



Traffic Crash Report

Local Report Number *

1 6 0 0 2 3 0 9

Crash Severity

2 1 - Fatal
2 - Injury
3 - PDO

HI/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 1

Reporting Agency Name *

Fairfield Police Department

Number of Units
0 3Unit in error
0 1 98 - Animal
99 - UnknownCounty *
0 9
 City *
 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 1 1 0 2 0 1 6

Time of Crash

1 3 5 7

Day of Week

S U N

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 . 3 2 2 5 2 3

Longitude

- 8 4 . 5 0 5 0 5 7

 Divided
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound
 S - Southbound W - Westbound
Number 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 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

ROSS

RD Location Road Type ²Route Types ¹
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route
 US - US Route SR - State Route
 TR - Numbered Township Route
Distance From Reference
300
 Miles
 Feet
 Yards
Dir From Ref N,S,E,W
SReference Route Type ¹

SR

Reference Route Number
4

Ref Prefix N,S,E,W

Reference Name (Road, Milepost, House #)

Dixie

Reference Road Type ²
HWReference Point Used
 1 - Intersection
 2 - Mile Post
 3 - House Number
Crash Location
1 0
 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 5 - On Gore
 2 - On Shoulder 6 - Outside Trafficway
 3 - In Median 9 - Unknown
 4 - On Roadside
Road Contour
4
 1 - Straight Level 4 - Curve Grade
 2 - Straight Grade 9 - Unknown
 3 - Curve Level
Road Conditions
Primary
0 1

Secondary

 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

* Secondary Condition Only

Manner of Crash Collision/Impact

 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

Weather

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

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

* 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
 2 - Lane Shift/Crossover
 3 - Work on Shoulder or Median

 4 - Intermittent or Moving Work
 5 - Other

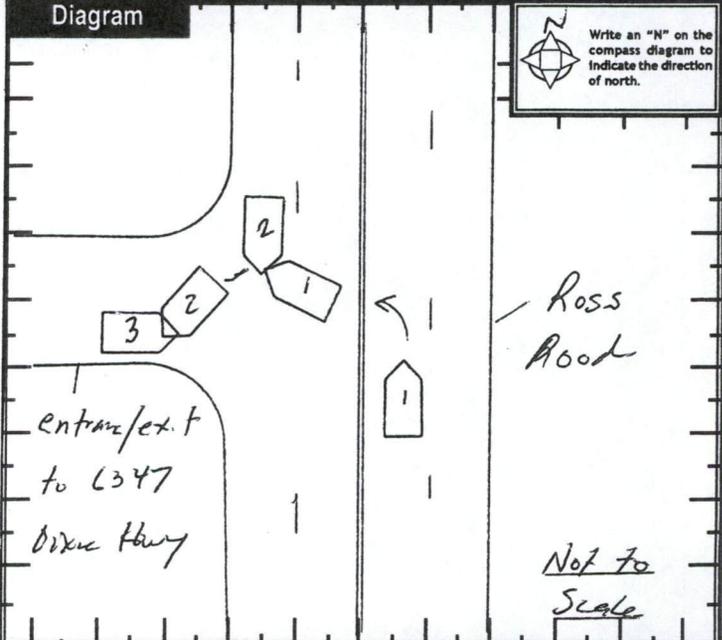
Location of Crash in Work Zone

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

Narrative

On 01-10-16, unit 1 was making a left turn from Ross Road into the entrance/exit of 6347 Dixie Highway failing to yield to unit 2 which was southbound on Ross Road in the right through lane. Unit 2 struck unit 1 and then veered right striking unit 3 which was stopped at the driveway to 6347 Dixie Highway.

Diagram



Report Taken By

 Police Agency Motorist

 Supplement (Correction or Addition to an Existing Report Sent to DDPS)

Date Crash Reported

0 1 1 0 2 0 1 6

Time Crash Reported

1 3 5 8

Dispatch Time

1 4 0 1

Arrival Time

1 4 0 5

Time Cleared

1 5 2 1

Other Investigation Time

6 0

Total Minutes

1 3 6

Officer's Name *

PO Murphy

Officer's Badge Number

75

Checked By

P.O. 28070

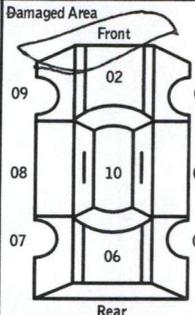
Page 1 of 6



Unit

Local Report Number

1 6 0 0 2 3 0 9

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Stumph, Adam J.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 377-8721	Damage Scale 4	Damaged Area 
Owner-Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 4170 Stoneybrook Drive Hamilton Ohio 45011				
LP State OH	License Plate Number EQC5905	Vehicle Identification Number 1G8AJ55F27Z173899	# Occupants 02	
Vehicle Year 2007	Vehicle Make Saturn	Vehicle Model Ion	Vehicle Color Burgundy	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Geico	Policy Number 4228350296	Towed By FOX	
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 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

