



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16002589	3 1 - Fatal 2 - Injury 3 - PDO	1 1 - Solved 2 - Unsolved

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	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			00901	Fairfield Police Department	02	01 98 - Animal 99 - Unknown

County *	City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09		Fairfield	01112016	1539	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.302026	-84.523616

Roadway Division <input type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes	Road Types or Milepost ²
		02	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
			SOUTH GILMORE	RD	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route

Distance From Reference Miles 75	Dir From Ref N,S,E,W	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
	N				OMNIPLEX	DR

Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 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	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 - Unknown
1	01				1

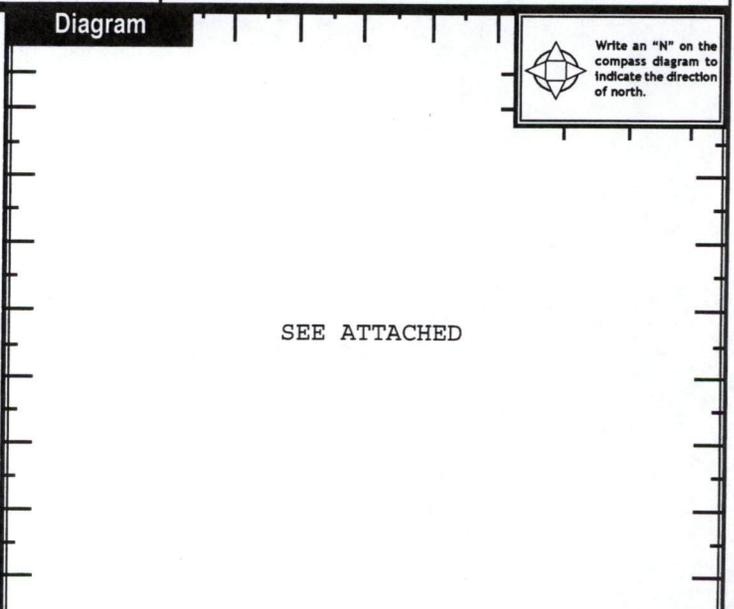
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1	01	

Manner of Crash Collision/Impact 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 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
2	2

Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions 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 Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
2	1		

Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> 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 01-11-2016 at approximately 3:39 pm. Unit 1 was southbound on S. Gilmore Rd. approaching Omniplex Dr. when it failed to stop, striking Unit 2 in the rear.



Report Taken By <input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
Date Crash Reported 01112016	Time Crash Reported 1543	Dispatch Time 1544	Arrival Time 1609	Time Cleared 1636	Other Investigation Time 60	Total Minutes 87

Officer's Name * P.O. MICHELLE BRETTIN	Officer's Badge Number 72	Checked By Sgt. D. Gamett #57	Page 1 of 5
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Unit

Local Report Number

1 6 0 0 2 5 8 9

Unit Number 01	Owner Name: Last, First, Middle (Same As Driver) GIANNAMORE, JOHN	Owner Phone Number - inc. area code (Same As Driver) (513) 825-2206	Damage Scale 2	Damaged Area
LP State OH	License Plate Number CN52TX	Vehicle Identification Number 2FABP74FSKX197771	# Occupants 01	
Vehicle Year 1989	Vehicle Make FORD	Vehicle Model CROWN VICTORIA	Vehicle Color WHITE	
Proof of Insurance Shown	Insurance Company ALLIED INS.	Policy Number PPCM0019913052-6	Towed By	

Carrier Name, Address, City, State, Zip _____ Carrier Phone- include area code _____

US DOT	Vehicle Weight GVWR/GCWR 0 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	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

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) 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 - 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 Impact 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	99 - Unknown	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 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 2 0 2 3 4 5 6 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
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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 10 Posted Speed 35 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 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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Unit

