



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 1 1 2 2 1	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC * 0 0 9 0 1	Reporting Agency Name * Fairfield Police Department	Number of Units 0 3	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 1 2 2 0 1 6	Time of Crash 1 6 4 0	Day of Week F R I
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Degrees / Minutes / Seconds Latitude 0 / /	Longitude 0 / /	Decimal Degrees Latitude 3 9 . 3 4 4 2 3 8	Longitude - 8 4 . 5 3 8 8 7 3
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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 4	Road Types or Milepost ² 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 ¹ S R 4	Location Route Number 4	Loc Prefix N, S, E, W	Location Road Name Dixie	Location Road Type ² H W	Route Types ¹ IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township 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, E, W	Reference Route Type ¹	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #) 4871	Reference Road Type ²
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Reference Point Used 3 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 0 1 01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails 03 - T-Intersection 08 - Off Ramp 99 - Unknown 04 - Y-Intersection 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 1 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
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Road Contour 1 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level	Road Conditions Primary 0 1 Secondary	01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement* 02 - Wet 06 - Water (Standing, Moving) 10 - Other 03 - Snow 07 - Slush 99 - Unknown 04 - Ice 08 - Debris*
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Manner of Crash Collision/Impact 2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 2 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
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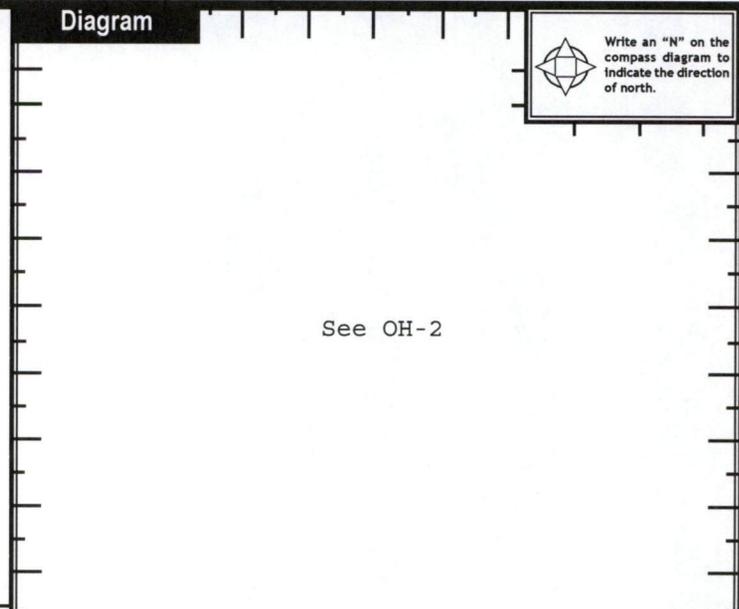
Road Surface 2 1 - Concrete 4 - Slag, Gravel, Stone 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other	Light Conditions 1 1 Primary Secondary 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown 2 - Dawn 6 - Dark - Unknown Roadway Lighting 3 - Dusk 7 - Glare* 4 - Dark - Lighted Roadway 8 - Other	<input type="checkbox"/> School Zone Related <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> 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 1 - Lane Closure 4 - Intermittent or Moving Work 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area
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Narrative

On 02-12-16 at about 4:40 PM units #1, #2 & #3 were southbound on Dixie Hwy. in the right lane. Units #2 & #3 stopped for traffic. Unit #1 struck unit #2 in the rear pushing it into unit #3.

The driver of unit #2 was issued a citation for No Driver's License 335.01a1 FCO.



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 1 2 2 0 1 6	Time Crash Reported 1 6 4 0	Dispatch Time 1 6 4 1	Arrival Time 1 6 4 3	Time Cleared 1 7 2 8	Other Investigation Time 1 5	Total Minutes 6 0

Officer's Name * P.O. E. Bausch	Officer's Badge Number 93	Checked By P.A.R.A. #125	Page 1 of 7
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Unit

Local Report Number
1 6 0 1 1 2 2 1

Unit Number: 01 | Owner Name: Last, First, Middle (Same As Driver) Guel, Christian M. | Owner Phone Number - inc. area code (Same As Driver) (513) 773-5829 | Damage Scale: 2 | Damaged Area: Front

Owner-Address: City, State, Zip (Same As Driver) 1220 Vandevener Hamilton, OH 45011

