



Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
1 6 0 1 5 5 4 3	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 checked="" type="checkbox"/> Photos Taken <input checked="" 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	0 1 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	0 2 2 9 2 0 1 6	1 0 2 0	M O N

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	N - Northbound E - Eastbound S - Southbound W - Westbound	0 6	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 ¹	Location Route Number	Loc Prefix	Location Road Name	Location Road Type ²	Route Types ¹
S R	4		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 Type ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N,S,E,W		7105			

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	0 1 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 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	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	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

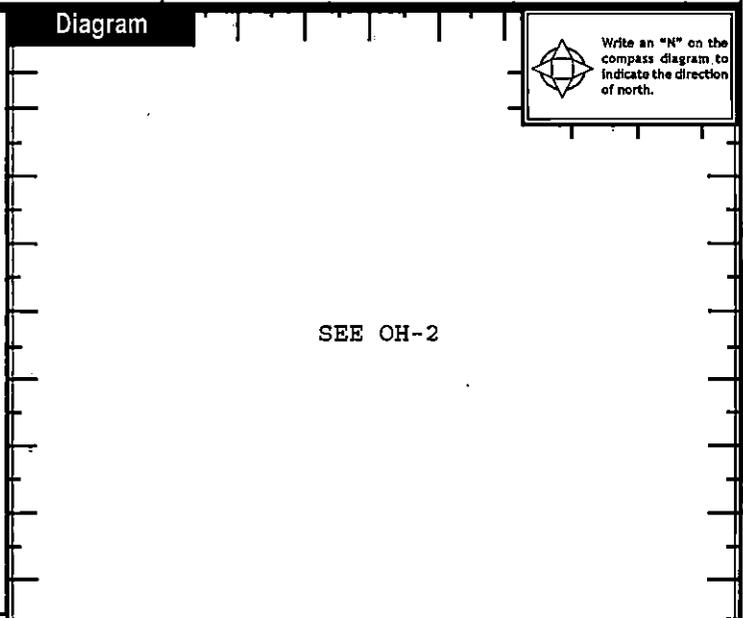
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<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	Type of Work Zone	Location of Crash in Work Zone
<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)	<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 02-29-16 at 10:20 a.m., Unit 1 and Unit 2 were traveling north on SR4 (Dixie Hwy) in the left turn lane. Unit 2 was stopped by a red light when Unit 1 drove into 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 9 2 0 1 6	1 0 2 1	1 0 2 2	1 0 2 6	1 0 5 5		2 9

Officer's Name *	Officer's Badge Number	Checked By	Page
P.O. J. DRAKE	88	Sgt. M. Rednour #53	1 of 5



Unit

Local Report Number
16015543

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) DALTON, JOHN R.	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 805-7926	Damage Scale 2	Damaged Area
LP State OH	License Plate Number 057XSR	Vehicle Identification Number 1FTRF17W83NB75531	# Occupants 01	
Vehicle Year 2003	Vehicle Make FORD	Vehicle Model F-150	Vehicle Color TAN	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ALLSTATE	Policy Number 980029791	Towed By	

Owner Address: City, State, Zip (Same As Driver)
1721 HOPKINS AVE NORWOOD, OHIO 45212

US DOT	Vehicle Weight GVWR/GCWR 01 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 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 07 Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	<input type="checkbox"/> Has HM Placard
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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 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action

Contributing Circumstances Primary 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 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 00 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 15 <input checked="" 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 5 5 4 3

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) EVERSOLE, JUDY L.	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 344-3221	Damage Scale 3	Damaged Area Front 09 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 447 BINGHAM ST HAMILTON, OHIO 45011				
LP State OH	License Plate Number GKN6902	Vehicle Identification Number 2G1WB55K969389403	# Occupants 02	
Vehicle Year 2006	Vehicle Make CHEVY	Vehicle Model IMPALA	Vehicle Color SILVER	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 909126711	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 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.	Hazardous Material Released <input type="checkbox"/>			<input type="checkbox"/> Hit / Skip Unit

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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 - Pedacycle 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		

Unit Speed 00 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 50	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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Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 1 5 5 4 3

Unit Number: **01** Name: Last, First, Middle: **DALTON, JOHN R.** Date of Birth: **05081950** Age: **65** Gender: **M** (F - Female, M - Male)

Address, City, State, Zip: **1721 HOPKINS AVE CINCINNATI OH 45212** Contact Phone- include area code: **(513) 805-7926**

Injuries: **1** Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **01** Air Bag Usage: **1** Ejection: **1** Trapped: **1**

OL State: **OH** Operator License Number: **RN694 329** OL Class: **4** No Valid OL: M/C End.: Condition: **1** Alcohol/Drug Suspected: **1** Alcohol Test Status: **1** Alcohol Test Type: **1** Alcohol Test Value: **1** Drug Test Status: **1** Drug Test Type: **1**

Offense Charged (Local Code): **333.03A** Offense Description: **ACDA** Citation Number: **228789** Hands-Free Device Used: Driver Distracted By: **1**

Motorist/Non-Motorist

Unit Number: **02** Name: Last, First, Middle: **BENBOW, WILLIAM JOSEPH** Date of Birth: **03101981** Age: **34** Gender: **M** (F - Female, M - Male)

Address, City, State, Zip: **9920 SE FOSTER RD. APT#7 PORTLAND, OREGON 97208** Contact Phone- include area code: **(971) 263-3190**

Injuries: **1** Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **01** Air Bag Usage: **1** Ejection: **1** Trapped: **1**

OL State: **OR** Operator License Number: **3348028** OL Class: **4** No Valid OL: M/C End.: Condition: **1** Alcohol/Drug Suspected: **1** Alcohol Test Status: **1** Alcohol Test Type: **1** Alcohol Test Value: **1** Drug Test Status: **1** Drug Test Type: **1**

Offense Charged (Local Code): Offense Description: Citation Number: Hands-Free Device Used: Driver Distracted By: **1**

Motorist/Non-Motorist

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

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

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

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

Unit Number: **02** Name: Last, First, Middle: **BATES, DERRICK** Date of Birth: **04211964** Age: **51** Gender: **M** (F - Female, M - Male)

Address, City, State, Zip: **2880 CENTRAL PARKWAY CINCINNATI, OHIO 45225** Contact Phone- include area code: **(513) 648-9448**

Injuries: **1** Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **03** Air Bag Usage: **1** Ejection: **1** Trapped: **1**

Unit Number: Name: Last, First, Middle: Date of Birth: Age: Gender: (F - Female, M - Male)

Address, City, State, Zip: Contact Phone- include area code:

Injuries: Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: DOT Compliant Motorcycle Helmet: Seating Position: Air Bag Usage: Ejection: Trapped:

Occupant

Occupant

LOCAL REPORT NUMBER 16-015543	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT M 2 10 29 16
IN COUNTY OF BUTLER	ACCIDENT LOCATION SR 4 (DIXIE HWY) / 7105 DIXIE HWY	

4

DIXIE HWY.
S.R. 4



MUHLHAUSER RD

MACK RD.

OFFICERS SIGNATURE P.O. <i>[Signature]</i> #88	BADGE NO. 88
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