



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 1 0 8 4 0	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
	0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 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	0 2 1 1 2 0 1 6	0 8 1 6	T H U

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	3 9 . 3 1 2 0 5 1	- 8 4 . 5 1 7 5 4 7

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	0 3	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 N,S,E,W	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
			Mack	R D	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref N,S,E,W	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
					3050	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	0 1 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input type="checkbox"/>	1 1 - On Roadway 5 - On Gore 2 2 - On Shoulder 6 - Outside Trafficway 3 3 - In Median 9 - Unknown 4 4 - On Roadside

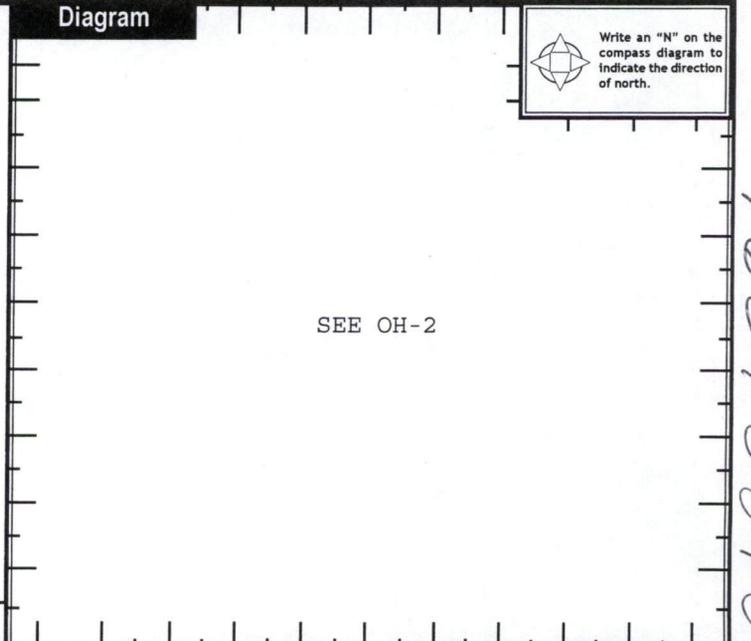
Road Contour	Road Conditions Primary	Secondary	01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
2 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level	0 1		02 - Wet 06 - Water (Standing, Moving) 10 - Other 03 - Snow 07 - Slush 99 - Unknown 04 - Ice 08 - Debris*

Manner of Crash Collision/Impact	Weather
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	1 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

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

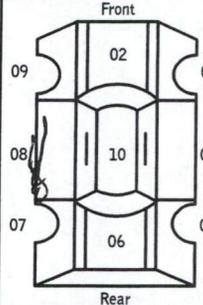
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 4 - Intermittent or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

Narrative  
On 02/11/16 at approximately 8:16 a.m. unit 2 was westbound on Mack Rd. in the left lane. Unit 1 pulled from a private drive to turn left onto eastbound Mack Rd. Unit 2 struck unit 1.



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		0 2 1 1 2 0 1 6	0 8 1 7	0 8 1 7	0 8 3 0	0 9 0 5	3 0	6 5
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5					
Michael Sulfridge	59	Sgt. M. Rednour #53						

16010840

Unit Number: **01** Owner Name: Last, First, Middle (  Same As Driver ) **Boyd, Joe D.** Owner Phone Number - inc. area code (  Same As Driver ) **(513) 737-2379** Damage Scale: **3** Damaged Area: 

Owner Address: City, State, Zip (  Same As Driver )  
**5423 Camden Ct. Hamilton, OH 45011**

LP State: **OH** License Plate Number: **J12R** Vehicle Identification Number: **1N6BD06T65C447255** # Occupants: **01**

Vehicle Year: **2005** Vehicle Make: **Nissan** Vehicle Model: **Frontier** Vehicle Color: **Silver**

Proof of Insurance Shown Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ 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: **4** HM Placard ID No.: \_\_\_\_\_ HM Class Number: \_\_\_\_\_  Hazardous Material Released  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** Unit Type: **07** Passenger Vehicles (less than 9 passengers)  In Emergency Response  Has HM Placard

