



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 0 1 7 4 5	2 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
0 0 9 0 1		Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	Fairfield	0 1 0 7 2 0 1 6	1 7 1 7	T H U

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
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 ¹	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
			Tylersville	R D	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
					Seward	R D

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 2 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	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 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	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

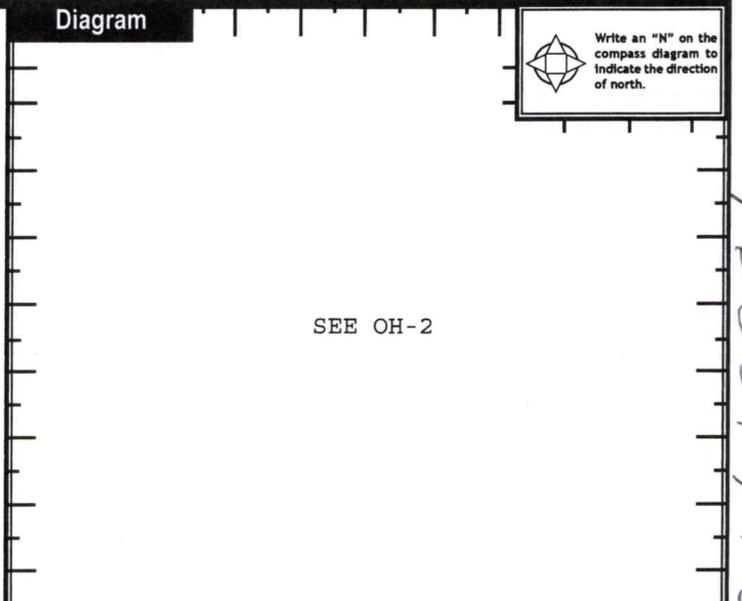
Manner of Crash Collision/Impact	Weather
6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
1 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 9 - Unknown	School Zone Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
Workers Present Law Enforcement Present (Officer/Vehicle) 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 01-07-16 at approximately 5:17 PM, Unit 1 was sitting Westbound on Tylersville Rd., waiting to make a left turn onto Seward Rd. Unit 2 was traveling Eastbound on Tylersville Rd. Unit 1 stated he entered the intersection on a yellow light and began his turn at approximately 5 MPH. Unit 2 stated he entered the intersection on the yellow light at approximately 42 MPH. Unit 2 struck Unit 1 as Unit 1 was making his turn.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
Police Agency Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 1 0 7 2 0 1 6	1 7 1 9	1 7 2 0	1 7 2 6	1 9 0 8	4 5	1 4 7

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5
P.O. M. Woodall	118	P.O. RA #125	

16001745



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 1 7 4 5

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Carr, James A.	Date of Birth 01160951	Age 64	Gender M
Address, City, State, Zip 2520 Tytus Ave. Middletown, Ohio 45042			Contact Phone- include area code (513) 888-0646	
Injuries 4	Injured Taken By 2	EMS Agency COFFD	Medical Facility Injured Taken To West Chester	Safety Equipment Used 01
OL State OH	Operator License Number RM127072	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code) 331.17(A)	Offense Description Right of Way- Left Turn	Citation Number 226424	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01
		Hands-Free Device Used <input type="checkbox"/>	Air Bag Usage 2	Ejection 1
		Trapped 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1
		Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1
		Drug Test Type 1		

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Davis, Bryan J.	Date of Birth 07221999	Age 16	Gender M
Address, City, State, Zip 8853 Walnut St. West Chester, Ohio 45069			Contact Phone- include area code (513) 833-6132	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number UL412483	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (Local Code)	Offense Description	Citation Number	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01
		Hands-Free Device Used <input type="checkbox"/>	Air Bag Usage 1	Ejection 1
		Trapped 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1
		Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1
		Drug Test Type 1		

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	Air Bag Usage
01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Uusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Uusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction

Occupant

Unit Number	Name: Last, First, Middle D'Epifanio, Samantha	Date of Birth 08141986	Age 29	Gender F
Address, City, State, Zip 1307 Ross Ave. Hamilton, Ohio 45013			Contact Phone- include area code (513) 485-2358	

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
				<input type="checkbox"/>

Occupant

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
				<input type="checkbox"/>

LOCAL REPORT NUMBER

PD-16-001745

REPORTING AGENCY

FAIRFIELD P.D. 00901

DATE OF ACCIDENT

M 01 10 07 14

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

TYLERSVILLE RD. @ SEWARD RD.

ONLY



ONLY



ONLY



#2 ▷

#2 ▷

▷ #1

▷ #1

▷ #1

TYLERSVILLE ROAD

ONLY



SEWARD ROAD



NOT TO SCALE

OFFICERS SIGNATURE

P.O. [Signature]

BADGE NO.

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