



# Traffic Crash Report

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

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 0 0 9 0 1	Reporting Agency Name * Fairfield Police Department	Number of Units 0 2	Unit in error 0 1 98 - Animal 99 - Unknown
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County * 0 9	City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * Fairfield	Crash Date * 0 2 0 9 2 0 1 6	Time of Crash 0 4 5 0	Day of Week T U E
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Degrees / Minutes / Seconds Latitude 0 / /	Longitude 0 / /	OR	Decimal Degrees Latitude 3 9 . 3 4 2 7 9 4	Longitude - 8 4 . 5 5 9 7 0 0
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Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	Number of Thru Lanes 0 2	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> U S	Location Route Number 1 2 7	Loc Prefix <input type="checkbox"/> N,S <input type="checkbox"/> E,W	Location Road Name Pleasant	Location Road Type <sup>2</sup> A V	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 <input type="checkbox"/> N,S <input type="checkbox"/> E,W	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix <input type="checkbox"/> N,S <input type="checkbox"/> E,W	Reference Name (Road, Milepost, House #) Creekside	Reference Road Type <sup>2</sup> D R
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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	<input type="checkbox"/> Intersection Related	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 0 3 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 6 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 4 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 10 - Other 99 - Unknown	<input type="checkbox"/> School Zone Related	School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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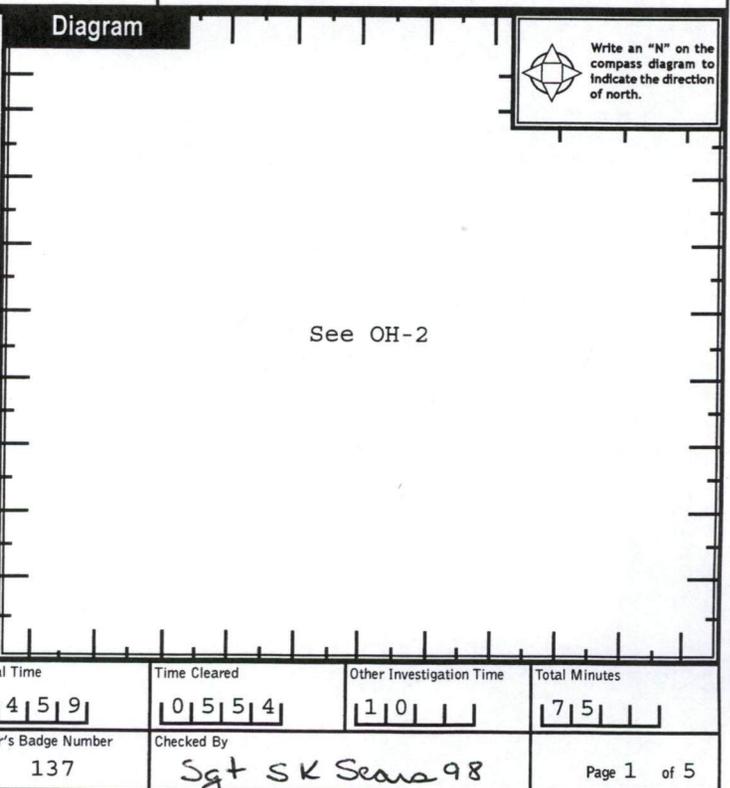
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone <input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - 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	Location of Crash in Work Zone <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
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**Narrative**

On 2/9/2016 at 0450 hours Unit 1 was slowing to a stop on Creekside Dr. facing east. The front of Unit 1 was hanging out over the edge of the driveway at the corner of Creekside Dr. and Pleasant Ave. Unit 2 was traveling south on Pleasant Ave. at approximately 30 m.p.h. when at Creekside Dr. swerved to miss Unit 1 but still struck the front end. Unit 2 then went left across the north lane and off the road left, and struck Duke Energy pole number BT118-16. Unit 2 came to rest in the front yard of 5010 Pleasant Ave. Unit 2 had a snow plow affixed on the front.

Duke Energy responded to address the downed wires. 1199 Nilles Rd. Fairfield OH 45014 513-421-9500.

