



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16002520	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			00901	Fairfield Police Department	01	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	<input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	01112016	1115	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.340936	-84.559829

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	03	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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
US	127		Pleasant	AV	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
250 Miles Feet Yards	<input checked="" type="checkbox"/> N <input type="checkbox"/> S, E, W				Patterson	BL

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input type="checkbox"/>	6 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

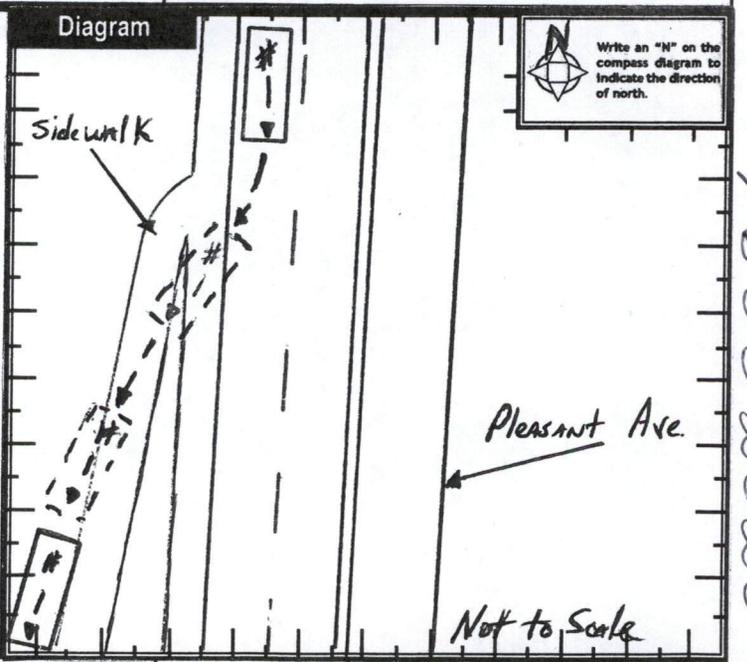
Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 01 Secondary 01	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
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	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	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	<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	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> 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 January 11, 2016 at about 11:15 a.m. Unit 1 was traveling southbound on Pleasant Avenue and when just north of Patterson Boulevard went off the right side of the roadway, down an embankment and collided with a fence. The fence is the property of the City of Fairfield 5350 Pleasant Avenue Fairfield, Ohio 45014 Px. (513) 867-5300.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPs)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
01112016	1120	1125	1125	1204	10	49
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 3			
E. Knizner	83	P.O. [Signature]				



# Unit

Local Report Number  
 1 6 0 0 2 5 2 0

Unit Number  Owner Name: Last, First, Middle (  Same As Driver )  
 Smith, Rita R. Owner Phone Number - inc. area code (  Same As Driver )  
 (513) 777-8026

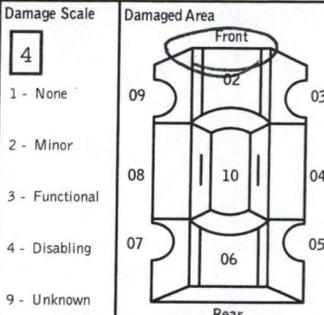
Owner Address: City, State, Zip (  Same As Driver )  
 80 Benchway Court Fairfield, Ohio 45014

LP State  License Plate Number  Vehicle Identification Number  # Occupants

Vehicle Year  Vehicle Make  Vehicle Model  Vehicle Color

Proof of Insurance Shown Insurance Company  Policy Number  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 09 - Pole  
 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank  
 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed  
 04 - Vehicle Towing Another Vehicle 12 - Dump  
 05 - Logging 13 - Concrete Mixer  
 06 - Intermodal Container Chassis 14 - Auto Transporter  
 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse  
 08 - Grain, Chips, Gravel 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  
 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  
 In Emergency Response  
 Unit Type   
 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  
 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   
 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   
 1 - Non-Contact  
 2 - Non-Collision  
 3 - Striking  
 4 - Struck  
 5 - Striking/Struck  
 9 - Unknown

Pre-Crash Actions   
 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

Contributing Circumstances  
 Primary   
 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

Sequence of Events  
 1  2  3  4  5  6   
 First Harmful Event  Most Harmful Event   
 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  
 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

Unit Speed  Posted Speed   
 Stated  Estimated  
 Traffic Control   
 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  To   
 1 - North  
 2 - South  
 3 - East  
 4 - West  
 5 - Northeast  
 6 - Northwest  
 7 - Southeast  
 8 - Southwest  
 9 - Unknown



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 0 2 5 2 0

Unit Number 01	Name: Last, First, Middle Smith, Rita R.	Date of Birth 03/11/1949	Age 66	Gender F - Female M - Male
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Address, City, State, Zip 80 Benchway Court Fairfield, Ohio 45014	Contact Phone- include area code (513) 777-8026
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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 RM118628	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	Drug Test Status 1	Drug Test Type

Offense Charged ( Local Code)	Offense Description	Citation Number	Hands-Free Device Used	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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
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	Drug Test Status	Drug Test Type

Offense Charged ( Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 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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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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 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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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