



Traffic Crash Report

Local Report Number *

1 6 0 0 1 9 2 4

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

 Photos Taken
 OH-2 OH-1P
 OH-3 Other

 PDO Under State Reportable Dollar Amount

 Private Property
Reporting Agency NCIC *
0 0 9 0 1Reporting Agency Name *
Fairfield Police DepartmentNumber of Units
0 2Unit in error
0 1 98 - Animal
99 - UnknownCounty *
0 9City, Village, Township *
FairfieldCrash Date *
0 1 0 8 2 0 1 6Time of Crash
1 3 2 5Day of Week
F R I

Degrees / Minutes / Seconds

Latitude 0 / " Longitude 0 / "

Decimal Degrees

Latitude 3 9 . 3 2 4 6 7 9 Longitude 8 4 . 5 0 4 1 7 6

Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
 N - Northbound E - Eastbound
 S - Southbound W - WestboundNumber of Thru Lanes
0 3Road Types or Milepost ²
AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court LA - Lane HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive
 Location Route Type ¹
IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route
Location Route Type ¹
S RLocation Route Number
4 BLoc Prefix N,S,E,W
Reference Route Type ¹Location Road Name
Bypass 4Location Road Type ²Reference Name (Road, Milepost, House #)
DiversionDistance From Reference
15Dir From Ref
 Miles
 Feet
 Yards
N N,S,E,W
E E,WReference Route Type ¹

Reference Route Number

Ref Prefix N,S,E,W

Reference Name (Road, Milepost, House #)

Diversion

Reference Road Type ²
R DReference Point Used
1 - Intersection
2 - Mile Post
3 - House Number
1Crash Location
0 1

01 - Not an intersection	06 - Five-point, or more	11 - Railway Grade Crossing
02 - Four-way Intersection	07 - On Ramp	12 - Shared-Use Paths or Trails
03 - T-Intersection	08 - Off Ramp	99 - Unknown
04 - Y-Intersection	09 - Crossover	
05 - Traffic Circle/Roundabout	10 - Driveway/Alley Access	

 Intersection Related
Location of First Harmful Event
1 - On Roadway
2 - On Shoulder
3 - In Median
4 - On Roadside
5 - On Gore
6 - Outside Trafficway
9 - UnknownRoad Contour
1 - Straight Level
2 - Straight Grade
3 - Curve Level
1

4 - Curve Grade
9 - Unknown

Road Conditions
Primary
0 2

Secondary

01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
02 - Wet	06 - Water (Standing, Moving)	10 - Other
03 - Snow	07 - Slush	99 - Unknown
04 - Ice	08 - Debris*	

* Secondary Condition Only

Manner of Crash Collision/Impact

1 - Not Collision Between	2 - Rear-End	5 - Backing	8 - Sideswipe, Opposite Direction
In Transport	3 - Head-On	6 - Angle	9 - Unknown
	4 - Rear-to-Rear	7 - Sideswipe, Same Direction	

Weather

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

Road Surface
2

1 - Concrete	4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt	5 - Dirt
3 - Brick/Block	6 - Other

Light Conditions
Primary
1

Secondary

1 - Daylight	5 - Dark - Roadway Not Lighted	9 - Unknown
2 - Dawn	6 - Dark - Unknown Roadway Lighting	
3 - Dusk	7 - Glare*	
4 - Dark - Lighted Roadway	8 - Other	

* Secondary Condition Only

 School Zone Related
School Bus Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved
 Work Zone Related

 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure	4 - Intermittent or Moving Work
2 - Lane Shift/Crossover	5 - Other
3 - Work on Shoulder or Median	

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign	4 - Activity Area
2 - Advance Warning Area	5 - Termination Area
3 - Transition Area	

Narrative

See OH-2

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

See OH-2

Report Taken By
 Police Agency Motorist
 Supplement (Correction or Addition to an Existing Report Sent to ODPS)
Date Crash Reported
0 1 0 8 2 0 1 6Time Crash Reported
1 3 2 9Dispatch Time
1 3 3 1Arrival Time
1 3 3 6Time Cleared
1 4 0 6

Other Investigation Time

Total Minutes
3 0Officer's Name *
R. StricklandOfficer's Badge Number
82Checked By
P.O. N80 #75

Page 1 of 6



Unit

Local Report Number

1 6 0 0 1 9 2 4

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Berkley, Natasha Rae	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 814-5769	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 9789 Woodmill Ln Cincinnati, OH 45231				
LP State OH	License Plate Number GBV2030	Vehicle Identification Number 2HGFA16588H314178	# Occupants 01	
Vehicle Year 2008	Vehicle Make Honda	Vehicle Model Civic	Vehicle Color Gray	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Allstate	Policy Number 992004443	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
		<input type="checkbox"/> Has HM Placard		

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 05 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
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Pre-Crash Actions 11 Motorist 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 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 01 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 99 - Unknown	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 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 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	Collision With Fixed Object 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole
41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox		48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object	

