



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 1 4 0 5 1	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDO Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	0 0 9 0 1	Fairfield Police Department	0 2
County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	Fairfield	0 2 2 3 2 0 1 6	2 0 0 3	T U E

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

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	N - Northbound E - Eastbound S - Southbound W - Westbound	0 4	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
S R	4	N, S, E, W	Dixie	H W	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	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
30	Miles Feet Yards	S R	N, S, E, W	Bypass	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
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 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 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

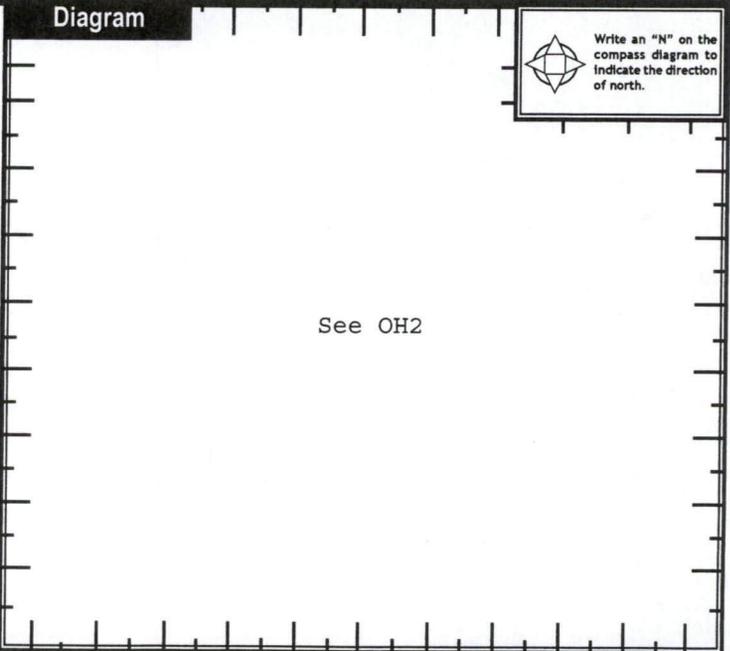
Road Contour	Road Conditions	Roadway Surface	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Light Conditions	School Bus Related
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	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> Yes, School Bus Directly Involved 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)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

**Narrative**

On 02-23-16 at approximately 8:03 p.m. Unit #2 and Unit #1 were traveling northbound on Dixie Hwy. approaching the intersection of Dixie Hwy. and Bypass 4. Unit #2 stopped with traffic. Unit #1 was unable to stop with traffic and struck the rear of Unit #2.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	0 2 2 3 2 0 1 6	2 0 0 3	2 0 0 5	2 0 0 7	2 0 3 2	1 0	3 5
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5					
P. O. T. Chenoweth	124	<i>[Signature]</i>						



# Unit

Local Report Number  
 1 6 0 1 4 0 5 1

Unit Number 01	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) Gregory, David L.	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) (513) 254-2750	Damage Scale 2	Damaged Area 
LP State OH	License Plate Number FFS9121	Vehicle Identification Number 5NPEB4AC1BH094329	# Occupants 01	
Vehicle Year 2011	Vehicle Make Hyundai	Vehicle Model Sonata	Vehicle Color Grey	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Progressive	Policy Number 909073200	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 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 2 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 04 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
<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 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 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 09 Secondary 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 3 4 5 6 First Harmful Event 1 Most Harmful Event 1	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 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 5 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 50	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 1

Unit Number: **02** Owner Name: Last, First, Middle (  Same As Driver )  
**Watkins, Gregory** Owner Phone Number - inc. area code (  Same As Driver )  
**(513) 254-2750**

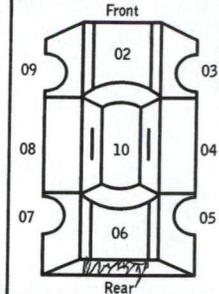
Owner Address: City, State, Zip (  Same As Driver )  
**821 Bishop Ave. Hamilton, OH 45015**

LP State: **OH** License Plate Number: **779YJC** Vehicle Identification Number: **1G1PJ5SB9E7224463** # Occupants: **01**

Vehicle Year: **2014** Vehicle Make: **Chevrolet** Vehicle Model: **Cruze** Vehicle Color: **Black**

Proof of Insurance Shown:  Insurance Company: **Safeco** Policy Number: **X5817154** 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.

HM Placard ID No.: \_\_\_\_\_ Hazardous Material Released:

HM Class Number: \_\_\_\_\_

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

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:  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  99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)

13 - Single Unit Truck or Van 2axle, 6 tires  21 - Bus/Van (9-15 Seats, Inc Driver)  22 - Bus (16+ Seats, Inc Driver)  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  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:  01 - None  02 - Center Front  03 - Right Front  04 - Right Side  05 - Right Rear  06 - Rear Center  07 - Left Rear  08 - Left Side  09 - Left Front  10 - Top and Windows  11 - Undercarriage  12 - Load/Trailer  13 - Total(All Areas)  14 - Other  99 - Unknown

Action:  1 - Non-Contact  2 - Non-Collision  3 - Striking  4 - Struck  5 - Striking/Struck  9 - Unknown

Pre-Crash Actions:  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

Motorist 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  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   99 - Unknown

First Harmful Event:  1 Most Harmful Event:  1

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:  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  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  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

Posted Speed: **50**

Traffic Control:  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 1

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 02	Name: Last, First, Middle Watkins, Gregory W.	Date of Birth 05071988	Age 27	Gender M (F - Female, M - Male)
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Address, City, State, Zip 821 Bishop Ave. Hamilton, OH 45015	Contact Phone- include area code (513) 254-2750
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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 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number SV533752	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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Unit Number 01	Name: Last, First, Middle Sams, Odette D.	Date of Birth 11121967	Age 48	Gender F (F - Female, M - Male)
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Address, City, State, Zip 50 Mitchell Ave. Hamilton, OH 45013	Contact Phone- include area code (513) 773-1709
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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 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number RP148161	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 ACDA	Citation Number 228567	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>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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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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