Traffic Crash Report

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Information

Local Report Number *: 1609282 82

Crash Severity: 2 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: ☐ 1 - Solved, 2 - Unsolved

■ Photos Taken ■ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 09901

Reporting Agency Name *: Fairfield Police Department

Number of Units: 02

Unit in error: 01 — 98 - Animal, 99 - Unknown

County *: 09

■ City * ☐ Village * ☐ Township *

City, Village, Township *: Fairfield

Crash Date *: 12252016

Time of Crash: 1140

Day of Week: SUN

Degrees / Minutes / Seconds — Latitude: 0 / " Longitude: 0 / "

OR

Decimal Degrees — Latitude: 39.343442 Longitude: -84.554579

Roadway Division: ☐ Divided ■ Undivided

Divided Lane Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound

Number of Thru Lanes: 02

Road Types or Milepost [2]: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type [1]: Location Route Number: Loc Prefix: N, S, E, W

Location Road Name: Doris Jane

Location Road Type [2]: AV

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: ☐ Miles ☐ Feet ☐ Yards

Dir From Ref: N, S, E, W

OF

Reference Route Type [1]: Reference Route Number: Ref Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): 773

Reference Road Type [2]

Reference Point Used: 3 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 10
01 - Not an intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown

☐ Intersection Related

Location of First Harmful Event: 1
1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown

Road Contour: 1
1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown

Road Conditions — Primary: 01 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

Manner of Crash Collision/Impact: 5
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

Road Surface: 2
1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other

Light Conditions — Primary: 1 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
* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ 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

Narrative

On 12-25-16 at about 11:40 AM unit #2 was westbound on Doris Jane Ave. Unit #1 was backing out of the driveway at 773 Doris Jane Ave. As unit #1 was backing, it struck unit #2.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

See OH-2

Report Taken By: ■ Police Agency ☐ Motorist

☐ 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
12252016	1143	1145	1151	1216	25	60

Officer's Name *	Officer's Badge Number	Checked By
P.O. E. Bausch	93	Sgt. M. Rednour #53

HSY7001 OH1 (Rev 01/12)

Unit

Local Report Number: 1 6 0 9 2 2 8 2

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale	Damaged Area
0 1	Smith, Cindy	(513) 659-2265	2	Front

Owner Address: City, State, Zip (☐ Same As Driver)
4562 Wyndtree Dr. #153 West Chester, OH 45069

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front, 02, 09, 03, 08, 10, 04, 07, 05, 06, Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	GKR1735	3 F A F P 3 7 N 9 5 R 1 5 7 5 4 7	0 2

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2 0 0 5	Ford	Focus	Green

☒ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	California Mutual	1013798806	

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 Released

Cargo Body Type: 0 1
- 01 - No Cargo Body Type/Not Applicable
- 02 - Bus/Van (9-15 Seats, Inc Driver)
- 03 - Bus (16+ Seats, Inc Driver)
- 04 - Vehicle Towing Another Vehicle
- 05 - Logging
- 06 - Intermodal Container Chassis
- 07 - Cargo Van/Enclosed Box
- 08 - Grain, Chips, Gravel
- 09 - Pole
- 10 - Cargo Tank
- 11 - Flat Bed
- 12 - Dump
- 13 - Concrete Mixer
- 14 - Auto Transporter
- 15 - Garbage/Refuse
- 99 - Other/Unknown

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

☐ 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: 0 2
- 99 - Unknown or Hit / Skip

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

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

☐ Has HM Placard

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

Special Function: 0 1
- 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: 0 6
- 01 - None
- 02 - Center Front
- 03 - Right Front
- 04 - Right Side
- 05 - Right Rear
- 06 - Rear Center
- 07 - Left Rear
- 08 - Left Side
- 09 - Left Front
- 10 - Top and Windows
- 11 - Undercarriage
- 12 - Load/Trailer
- 13 - Total(All Areas)
- 14 - Other
- 99 - Unknown