Special Function: **01** Most Damaged Area: **08** Impact Area: **08** Action: **4**

Pre-Crash Actions: **06** Motorist:  01 - Straight Ahead  02 - Backing  03 - Changing Lanes  04 - Overtaking/Passing  05 - Making Right Turn  06 - Making Left Turn  99 - Unknown Non-Motorist:  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  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: **02** Secondary: \_\_\_\_\_ 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 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ First Harmful Event: **1** Most Harmful Event: **1** 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: **15** Posted Speed: **35** Traffic Control: **01** Unit Direction: From **1** To **3**  Stated  Estimated



# Unit

Local Report Number  
**16010840**

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>Eley, M. Christine</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 746-9838</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>15 Caribou Ct. Fairfield, OH 45014</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>EPD3540</b>	Vehicle Identification Number <b>J M 1 B K 1 3 F 3 4 1 1 7 5 0 7 6</b>	2 - Minor	
Vehicle Year <b>2004</b>	Vehicle Make <b>Mazda</b>	Vehicle Model <b>3</b>	3 - Functional	
Vehicle Color <b>Blue</b>	Insurance Company <b>Geico</b>		4 - Disabling	
Policy Number <b>2006262196</b>	Towed By <b>Marcells</b>		9 - Unknown	
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 <b>01</b> 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 <b>4</b> 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit
HM Class Number			

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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 <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 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 <b>01</b> Secondary <b>01</b> 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 <b>01</b> 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 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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
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Unit Speed <b>35</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>01</b> 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 <b>3</b> To <b>4</b> 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 1 0 8 4 0

Unit Number 01	Name: Last, First, Middle Boyd, Joe D.	Date of Birth 08/06/1958	Age 57	Gender M
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Address, City, State, Zip 5423 Camden Ct. Hamilton, OH 45011	Contact Phone- include area code
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Motorist/Non-Motorist

Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RU317106	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 ) 331.22	Offense Description Failed to yield	Citation Number 228907	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1							

Unit Number 02	Name: Last, First, Middle Eley, M. Christine	Date of Birth 04/19/1953	Age 62	Gender F
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Address, City, State, Zip 15 Caribou Ct. Fairfield, OH 45014	Contact Phone- include area code (513) 746-9838
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Motorist/Non-Motorist

Injuries 2	Injured Taken By 2	EMS Agency Fairfield Life Squad	Medical Facility Injured Taken To Fairfield Mercy	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1		
OL State OH	Operator License Number RR494250	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	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist
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	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	09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	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	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)	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	Name: Last, First, Middle	Date of Birth	Age	Gender
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Address, City, State, Zip	Contact Phone- include area code
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Occupant

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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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
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Address, City, State, Zip	Contact Phone- include area code
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Occupant

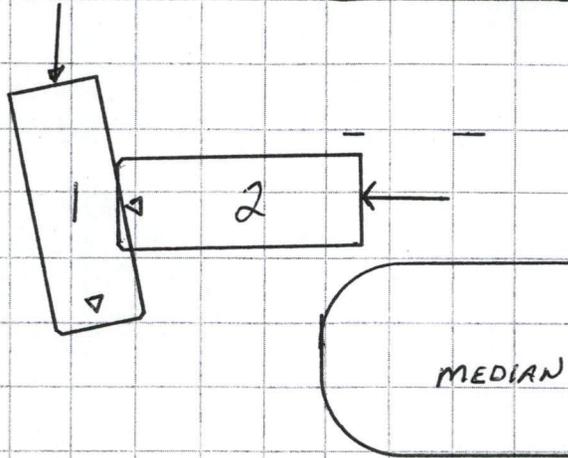
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER 1600840	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT MO 2 11 Y 16
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IN COUNTY OF BUTLER	ACCIDENT LOCATION MACK RD
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PRIVATE DRIVE AT 3050 MACK RD.

MACK RD.



NOT TO SCALE

OFFICER'S SIGNATURE

*[Handwritten Signature]*

BADGE NO.

59