Unit Speed 0	Posted Speed 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 1 To 2 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 1 9 2 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Anglin, Larry J.	Date of Birth 10261973	Age 42	Gender M F - Female M - Male
Address, City, State, Zip 171 Whitaker St hamilton, OH 45011			Contact Phone- include area code (513) 256-2058	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number RG514885	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
Offense Charged (<input checked="" type="checkbox"/> Local Code) 333.03a	Offense Description ACDA	Citation Number 226467	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Berkley, Natasha Rae	Date of Birth 03201987	Age 28	Gender F F - Female M - Male
Address, City, State, Zip 9789 Woodmill Ln Cincinnati, OH 45231			Contact Phone- include area code (513) 814-5769	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number TN115211	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
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 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/Unusable 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/Unusable 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	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
OL State	Operator License Number	OL Class	No Valid OL	M/C End.
Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By

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
OL State	Operator License Number	OL Class	No Valid OL	M/C End.
Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By

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
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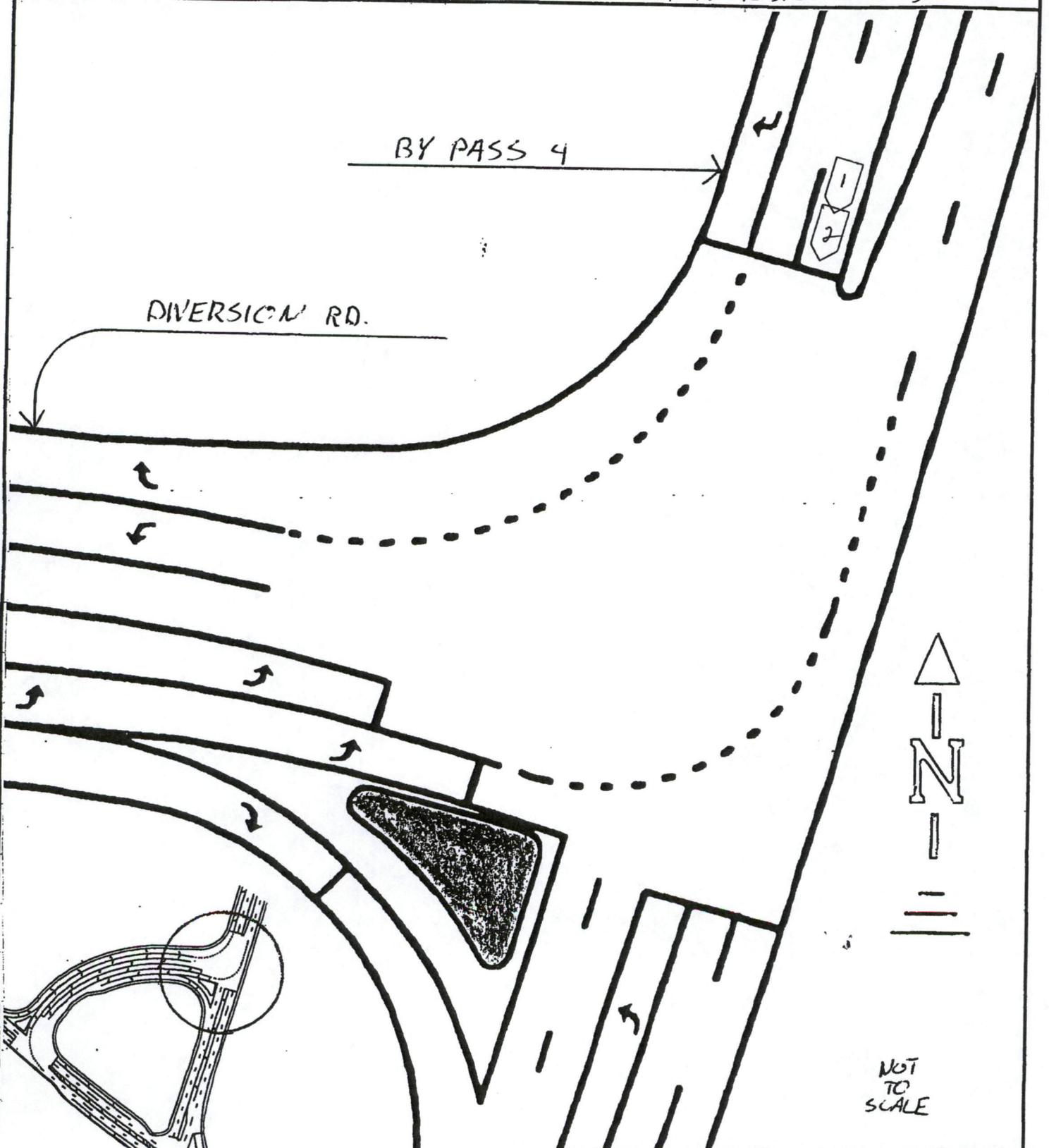
LOCAL REPORT NUMBER	16001924	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/8/16
IN COUNTY OF	Butler	ACCIDENT LOCATION	Bypass at Diversion		

On 1/8/16 at about 1:25 pm Unit 1 was traveling south on Bypass4 at approximately 50 m.p.h. and when at Diversion Rd failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was stopped in traffic at Diversion Rd. Brake lights on Unit 2 were inspected and were working properly.

OFFICER'S SIGNATURE	R. Strickland	BADGE NO.	82
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LOCAL REPORT NUMBER 16001924	REPORTING AGENCY FAIRFIELD P.D.	DATE OF CRASH M 1 D 8 Y 16
IN COUNTY OF BUTLER	CRASH LOCATION BY PASS 4 AT DIVERSION RD	



OFFICER'S SIGNATURE X _____	BADGE NUMBER 82
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