Impact Area: 0 6

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

Pre-Crash Actions: 0 2
- 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

Contributing Circumstances

Primary: 1 1

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

Sequence of Events: 1 2 0; 2; 3; 4; 5; 6

First Harmful Event: 1

Most Harmful Event: 1

99 - Unknown

Non-Collision Events
- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure (Blown Tire, Brake Failure, etc)
- 07 - Separation of Units
- 08 - Ran Off Road Right
- 09 - Ran Off Road Left
- 10 - Cross Median
- 11 - Cross Center Line Opposite Direction of Travel
- 12 - Downhill Runaway
- 13 - Other Non-Collision

Collision with 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 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: 5
- ☐ Stated
- ☒ Estimated

Posted Speed: 2 5

Traffic Control: 0 1
- 01 - No Controls
- 02 - Stop Sign
- 03 - Yield Sign
- 04 - Traffic Signal
- 05 - Traffic Flashers
- 06 - School Zone
- 07 - Railroad Crossbucks
- 08 - Railroad Flashers
- 09 - Railroad Gates
- 10 - Construction Barricade
- 11 - Person (Flagger, Officer)
- 12 - Pavement Markings
- 13 - Crosswalk Lines
- 14 - Walk/Don't Walk
- 15 - Other
- 16 - Not Reported

Unit Direction: From 2 To 1
- 1 - North
- 2 - South
- 3 - East
- 4 - West
- 5 - Northeast
- 6 - Northwest
- 7 - Southeast
- 8 - Southwest
- 9 - Unknown

HSY8304 OH1U (Rev 01/12)

Unit

Local Report Number: 1 6 0 9 2 2 8 2

Unit Number	Owner Name: Last, First, Middle (☒ Same As Driver)	Owner Phone Number - Inc. area code (☒ Same As Driver)	Damage Scale
0 2	Rice, Carol A.	(513) 939-7097	2

Owner Address: City, State, Zip (☒ Same As Driver)
4970 Murray Pl. Fairfield, OH 45014

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front, 02, 09, 03, 10, 08, 04, 07, 05, 06, Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	SERVEHM	1 G N A L D E K 6 F 2 1 0 5 6 3 5	0 1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2 0 1 5	Chevrolet	Equinox	White

☒ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Ingram	PPA001136309	

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.
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☐ Hazardous Material Released

Cargo Body Type: 0 1
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☐ In Emergency Response

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☐ Has HM Placard

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09 - Left Front
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12 - Load/Trailer
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Action: 4
1 - Non-Contact
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4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 0 1
99 - Unknown

Motorist
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Contributing Circumstances

Primary: 0 1
Secondary:
99 - Unknown

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Vehicle Defects
01 - Turn Signals
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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: 2 0 2: 3: 4: 5: 6:
First Harmful Event: 1
Most Harmful Event: 1
99 - Unknown

Non-Collision Events
01 - Overturn/Rollover
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Collision with Person, Vehicle or Object Not Fixed
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19 - Animal - Other
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Collision With Fixed Object
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44 - Ditch
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46 - Fence
47 - Mailbox
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed Object

Unit Speed: 2 5
☐ Stated
☒ Estimated

Posted Speed: 2 5

Traffic Control: 0 1
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 4
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

Motorist / Non-Motorist / Occupant

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report Number: 1 6 0 9 2 2 8 2

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Coleman, Ashley Marie	10 04 1996	20	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- Include area code
957 Broadview Dr. Fairfield, OH 45014	(513) 903-6884

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
1				04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	TW326608	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☒ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.13a	Improper Backing	231169	☐	1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Rice, Carol	11 04 1952	64	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- Include area code
4970 Murray Pl. Fairfield, OH 45014	(513) 939-7097

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
1				04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RG505233	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free 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
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 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

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	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Coleman, Taylor	11 17 2000	16	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- Include area code
957 Broadview Dr. Fairfield, OH 45014	(513) 543-8517

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
3	2	CFFD	Mercy	04	☐	03	1	1	1

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
	Brown, Dogan	12 31 1989	26	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- Include area code
763 Doris Jane Ave. Fairfield, OH 45014	(513) 233-5956

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

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Occupant / Witness Addendum

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report Number: 1 6 0 9 2 2 8 2

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
		Eschenbrenner, Morgan L.	0 8 1 5 1 9 9 3	23	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- include area code
763 Doris Jane Ave. Fairfield, OH 45014	(513) 404-9176

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

Occupant	Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
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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 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
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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 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
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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 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

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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