LP State: OH | License Plate Number: GSM8873 | Vehicle Identification Number: 1G4PP5SK9C4219425 | # Occupants: 01

Vehicle Year: 2012 | Vehicle Make: Buick | Vehicle Model: Verano | Vehicle Color: Black

Proof of Insurance Shown: | Insurance Company: Progressive | Policy Number: 908580182 | 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. | Cargo Body Type: 01 | Trafficway Description: 2 | HM Placard ID No.: | HM Class Number: | Hazardous Material Released: | Hit / Skip Unit: Non-Motorist Location Prior to Impact: | Type of Use: 1 | Unit Type: 04 | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10k lbs | Bus/Van/Limo (9 or More Including Driver) | In Emergency Response: | Has HM Placard:

Special Function: 01 | Most Damaged Area: 02 | Impact Area: 02 | Action: 3

Pre-Crash Actions: Motorist: 01 - Straight Ahead | Non-Motorist: 15 - Entering or Crossing Specified Location

Contributing Circumstances: Primary: 09 | Vehicle Defects: 01 - Turn Signals

Sequence of Events: 1 - 20 | Non-Collision Events: 01 - Overturn/Rollover | Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion

Unit Speed: 10 | Posted Speed: 35 | Traffic Control: 12 | Unit Direction: From 1 To 2



Unit

Local Report Number
16011221

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Ramirez, Javier	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 714-6219	Damage Scale 3	Damaged Area
Owner-Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014				
LP State OH	License Plate Number GPX4926	Vehicle Identification Number 1G1ZJ57B69F251388	# Occupants 05	
Vehicle Year 2009	Vehicle Make Chevrolet	Vehicle Model Impala	Vehicle Color Black	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company Alfa	Policy Number 1134008258418	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo 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/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
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact 01 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 <input type="checkbox"/> In Emergency Response	Unit Type 03 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/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 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 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 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 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	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 20 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 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 0	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit Number 03	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Appelman, Georgina	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 435-5696	Damage Scale 3	Damaged Area
Owner-Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 1812 Eldora Dr. Middletown, Ohio 45042				
LP State OH	License Plate Number GLL9429	Vehicle Identification Number 2G1WT58K489277524	# Occupants 01	1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown
Vehicle Year 2008	Vehicle Make Chevrolet	Vehicle Model Impala	Vehicle Color Blue	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Progressive	Policy Number 57903327	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	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	01	<input type="checkbox"/> Hit / Skip Unit
HM Class Number			

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 03 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Pre-Crash Actions 11 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 Secondary 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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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	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	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 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 4 4 2 2 1

Unit Number 03	Name: Last, First, Middle Appelman, Georgina G.	Date of Birth 10311962	Age 53	Gender F F - Female M - Male
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Address, City, State, Zip 1812 Eldora Dr. Middletown, Ohio 45042	Contact Phone- include area code (513) 435-5696
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Injuries 2	Injured Taken By	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 RM122311	OL Class 4	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> 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 (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used 99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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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
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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
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Unit Number 02	Name: Last, First, Middle Ramirez, Judith	Date of Birth 06272004	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014	Contact Phone- include area code (513) 714-6219
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 05	Air Bag Usage 1	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Ramirez, Allison	Date of Birth 07162013	Age 2	Gender F F - Female M - Male
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Address, City, State, Zip 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014	Contact Phone- include area code (513) 714-6219
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 05	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 4 4 2 2 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Guel, Christian	Date of Birth 02091984	Age 32	Gender M F - Female M - Male
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Address, City, State, Zip 1220 Vandevener Hamilton, OH 45011	Contact Phone- include area code (513) 773-5829
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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 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number SA990142	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 (Local Code) 333.03a	Offense Description ACDA	Citation Number 228349	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Perez, Judith Hernandez	Date of Birth 06261984	Age 32	Gender F F - Female M - Male
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Address, City, State, Zip 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014	Contact Phone- include area code (513) 714-6219
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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 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class	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 (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used 99 - Unknown Safety Equipment Non-Motorist 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
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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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
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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
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Occupant

