



# Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
1 6 0 1 4 0 5 3	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 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			00901	Fairfield Police Department	04	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09		Fairfield	02232016	2015	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0	0	39.331639	-84.519861

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	04	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>
SR	4		DIXIE	HW	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	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>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W				5676	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	01 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 checked="" type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

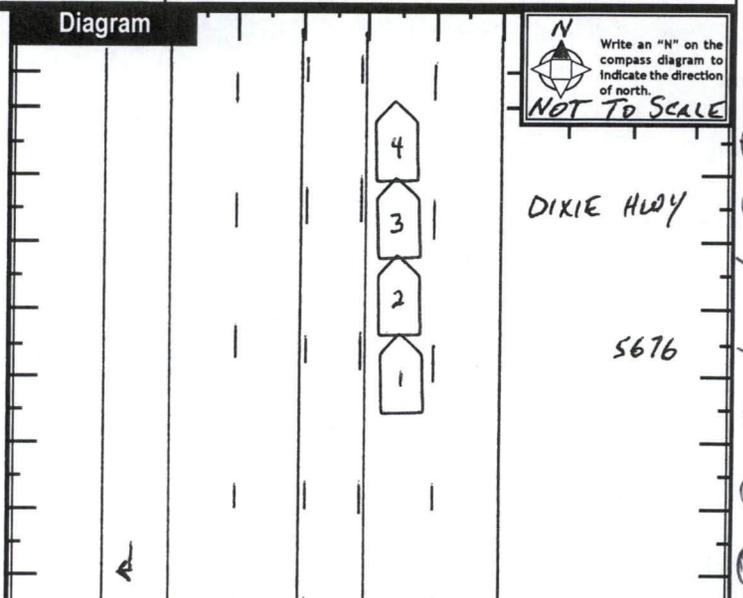
Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 01 Primary Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*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

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

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 4 Primary Secondary	<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"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative  
ON 2-23-16 AT APPROXIMATELY 8:15 P.M. UNIT 4, UNIT 3 AND UNIT 2 WERE STOPPED IN TRAFFIC WHILE IN THE NORTH BOUND LANE OF DIXIE HWY, NEAR THE ADDRESS OF 5676 DIXIE HWY. UNIT 1 WAS TRAVELING NORTH BOUND ON DIXIE HWY. AND FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE FROM UNIT 2 CAUSING A REAR END CRASH. THE IMPACT FROM UNIT 1 STRIKING UNIT 2 CAUSED UNIT 2 TO STRIKE UNIT 3 AND UNIT 3 TO STRIKE UNIT 4.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to DDPS)	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"/>	02232016	2015	2016	2026	2134	60	128

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 7
TODD ADAMSON	119	<i>Todd Adamson</i> #55	



# Unit

Local Report Number  
1 6 0 1 4 0 5 3

Unit Number 01	Owner Name: Last, First, Middle ( Same As Driver) COX, AUSTIN G.	Owner Phone Number - inc. area code ( Same As Driver) (513) 702-0584	Damage Scale 4	Damaged Area 
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Owner-Address: City, State, Zip ( Same As Driver)  
5745 SPRINGDALE RD. APT. 12, CINCINNATI, OH 45247

LP State OH	License Plate Number GPD5351	Vehicle Identification Number JM1BL1V59C1659025	# Occupants 01
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Vehicle Year 2012	Vehicle Make MAZDA	Vehicle Model 3	Vehicle Color RED
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By MARCELL'S
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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 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 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
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Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 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 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 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 09 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 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	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 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
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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	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 45 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	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 2 To 1 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 4 0 5 3

Unit Number 02	Owner Name: Last, First, Middle ( Same As Driver) EVANS-SMITH, MARCIA R.	Owner Phone Number - inc. area code ( Same As Driver) (513) 467-8520	Damage Scale 4	Damaged Area 
Owner-Address: City, State, Zip ( Same As Driver) 1011 BUCKHEAD DR. FAIRFIELD, OH 45014	LP State OH	License Plate Number GGL6242	Vehicle Identification Number 4A3AB36F39E024236	
Vehicle Year 2009	Vehicle Make MITSUBISHI	Vehicle Model GALANT	Vehicle Color WHITE	
Proof of Insurance Shown	Insurance Company LIBERTY MUTUAL	Policy Number A022886155827557	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	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 FL) 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 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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Sequence of Events 1 20 2 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 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 Stated Estimated	Posted Speed 35	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 2 To 1 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 4 0 5 3

Unit Number 03	Owner Name: Last, First, Middle ( Same As Driver) PHAN, HUGH	Owner Phone Number - inc. area code ( Same As Driver) (513) 376-0298	Damage Scale 3	Damaged Area 
Owner-Address: City, State, Zip ( Same As Driver) 5607 LAKESIDE DR. FAIRFIELD, OH 45014				
LP State OH	License Plate Number GCY1379	Vehicle Identification Number 5FNRL38708B016424	# Occupants 01	
Vehicle Year 2008	Vehicle Make HONDA	Vehicle Model ODYSSEY	Vehicle Color BLUE	
Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 409329967	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	<input type="checkbox"/> Hit / Skip Unit	

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<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 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 Impact 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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# Unit

Local Report Number  
 1 6 0 1 4 0 5 3

Unit Number: **04** Owner Name: Last, First, Middle (  Same As Driver )  
**ARTHUR, LINDA** Owner Phone Number - inc. area code (  Same As Driver )  
**(513) 802-0927** Damage Scale: **2** Damaged Area:

Owner-Address: City, State, Zip (  Same As Driver )  
**5416 SOUTHGATE BLVD. #5, FAIRFIELD, OH 45014**

LP State: **OH** License Plate Number: **GHC8457** Vehicle Identification Number: **4T1BF3EK6BU664264** # Occupants: **01**

Vehicle Year: **2011** Vehicle Make: **TOYOTA** Vehicle Model: **CAMRY** Vehicle Color: **RED**

Proof of Insurance Shown Insurance Company: **STATE FARM** Policy Number: **9024845A2835** Towed By: **FOX**

Carrier Name, Address, City, State, Zip Carrier Phone- include area code

US DOT: **01** 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.