Local Report Number
1 6 0 0 2 5 8 9

Unit Number 0 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CINCINNATI BELL TELEPHONE	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (800) 887-8880	Damage Scale 2	Damaged Area
LP State OH	License Plate Number PIA3800	Vehicle Identification Number 1GCSGAFX0D1138846	# Occupants 0 1	
Vehicle Year 2013	Vehicle Make CHEVY	Vehicle Model EXPRESS	Vehicle Color WHITE	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company CORE RISK SERVICES	Policy Number S0544	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 0 2	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	0 1 - No Cargo Body Type/Not Applicable 0 2 - Bus/Van (9-15 Seats, Inc Driver) 0 3 - Bus (16+ Seats, Inc Driver) 0 4 - Vehicle Towing Another Vehicle 0 5 - Logging 0 6 - Intermodal Container Chassis 0 7 - Cargo Van/Enclosed Box 0 8 - Grain, Chips, Gravel 0 9 - Pole 1 0 - Cargo Tank 1 1 - Flat Bed 1 2 - Dump 1 3 - Concrete Mixer 1 4 - Auto Transporter 1 5 - Garbage/Refuse 9 9 - Other/Unknown	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 Class Number	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use 2	Unit Type 0 8	Passenger Vehicles (less than 9 passengers) 0 1 - Sub-Compact 0 2 - Compact 0 3 - Mid Size 0 4 - Full Size 0 5 - Minivan 0 6 - Sport Utility Vehicle 0 7 - Pickup 0 8 - Van 0 9 - Motorcycle 1 0 - Motorized Bicycle 1 1 - Snowmobile/ATV 1 2 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 1 3 - Single Unit Truck or Van 2axle, 6 tires 1 4 - Single Unit Truck; 3+ axles 1 5 - Single Unit Truck / Trailer 1 6 - Truck/Tractor (Bobtail) 1 7 - Tractor/Semi-Trailer 1 8 - Tractor/Double 1 9 - Tractor/Triples 2 0 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 2 1 - Bus/Van (9-15 Seats, Inc Driver) 2 2 - Bus (16+ Seats, Inc Driver) Non-Motorist 2 3 - Animal with Rider 2 4 - Animal with Buggy, Wagon, Surrey 2 5 - Bicycle/Pedacyclist 2 6 - Pedestrian/Skater 2 7 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard		

