT Compliant Motorcycle Helmet <input type="checkbox"/>
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number RT233311	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value -
Drug Test Status 1	Drug Test Type 1	Offense Charged (<input checked="" type="checkbox"/> Local Code) 333.03A	Offense Description A.C.D.A.	Citation Number 231479
Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Love, Melanie L.	Date of Birth 01211977	Age 39	Gender F F - Female M - Male
Address, City, State, Zip 6265 Ross Road Fairfield, Ohio 45014			Contact Phone- include area code (513) 430-9739	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			DOT Compliant Motorcycle Helmet <input type="checkbox"/>
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number RM188977	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value -
Drug Test Status 1	Drug Test Type 1	Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number
Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

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

- | | |
|---|---|
| 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 - 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 |
|--|---|---|---|--|

- | | | | | |
|--|---|---|--|--|
| 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 01	Name: Last, First, Middle Schoenlein, Elaina	Date of Birth 07032006	Age 10	Gender F F - Female M - Male
Address, City, State, Zip 3431 Cherry Hill Drive Fairfield, Ohio 45014			Contact Phone- include area code (513) 401-2889	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
<input type="checkbox"/>	<input type="checkbox"/>			DOT Compliant Motorcycle Helmet <input type="checkbox"/>
Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1	

Occupant

Unit Number 01	Name: Last, First, Middle Schoenlein, Miles	Date of Birth 06092009	Age 7	Gender M F - Female M - Male
Address, City, State, Zip 3431 Cherry Hill Drive Fairfield, Ohio 45014			Contact Phone- include area code (513) 401-2889	
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 07
<input type="checkbox"/>	<input type="checkbox"/>			DOT Compliant Motorcycle Helmet <input type="checkbox"/>
Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1	

Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 07
<input type="checkbox"/>	<input type="checkbox"/>			DOT Compliant Motorcycle Helmet <input type="checkbox"/>
Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1	



Occupant / Witness Addendum

Local Report Number
 1 6 0 9 1 3 9 8

Occupant

Unit Number 02	Name: Last, First, Middle Love, Deja	Date of Birth 08/25/2005	Age 11	Gender F - Female M - Male
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Address, City, State, Zip 6265 Ross Road Fairfield, Ohio 45014	Contact Phone- Include area code (513) 430-9739
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input checked="" type="checkbox"/> Motorcycle Helmet	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- Include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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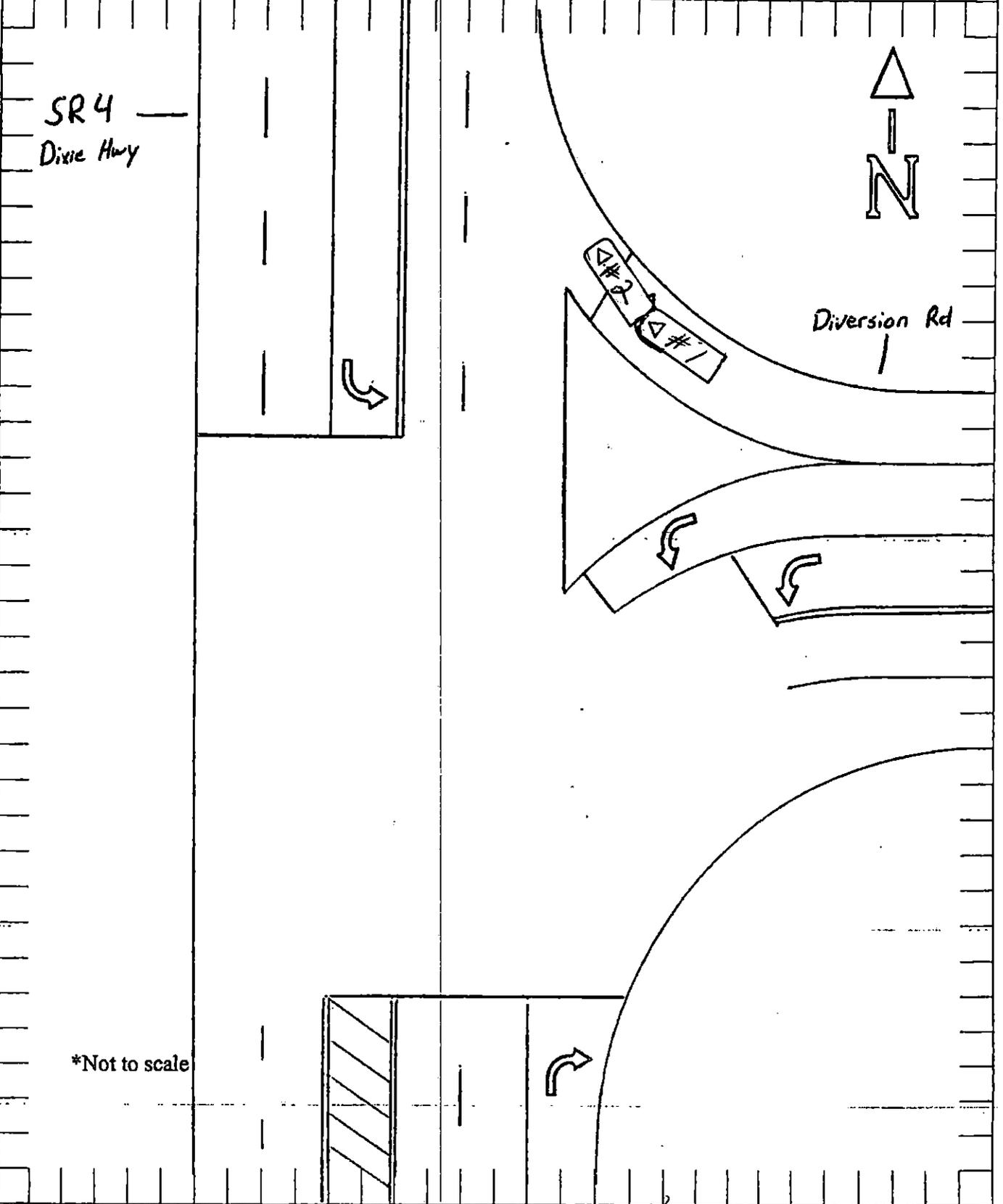
Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck)	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	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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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 16091398	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 12/21/16
IN COUNTY OF Butler	ACCIDENT LOCATION SR4 (Dixie Hwy) / Diversion Rd	



*Not to scale

OFFICER'S SIGNATURE <i>[Signature]</i> # <i>8</i>	BADGE NO. <i>83</i>
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