



# Traffic Crash Report

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

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDD Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	0 0 9 0 1	Fairfield Police Department	0 2
<input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown					

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	1 2 2 7 2 0 1 6	1 2 4 7	T U E

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound 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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
S R	4		Dixie	H W	IR - Interstate Route (Inc. Turnpike) CR - Numbered County Route US - US Route RD - Road TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W <input type="checkbox"/> F			Hicks	B L

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

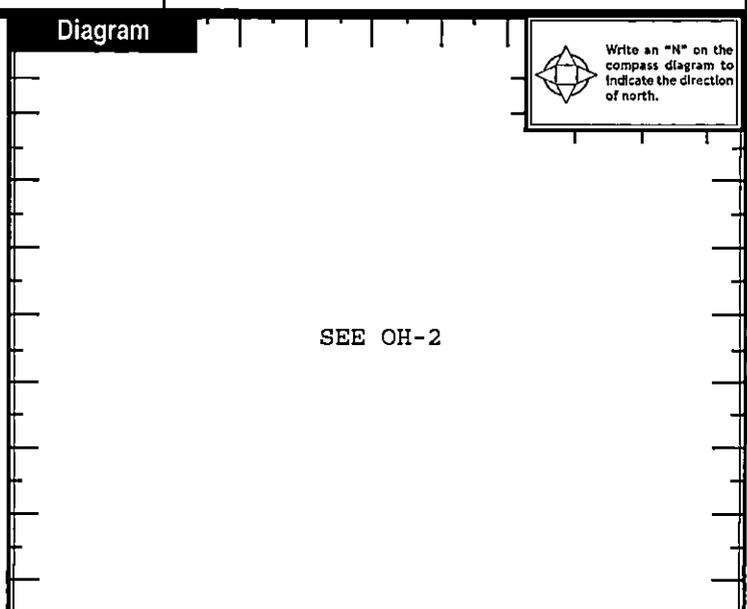
Road Contour	Road Conditions	Weather
<input checked="" type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 0 1 <input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

Manner of Crash Collision/Impact	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Road Surface	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

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

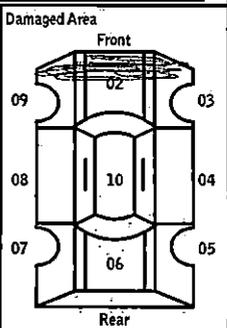
Narrative  
SEE OH-2



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)	1 2 2 7 2 0 1 6	1 2 4 7	1 2 4 8	1 2 4 9	0 1 3 5	0	4 6
Officer's Name *	Officer's Badge Number	Checked By						
P.O. T. Wolf	97	Sgt. Valandingham						



# Unit

Local Report Number  
**16092713**Unit Number **01** Owner Name: Last, First, Middle (  Same As Driver )  
**Smith, Phyllis J.**Owner Phone Number - inc. area code (  Same As Driver )  
**(513) 887-9395**Damage Scale  
**4**Owner Address: City, State, Zip (  Same As Driver )  
**413 Ringling Ave Hamilton, Ohio 45011**LP State **OH** License Plate Number **882 YSY**Vehicle Identification Number **3GNBACDV7AS566011** # Occupants **01**Vehicle Year **2010** Vehicle Make **Chevrolet**Vehicle Model **HHR** Vehicle Color **Grey** Proof of Insurance Shown Insurance Company **State Farm**Policy Number **7439253B1935A**Towed By **Fox**

Carrier Name, Address, City, State, Zip

Carrier Phone- include area code

US DOT  
HM Placard ID No.  
HM Class NumberVehicle 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 - 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 **04**  
99 - Unknown or Hit / SkipPassenger 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 VehicleMed/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 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 - Other09 - 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 - OtherAction **3**  
1 - Non-Contact  
2 - Non-Collision  
3 - Striking  
4 - Struck  
5 - Striking/Struck  
9 - UnknownPre-Crash Actions **01**  
99 - UnknownMotorist  
01 - Straight Ahead  
02 - Backing  
03 - Changing Lanes  
04 - Overtaking/Passing  
05 - Making Right Turn  
06 - Making Left Turn07 - Making U-Turn  
08 - Entering Traffic Lane  
09 - Leaving Traffic Lane  
10 - Parked  
11 - Slowing or Stopped in Traffic  
12 - Driverless13 - 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 Action

Contributing Circumstances  
Primary **03**  
SecondaryMotorist  
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 Road11 - 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 - Unknown