HM Placard ID No. **01** 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 Class Number **01**  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 - Personal  
 2 - Commercial  
 3 - Government  In Emergency Response

Unit Type:  03 - 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:  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:  4 -  1 - Non-Contact  
 2 - Non-Collision  
 3 - Striking  
 4 - Struck  
 5 - Striking/Struck  
 9 - Unknown

Pre-Crash Actions:  11 - 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:  01 - None  
 02 - Failure to Yield  
 03 - Ran Red Light  
 04 - Ran Stop Sign  
 05 - Exceeded Speed Limit  
 06 - Unsafe Speed  
 07 - Improper Turn  
 08 - Left of Center  
 09 - Followed Too Closely/ACDA  
 10 - Improper Lane Change /Passing/Off Road

11 - Improper Backing  
 12 - Improper Start From Parked Position  
 13 - Stopped or Parked Illegally  
 14 - Operating Vehicle in Negligent Manner  
 15 - Swerving to Avoid (Due to External Conditions)  
 16 - Wrong Side/Wrong Way  
 17 - Failure to Control  
 18 - Vision Obstruction  
 19 - Operating Defective Equipment  
 20 - Load Shifting/Falling/Spilling  
 21 - Other Improper Action

Non-Motorist:  22 - None  
 23 - Improper Crossing  
 24 - Darting  
 25 - Lying and/or Illegally in Roadway  
 26 - Failure to Yield Right of Way  
 27 - Not Visible (Dark Clothing)  
 28 - Inattentive  
 29 - Failure to Obey Traffic Signs /Signals/Officer  
 30 - Wrong Side of the Road  
 31 - Other Non-Motorist Action

Vehicle Defects:  01 - Turn Signals  
 02 - Head Lamps  
 03 - Tail Lamps  
 04 - Brakes  
 05 - Steering  
 06 - Tire Blowout  
 07 - Worn or Slick tires  
 08 - Trailer Equipment Defective  
 09 - Motor Trouble  
 10 - Disabled From Prior Accident  
 11 - Other Defects

Sequence of Events: 1  2  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 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 Posted Speed:  35 Traffic Control:  04

Stated  Estimated

01 - No Controls  
 02 - Stop Sign  
 03 - Yield Sign  
 04 - Traffic Signal  
 05 - Traffic Flashers  
 06 - School Zone

07 - Railroad Crossbucks  
 08 - Railroad Flashers  
 09 - Railroad Gates  
 10 - Construction Barricade  
 11 - Person (Flagger, Officer)  
 12 - Pavement Markings

13 - Crosswalk Lines  
 14 - Walk/Don't Walk  
 15 - Other  
 16 - Not Reported

Unit Direction: From  2 To  1

1 - North  
 2 - South  
 3 - East  
 4 - West

5 - Northeast  
 6 - Northwest  
 7 - Southeast  
 8 - Southwest  
 9 - Unknown



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 1 4 0 5 3

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle DAVIS, ALYSSA R.	Date of Birth 07/20/1996	Age 19	Gender F - Female M - Male
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Address, City, State, Zip 5093 SOUTHVIEW DR. FAIRFIELD, OH 45014	Contact Phone- include area code (513) 448-5736
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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 2	Ejection 1	Trapped 1
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OL State OH	Operator License Number UA598692	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
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Offense Charged (Local Code) 333.03A	Offense Description A.C.D.A.	Citation Number 228217	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 6
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Unit Number 02	Name: Last, First, Middle EVANS-SMITH, MARCIA R.	Date of Birth 12/12/1960	Age 55	Gender F - Female M - Male
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Address, City, State, Zip 1011 BUCKHEAD DR. FAIRFIELD, OH 45014	Contact Phone- include area code (513) 467-8520
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Injuries 3	Injured Taken By 4	EMS Agency	Medical Facility Injured Taken To MERCY FAIRFIELD	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1
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OL State OH	Operator License Number QE327419	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
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <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	99 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows,Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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	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
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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
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# Motorist / Non-Motorist / Occupant

Local Report Number

1 6 0 1 4 0 5 3

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 03	Name: Last, First, Middle PHAN, CINDY D.	Date of Birth 09/20/1975	Age 40	Gender F - Female M - Male
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Address, City, State, Zip 5607 LAKESIDE DR. FAIRFIELD, OH 45014	Contact Phone- include area code (513) 376-0298
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Injuries 4	Injured Taken By 2	EMS Agency FAIRFIELD	Medical Facility Injured Taken To MERCY FAIRFIELD	Safety Equipment Used 01	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number SW008885	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
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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 04	Name: Last, First, Middle AWERE, GEORGE A.	Date of Birth 02/02/1982	Age 34	Gender M - Male F - Female
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Address, City, State, Zip 5416 SOUTHGATE BLVD. #5, FAIRFIELD, OH 45014	Contact Phone- include area code (513) 802-0927
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Injuries 4	Injured Taken By 2	EMS Agency FAIRFIELD	Medical Facility Injured Taken To MERCY FAIRFIELD	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number UG161142	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
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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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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <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	99 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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 [ ]	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
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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
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