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
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
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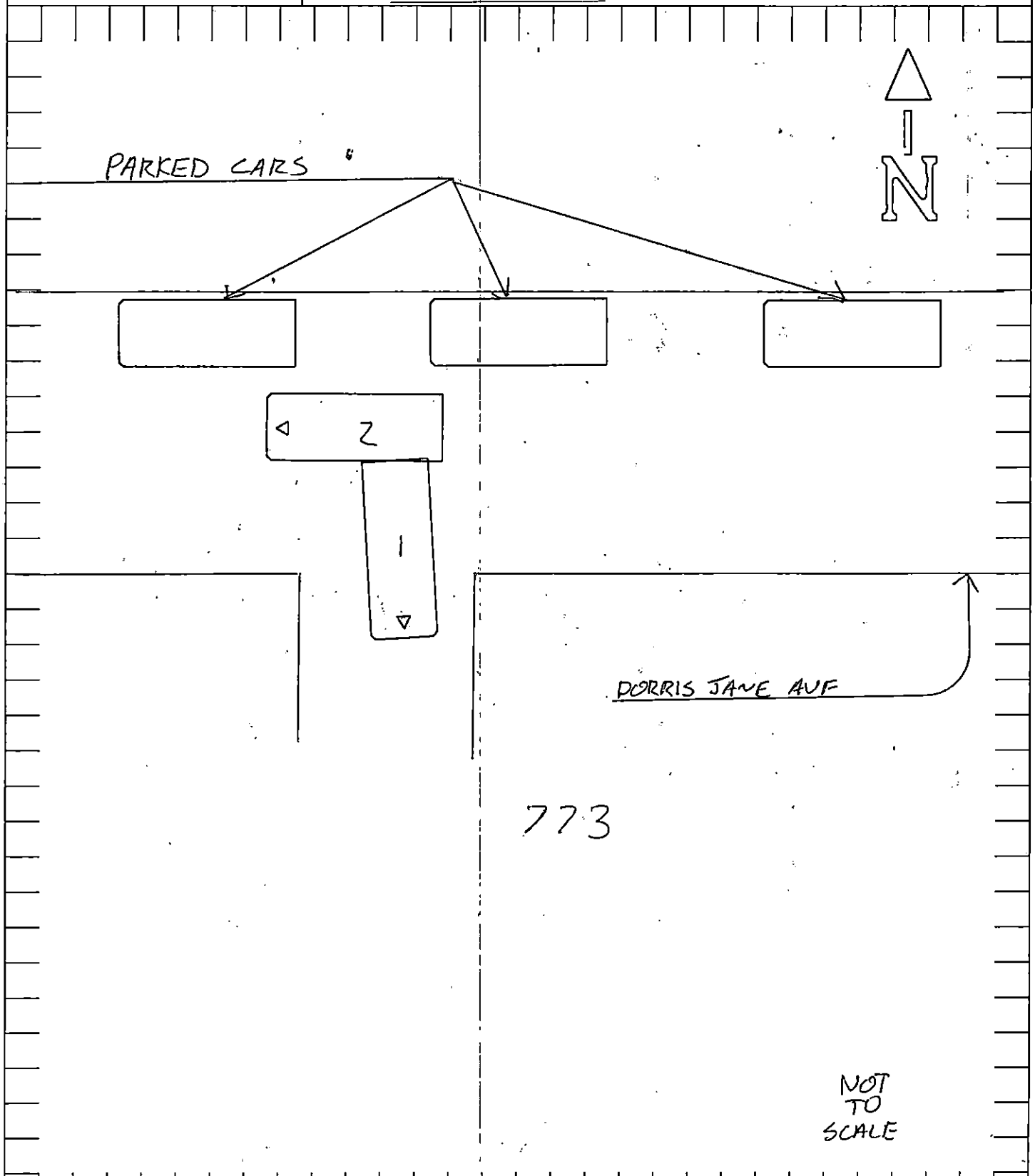
3 - Extricated by Non-Mechanical Means

HSY8355 OH1P (Rev 01/12)

LOCAL REPORT NUMBER	16-092282	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	12-25-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	773 Doris Jane Ave. Fairfield, OH 45014		



OFFICER'S SIGNATURE	BADGE NO.
P.O. E. Bausch	93