Special Function 1 4	0 1 - None 0 2 - Taxi 0 3 - Rental Truck (Over 10k Lbs) 0 4 - Bus - School (Public or Private) 0 5 - Bus - Transit 0 6 - Bus - Charter 0 7 - Bus - Shuttle 0 8 - Bus - Other 0 9 - Ambulance 1 0 - Fire 1 1 - Highway/Maintenance 1 2 - Military 1 3 - Police 1 4 - Public Utility 1 5 - Other Government 1 6 - Construction Equip. 1 7 - Farm Vehicle 1 8 - Farm Equipment 1 9 - Motorhome 2 0 - Golf Cart 2 1 - Train 2 2 - Other (Explain in Narrative)	Most Damaged Area 0 5	0 1 - None 0 2 - Center Front 0 3 - Right Front 0 4 - Right Side 0 5 - Right Rear 0 6 - Rear Center 0 7 - Left Rear 0 8 - Left Side 0 9 - Left Front 1 0 - Top and Windows 1 1 - Undercarriage 1 2 - Load/Trailer 1 3 - Total(All Areas) 1 4 - Other 9 9 - Unknown	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 1 1	Motorist 0 1 - Straight Ahead 0 2 - Backing 0 3 - Changing Lanes 0 4 - Overtaking/Passing 0 5 - Making Right Turn 0 6 - Making Left Turn 0 7 - Making U-Turn 0 8 - Entering Traffic Lane 0 9 - Leaving Traffic Lane 1 0 - Parked 1 1 - Slowing or Stopped in Traffic 1 2 - Driverless 1 3 - Negotiating a Curve 1 4 - Other Motorist Action 1 5 - Entering or Crossing Specified Location 1 6 - Walking, Running, Jogging, Playing, Cycling 1 7 - Working 1 8 - Pushing Vehicle 1 9 - Approaching or Leaving Vehicle 2 0 - Standing 2 1 - Other Non-Motorist Action
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Contributing Circumstances Primary 0 1	Motorist 0 1 - None 0 2 - Failure to Yield 0 3 - Ran Red Light 0 4 - Ran Stop Sign 0 5 - Exceeded Speed Limit 0 6 - Unsafe Speed 0 7 - Improper Turn 0 8 - Left of Center 0 9 - Followed Too Closely/ACDA 1 0 - Improper Lane Change /Passing/Off Road 1 1 - Improper Backing 1 2 - Improper Start From Parked Position 1 3 - Stopped or Parked Illegally 1 4 - Operating Vehicle in Negligent Manner 1 5 - Swerving to Avoid (Due to External Conditions) 1 6 - Wrong Side/Wrong Way 1 7 - Failure to Control 1 8 - Vision Obstruction 1 9 - Operating Defective Equipment 2 0 - Load Shifting/Falling/Spilling 2 1 - Other Improper Action 2 2 - None 2 3 - Improper Crossing 2 4 - Darting 2 5 - Lying and/or Illegally in Roadway 2 6 - Failure to Yield Right of Way 2 7 - Not Visible (Dark Clothing) 2 8 - Inattentive 2 9 - Failure to Obey Traffic Signs /Signals/Officer 3 0 - Wrong Side of the Road 3 1 - Other Non-Motorist Action	Vehicle Defects <input type="checkbox"/>	0 1 - Turn Signals 0 2 - Head Lamps 0 3 - Tail Lamps 0 4 - Brakes 0 5 - Steering 0 6 - Tire Blowout 0 7 - Worn or Slick tires 0 8 - Trailer Equipment Defective 0 9 - Motor Trouble 1 0 - Disabled From Prior Accident 1 1 - Other Defects
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Sequence of Events 1 2 0 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 0 1 - Overturn/Rollover 0 2 - Fire/Explosion 0 3 - Immersion 0 4 - Jackknife 0 5 - Cargo/Equipment Loss or Shift 0 6 - Equipment Failure (Blown Tire, Brake Failure, etc) 0 7 - Separation of Units 0 8 - Ran Off Road Right 0 9 - Ran Off Road Left 1 0 - Cross Median 1 1 - Cross Center Line Opposite Direction of Travel 1 2 - Downhill Runaway 1 3 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 1 4 - Pedestrian 1 5 - Pedalcycle 1 6 - Railway Vehicle (Train, Engine) 1 7 - Animal - Farm 1 8 - Animal - Deer 1 9 - Animal - Other 2 0 - Motor Vehicle in Transport 2 1 - Parked Motor Vehicle 2 2 - Work Zone Maintenance Equipment 2 3 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 2 4 - Other Movable Object 2 5 - Impact Attenuator/Crash Cushion 2 6 - Bridge Overhead Structure 2 7 - Bridge Pier or Abutment 2 8 - Bridge Parapet 2 9 - Bridge Rail 3 0 - Guardrail Face 3 1 - Guardrail End 3 2 - Portable Barrier 3 3 - Median Cable Barrier 3 4 - Median Guardrail Barrier 3 5 - Median Concrete Barrier 3 6 - Median Other Barrier 3 7 - Traffic Sign Post 3 8 - Overhead Sign Post 3 9 - Light/Luminaries Support 4 0 - Utility Pole 4 1 - Other Post, Pole or Support 4 2 - Culvert 4 3 - Curb 4 4 - Ditch 4 5 - Embankment 4 6 - Fence 4 7 - Mailbox 4 8 - Tree 4 9 - Fire Hydrant 5 0 - Work Zone Maintenance Equipment 5 1 - Wall, Building, Tunnel 5 2 - Other Fixed Object

Unit Speed 0	Posted Speed 3 5	Traffic Control 1 2	0 1 - No Controls 0 2 - Stop Sign 0 3 - Yield Sign 0 4 - Traffic Signal 0 5 - Traffic Flashers 0 6 - School Zone 0 7 - Railroad Crossbucks 0 8 - Railroad Flashers 0 9 - Railroad Gates 1 0 - Construction Barricade 1 1 - Person (Flagger, Officer) 1 2 - Pavement Markings 1 3 - Crosswalk Lines 1 4 - Walk/Don't Walk 1 5 - Other 1 6 - 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 2 5 8 9