Unit Number 02	Name: Last, First, Middle Ramirez, Victor	Date of Birth 08262002	Age 13	Gender M F - Female M - Male
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Address, City, State, Zip 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014	Contact Phone- include area code (513) 714-6219
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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 03	Air Bag Usage 1	Ejection 1	Trapped 1
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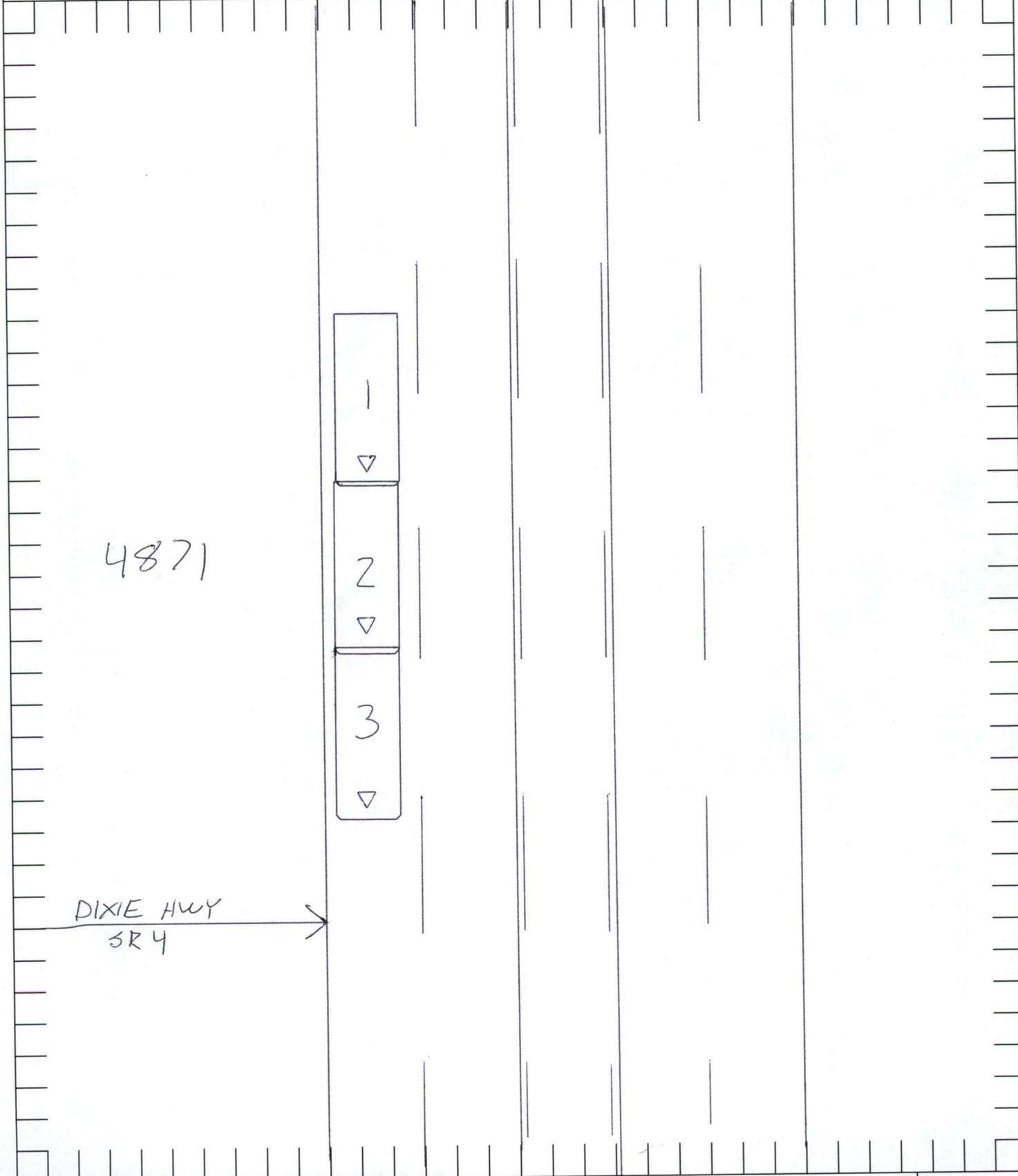
Occupant

Unit Number 02	Name: Last, First, Middle Ramirez, Gisela	Date of Birth 12132002	Age 13	Gender F F - Female M - Male
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Address, City, State, Zip 56 Providence Dr. Apt. 11 Fairfield, Ohio 45014	Contact Phone- include area code (513) 714-6219
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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 04	Air Bag Usage 1	Ejection 1	Trapped 1
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LOCAL REPORT NUMBER 16-011221	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 2/12/16
IN COUNTY OF Butler	ACCIDENT LOCATION 4871 Dixie Hwy. Fairfield, OH 45014	



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