Unit 1 was also charged with DUS F.C.O. 335.074(a)



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 0 2 0 9 2 0 1 6	Time Crash Reported 0 4 5 5	Dispatch Time 0 4 5 6	Arrival Time 0 4 5 9	Time Cleared 0 5 5 4	Other Investigation Time 1 0	Total Minutes 7 5
Officer's Name * J. Hauer	Officer's Badge Number 137	Checked By Sgt SK Sears 98	Page 1 of 5					



# Unit

Local Report Number  
 1 6 0 1 0 2 2 2

Unit Number 01	Owner Name: Last, First, Middle ( Same As Driver) Lewis, Carlton Lamar	Owner Phone Number - inc. area code ( Same As Driver) (513) 306-0879	Damage Scale 4	Damaged Area 
Owner Address: City, State, Zip ( Same As Driver) 318 Creekside Dr. Apt 305 Fairfield, OH 45014			1 - None	09
LP State OH	License Plate Number ESJ2834	Vehicle Identification Number 1G2ZH57N584190370	2 - Minor	08
Vehicle Year 2008	Vehicle Make Pontiac	Vehicle Model G6	3 - Functional	07
Vehicle Color Red	Insurance Company Geico	Policy Number 4198-05-77-98	4 - Disabling	06
Towed By Fox	Carrier Name, Address, City, State, Zip	Carrier Phone- include area code	9 - Unknown	05

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	Trafficway Description 2
HM Placard ID No.	Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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

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 01 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) <b>Non-Motorist</b> 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 02 Impact 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 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 02 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 - Failing 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 (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 0 Stated Estimated	Posted Speed	Traffic Control 02 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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# Unit

Local Report Number  
1 6 0 1 0 2 2 2Unit Number: 02 | Owner Name: Last, First, Middle ( Same As Driver )  
Eickelberger Jr., Rand J. | Owner Phone Number - inc. area code ( Same As Driver )  
(513) 615-9148 | Damage Scale: 2 | Damaged Area: FrontOwner Address: City, State, Zip ( Same As Driver )  
4243 Hamilton Trenton Rd. Hamilton, OH 45011

LP State: OH | License Plate Number: PIN2011 | Vehicle Identification Number: 1 F D W X 3 7 5 4 9 E B 1 9 8 0 5 | # Occupants: 03

Vehicle Year: 2009 | Vehicle Make: Ford | Vehicle Model: F-350 | Vehicle Color: White

Proof of Insurance Shown:  | Insurance Company: Westfield Insurance Co. | Policy Number: CWP 3692987 | 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 | Trafficway Description: 2 | HM Placard ID No.: | HM Class Number: | Hazardous Material Released: Non-Motorist Location Prior to Impact: | Type of Use: 1 | 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 (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 |  Has HM Placard

Special Function: 22 | Most Damaged Area: 03 | Impact Area: 03 | Action: 3

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: 15 | Secondary: | 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 20 2 09 3 40 4 5 6 | 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

Unit Speed: 30 | Posted Speed: 35 | Traffic Control: 12 | Unit Direction: From 1 To 2 | 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 1 0 2 2 2

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle Lewis, Carlton Lamar	Date of Birth 03/31/1988	Age 27	Gender M F - Female M - Male
Address, City, State, Zip 318 Creekside Dr. Apt 305 Fairfield, OH 45014			Contact Phone- include area code (513) 306-0879	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number SY253964	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code) 331.22(a)	Offense Description Right of Way Private Drive	Citation Number 225112	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Unit Number 02	Name: Last, First, Middle Eikelberger Jr., Rand J.	Date of Birth 08/07/1967	Age 48	Gender M F - Female M - Male
Address, City, State, Zip 4243 Hamilton Trenton Rd. Hamilton, OH 45011			Contact Phone- include area code (513) 615-9148	
Injuries 2	Injured Taken By 2	EMS Agency COFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04
OL State OH	Operator License Number RM103624	OL Class 1	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>Non-Motorist</b> 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	Air Bag Usage
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	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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

Unit Number 02	Name: Last, First, Middle Stanifer, William A	Date of Birth 08/08/1979	Age 36	Gender M F - Female M - Male
Address, City, State, Zip 936 1st St. Trenton, OH 45067			Contact Phone- include area code (513) 615-9148	

Injuries 3	Injured Taken By 2	EMS Agency COFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1

Unit Number 02	Name: Last, First, Middle Saylor, Michael J.	Date of Birth 07/11/1992	Age 23	Gender M F - Female M - Male
Address, City, State, Zip 1024 Goodman Ave. Hamilton, OH 45013			Contact Phone- include area code (513) 615-9148	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1