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 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 Axle, 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 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 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06 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 07 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 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 01 3 01 4 01 5 01 6 01 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 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 25	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 4 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 0 2 3 0 9

Unit Number 0 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Vazquez-Gonzalez, Jeffry	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 807-9689	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 16 Hollyhock Ct Fairfield, OH 45014	LP State OH	License Plate Number HOYSEBB	Vehicle Identification Number 1C4BJWDG5DL514172	
Vehicle Year 2 0 1 3	Vehicle Make Jeep	Vehicle Model Wrangler	Vehicle Color Black	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company Nationwide	Policy Number 1C4BJWDG5DL514172	Towed By Fox	
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.	<input type="checkbox"/> Hazardous Material Released	01		<input type="checkbox"/> Hit / Skip Unit
HM Class Number				

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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

Local Report Number
1 6 0 0 2 3 0 9

Unit Number 03	Owner Name: Last, First, Middle (Same As Driver) Jackson, Eddie L.	Owner Phone Number - inc. area code (Same As Driver) (513) 344-6712	Damage Scale 3	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner-Address: City, State, Zip (Same As Driver) 8765 Neptune Drive Cincinnati Ohio 45231				
LP State OH	License Plate Number GHU8531	Vehicle Identification Number 1G1YY22G9X5128583	# Occupants 01	
Vehicle Year 1999	Vehicle Make Chev	Vehicle Model Corvette	Vehicle Color Tan	
Proof of Insurance Shown	Insurance Company Progressive	Policy Number 907447256	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
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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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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 0 Stated Estimated	Posted Speed 0	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 4 To 3 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 2 3 0 9

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle Stumph, Adam J.	Date of Birth 01041989	Age 27	Gender M F - Female M - Male
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Address, City, State, Zip 4170 Stoneybrook Drive Hamilton Ohio 45011	Contact Phone- include area code (513) 344-6712
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number SW019535	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) 331.17A	Offense Description Failure to Yield	Citation Number 228826	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Unit Number 02	Name: Last, First, Middle Vasquez-Gonzalez, Jeffry	Date of Birth 09151988	Age 27	Gender M F - Female M - Male
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Address, City, State, Zip 16 Hollyhock Ct Fairfield, OH 45014	Contact Phone- include area code (513) 807-9689
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Injuries 3	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number UB095131	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 Device Used <input type="checkbox"/>	Driver Distracted By 1
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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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	99 - Unknown Safety Equipment	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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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
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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
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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 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
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Unit Number 01	Name: Last, First, Middle Midkiff, Jaclyn E.	Date of Birth 11301987	Age 28	Gender F F - Female M - Male
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Address, City, State, Zip 11466 Gresham Place Cincinnati Ohio 45240	Contact Phone- include area code (513) 344-6712
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Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Jimenez, Ileiny D	Date of Birth 04221986	Age 29	Gender F F - Female M - Male
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Address, City, State, Zip 16 Hollyhock Ct Fairfield, OH 45014	Contact Phone- include area code (513) 807-9689
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Injuries 3	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 2 3 0 9

Unit Number 03	Name: Last, First, Middle Jackson, Eddie L.	Date of Birth 02/25/1956	Age 59	Gender M F - Female M - Male
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Address, City, State, Zip 8765 Neptune Drive Cincinnati Ohio 45231	Contact Phone- include area code (513) 344-6712
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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 RM258884	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	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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OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By
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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 Non-Motorist 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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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
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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
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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
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Unit Number 02	Name: Last, First, Middle Vazquez-Lopez, Jeffry	Date of Birth 10/23/2010	Age 05	Gender M F - Female M - Male
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Address, City, State, Zip 16 Hollyhock Ct Fairfield, OH 45014	Contact Phone- include area code (513) 807-9689
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Injuries 2	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 05	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 04	Air Bag Usage 5	Ejection 1	Trapped 1
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Unit Number 02	Name: Last, First, Middle Lopez, Miguel	Date of Birth 06/28/1997	Age 18	Gender M F - Female M - Male
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Address, City, State, Zip 16 Hollyhock Ct Fairfield, OH 45014	Contact Phone- include area code (513) 807-9689
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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 06	Air Bag Usage 1	Ejection 1	Trapped 1
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