Non-Collision Events  
01 - Overturn/Rollover  
02 - Fire/Explosion  
03 - Immersion  
04 - Jackknife  
05 - Cargo/Equipment Loss or Shift06 - Equipment Failure (Blown Tire, Brake Failure, etc)  
07 - Separation of Units  
08 - Ran Off Road Right  
09 - Ran Off Road Left10 - 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 - Pedacycle  
16 - Railway Vehicle (Train, Engine)  
17 - Animal - Farm  
18 - Animal - Deer  
19 - Animal - Other  
20 - Motor Vehicle In Transport21 - 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 ObjectCollision 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 Barrier33 - 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 Pole41 - Other Post, Pole or Support  
42 - Culvert  
43 - Curb  
44 - Ditch  
45 - Embankment  
46 - Fence  
47 - Mailbox48 - Tree  
49 - Fire Hydrant  
50 - Work Zone Maintenance Equipment  
51 - Wall, Building, Tunnel  
52 - Other Fixed ObjectUnit Speed **30** Posted Speed **35**  
 Stated  
 EstimatedTraffic Control **04**  
01 - No Controls  
02 - Stop Sign  
03 - Yield Sign  
04 - Traffic Signal  
05 - Traffic Flashers  
06 - School Zone07 - Railroad Crossbucks  
08 - Railroad Flashers  
09 - Railroad Gates  
10 - Construction Barricade  
11 - Person (Flagger, Officer)  
12 - Pavement Markings13 - Crosswalk Lines  
14 - Walk/Don't Walk  
15 - Other  
16 - Not ReportedUnit Direction  
From **1** To **2**  
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 2 7 1 3

Unit Number 02	Owner Name: Last, First, Middle ( Same As Driver) Puma, Jill A.	Owner Phone Number - Inc. area code ( Same As Driver) (513) 295-7565	Damage Scale 4	Damaged Area 
Owner Address: City, State, Zip ( Same As Driver) 3459 Elbert Dr Hamilton, Ohio 45011				
LP State OH	License Plate Number EGS 8996	Vehicle Identification Number 5TDYK3DC6DS285034	# Occupants 02	
Vehicle Year 2013	Vehicle Make Toyota	Vehicle Model Sienna	Vehicle Color Grey	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Safeco	Policy Number K2381264	Towed By Marcell's	
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, 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 05 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	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
			<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 - Tractor 22 - Other (Explain in Narrative)	Most Damaged Area 08 Impact Area 08	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 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 (Blow 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
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Unit Speed 15 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	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 3 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  
 1 6 0 9 2 7 1 3

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: Smith, Phyllis J. | Date of Birth: 12/28/1941 | Age: 74 | Gender: F (Female)

Address, City, State, Zip: 413 Ringling Ave Hamilton, Ohio 45011 | Contact Phone- include area code: (513) 887-9395

Injuries: 3 | Injured Taken By: 2 | EMS Agency: Fairfield Medic 32 | Medical Facility Injured Taken To: Mercy Hospital | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet:  | Seating Position: 01 | Air Bag Usage: 2 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RQ571422 | OL Class: 4 | No Valid OL:  | M/C End:  | Condition: 4 | 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 (Local Code):  | Offense Description: | Citation Number: | Hands-Free Device Used:  | Driver Distracted By: 1

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: Puma, Jill A. | Date of Birth: 03/25/1983 | Age: 33 | Gender: F (Female)

Address, City, State, Zip: 3459 Elbert Dr Hamilton, Ohio 45011 | Contact Phone- include area code: (513) 295-7565

Injuries: 2 | Injured Taken By: 1 | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet:  | Seating Position: 01 | Air Bag Usage: 4 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RW555313 | OL Class: 4 | No Valid OL:  | 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 (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

**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

**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: 02 | Name: Last, First, Middle: Puma, Dane | Date of Birth: 06/27/2014 | Age: 2 | Gender: M (Male)

Address, City, State, Zip: 3459 Elbert Dr Hamilton, Ohio 45011 | Contact Phone- include area code: (513) 295-7565

Injuries: 3 | Injured Taken By: 1 | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 05 | DOT Compliant Motorcycle Helmet:  | Seating Position: 04 | Air Bag Usage: 3 | Ejection: 1 | Trapped: 1

Occupant

Unit Number: | Name: Last, First, Middle: Hamilton, Johnny | Date of Birth: 08/06/1951 | Age: 65 | Gender: M (Male)

Address, City, State, Zip: 852 Oberlin Dr Fairfield, Ohio 45014 | Contact Phone- include area code: (513) 675-7941

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: |

LOCAL REPORT NUMBER	16092713	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	12-27-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy @ Hicks Blvd		

On 12-27-16 at about 12:47 p.m. Unit #1 was traveling southbound on Dixie Hwy and when at Hicks Blvd failed to obey the red traffic signal and in so doing collided with Unit #2 which was traveling eastbound on Hicks Blvd.