Unit Number 01	Name: Last, First, Middle GIANNAMORE, JOHN	Date of Birth 09/09/1926	Age 89	Gender M F - Female M - Male
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Address, City, State, Zip 700 DANBURY RD. CINCINNATI, OHIO 45240	Contact Phone- include area code (513) 825-2206
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Injuries 1	Injured Taken By 1	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 RP216179	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 checked="" type="checkbox"/> Local Code) 333.03A	Offense Description ACDA	Citation Number 228238	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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Unit Number 02	Name: Last, First, Middle TURNER, DARNELL C.	Date of Birth 03/04/1973	Age 42	Gender M F - Female M - Male
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Address, City, State, Zip 7002 CLOVERNOLL DR. CINCINNATI OHIO 45231	Contact Phone- include area code (513) 382-6795
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Injuries 1	Injured Taken By 1	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 RU288512	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 checked="" type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	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	99 - Unknown Safety Equipment Motorist 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
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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	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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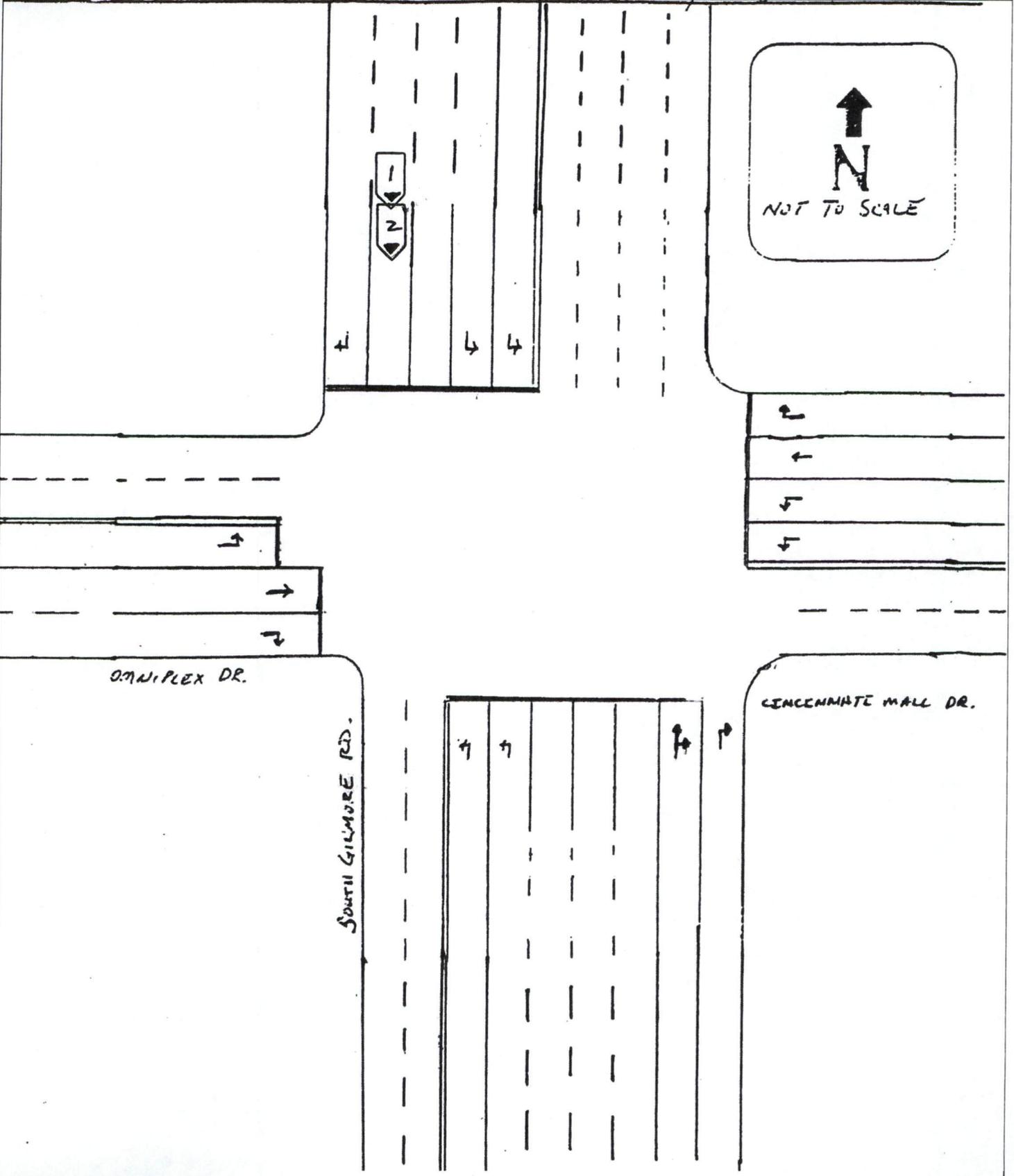
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	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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LOCAL REPORT NUMBER 16-002589	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 01-11-2016
IN COUNTY OF BUTLER	ACCIDENT LOCATION S. GILMORE RD. AT OMNIPLEX DR.	



OFFICER'S SIGNATURE <i>P.O. Michelle Smith</i>	BADGE NO. 72
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