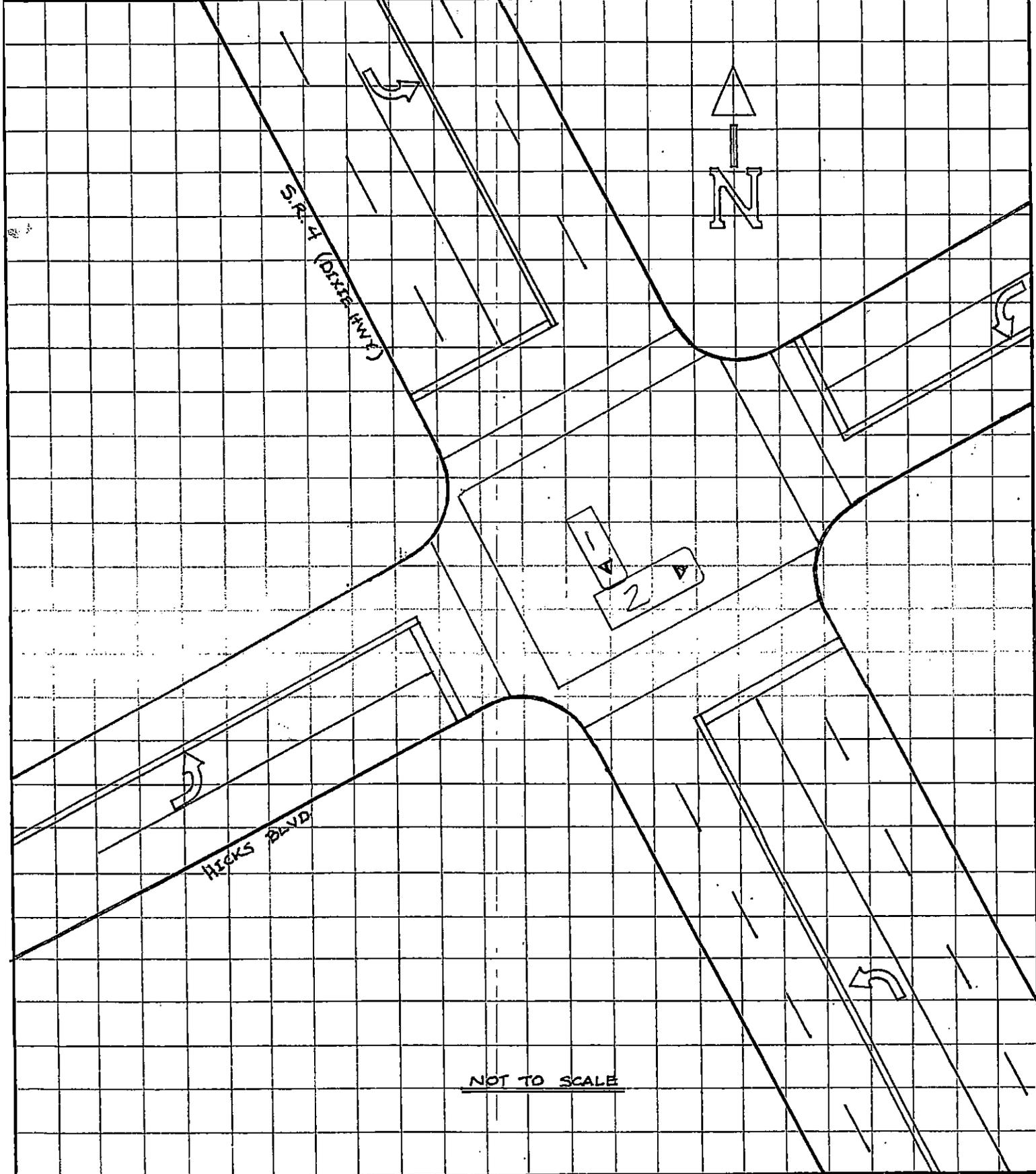
It was discovered that the driver of Unit 1 was likely having a heart attack at the time of the accident.

OFFICER'S SIGNATURE	BADGE NO.
P.O. T. Wolf	97

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 16-092713	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT M 12   D 27   Y 16
IN COUNTY OF BUTLER	ACCIDENT LOCATION DIXIE HWY @ HECKS BLVD	



NOT TO SCALE

OFFICERS SIGNATURE PO. T. WOOLF	BADGE NO. 97
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