



Traffic Crash Report

Local Report Number * 16005021 Crash Severity 3 Hit/Skip 1
 1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved

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

County * 09 City * Fairfield City, Village, Township * Fairfield
 Crash Date * 01202016 Time of Crash 1125 Day of Week WED

Degrees / Minutes / Seconds Latitude 0 Longitude 0
 Decimal Degrees Latitude 39.316050 Longitude -84.483577

Roadway Division Divided Undivided
 Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound
 Number of Thru Lanes 04 Road 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 RD Location Road Type ² RD
 Route Types ¹
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route
 US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference Miles Feet Yards
 Dir From Ref N,S E,W
 Reference Route Type ¹ DR Reference Name (Road, Milepost, House #) Lesaint Reference Road Type ² DR

Reference Point Used 1 Crash Location 03
 1 - Intersection 01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing
 2 - Mile Post 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails
 3 - House Number 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
 1 - On Roadway 5 - On Gore
 2 - On Shoulder 6 - Outside Trafficway
 3 - In Median 9 - Unknown
 4 - On Roadside

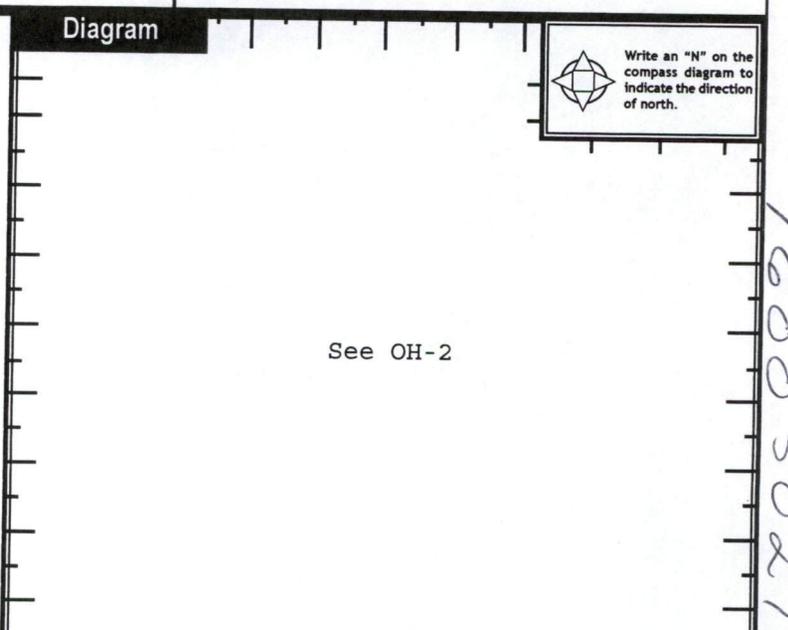
Road Contour 1 Road Conditions Primary 07 Secondary 07
 1 - Straight Level 4 - Curve Grade 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
 2 - Straight Grade 9 - Unknown 02 - Wet 06 - Water (Standing, Moving) 10 - Other
 3 - Curve Level 03 - Snow 07 - Slush 99 - Unknown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

Manner of Crash Collision/Impact 6 Weather 2
 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction
 3 - Head-On 6 - Angle 9 - Unknown
 4 - Rear-to-Rear 7 - Sideswipe, Same Direction
 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 Light Conditions Primary 1 Secondary 1
 1 - Concrete 4 - Slag, Gravel, Stone 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 2 - Dawn 6 - Dark - Unknown Roadway Lighting
 3 - Brick/Block 6 - Other 3 - Dusk 7 - Glare*
 4 - Dark - Lighted Roadway 8 - Other
 School Bus Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved
 * Secondary Condition Only

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



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported 01202016 Time Crash Reported 1128 Dispatch Time 1131 Arrival Time 1146 Time Cleared 1246 Other Investigation Time 0000 Total Minutes 60

Officer's Name * R. Strickland Officer's Badge Number 82 Checked By [Signature] Page 1 of 6

16005021



Unit

Local Report Number
1 6 0 0 5 0 2 1

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Esys Express	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 779-9581	Damage Scale 4	Damaged Area
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Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) PO Box 25612 Richmond, VA 23260	LP State NC	License Plate Number MA9384	Vehicle Identification Number 1HSHXAR95J053408	# Occupants 01
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Vehicle Year 2005	Vehicle Make International	Vehicle Model Tractor	Vehicle Color Yellow
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Proof of Insurance Shown	Insurance Company National Union Fire	Policy Number CA5260882	Towed By FOX
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Carrier Name, Address, City, State, Zip Estes Express PO Box 25612 Richmond, VA 23260	Carrier Phone- include area code (513) 779-9581
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US DOT 121018	Vehicle Weight GVWR/GCWR 3 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 07 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 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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HM Placard ID No.	HM Class Number	Hazardous Material Released	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 2 1 - Personal 2 - Commercial 3 - Government	Unit Type 17 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
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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 03 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 99 Secondary 99	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	Non-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	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 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1	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 30 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	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 3 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
16005021

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Bay and Bay Transfer	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (651) 480-4929	Damage Scale 3	Damaged Area
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Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 3686 140th St East Rosemount, MN 55068	Carrier Name, Address, City, State, Zip Bay and Bay Transfer 3686 140th St East Rosemount, MN 55068	Carrier Phone- include area code (651) 480-4929
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LP State MN	License Plate Number PAN9473	Vehicle Identification Number 1FUJGLDR8DSBA4098	# Occupants 01
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Vehicle Year 2013	Vehicle Make Freightliner	Vehicle Model Tractor	Vehicle Color Black
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Great West Casualty	Policy Number GWL0032213	Towed By
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US DOT 125630	Vehicle Weight GVWR/GCWR 3	Cargo Body Type 07	Trafficway Description 1
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Unit Speed 5	Posted Speed 35	Traffic Control 04	Unit Direction From 1 To 4
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 5 0 2 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Coomer, Carl E.	Date of Birth 08091964	Age 51	Gender M F - Female M - Male
Address, City, State, Zip 2900 Gladstone Moraine, OH 45439			Contact Phone- include area code (937) 396-9584	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State OH	Operator License Number RU386787	OL Class 1	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Keeny, William Paul	Date of Birth 08041960	Age 55	Gender M F - Female M - Male
Address, City, State, Zip 90 Brents Loop Rd Hartford, KY 42347			Contact Phone- include area code (270) 256-0212	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
OL State KY	Operator License Number 94646992	OL Class 1	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>
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	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 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	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	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

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	
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OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	16005021	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	1/20/16
IN COUNTY OF	Butler	ACCIDENT LOCATION	Muhlhauser at Le Saint		
<p>On 1-20-16 at 11:25 am Unit 1 was traveling west on Muhlhauser Rd at Lesaint Dr. Unit 2 was traveling south on Lesaint Dr and was attempting to turn west onto Muhlhauser Rd. Unit 2 pulled into the path of Unit 1 and was struck. Both drivers claimed they had a green traffic signal.</p>					
OFFICER'S SIGNATURE			BADGE NO.		
R. Strickland			82		

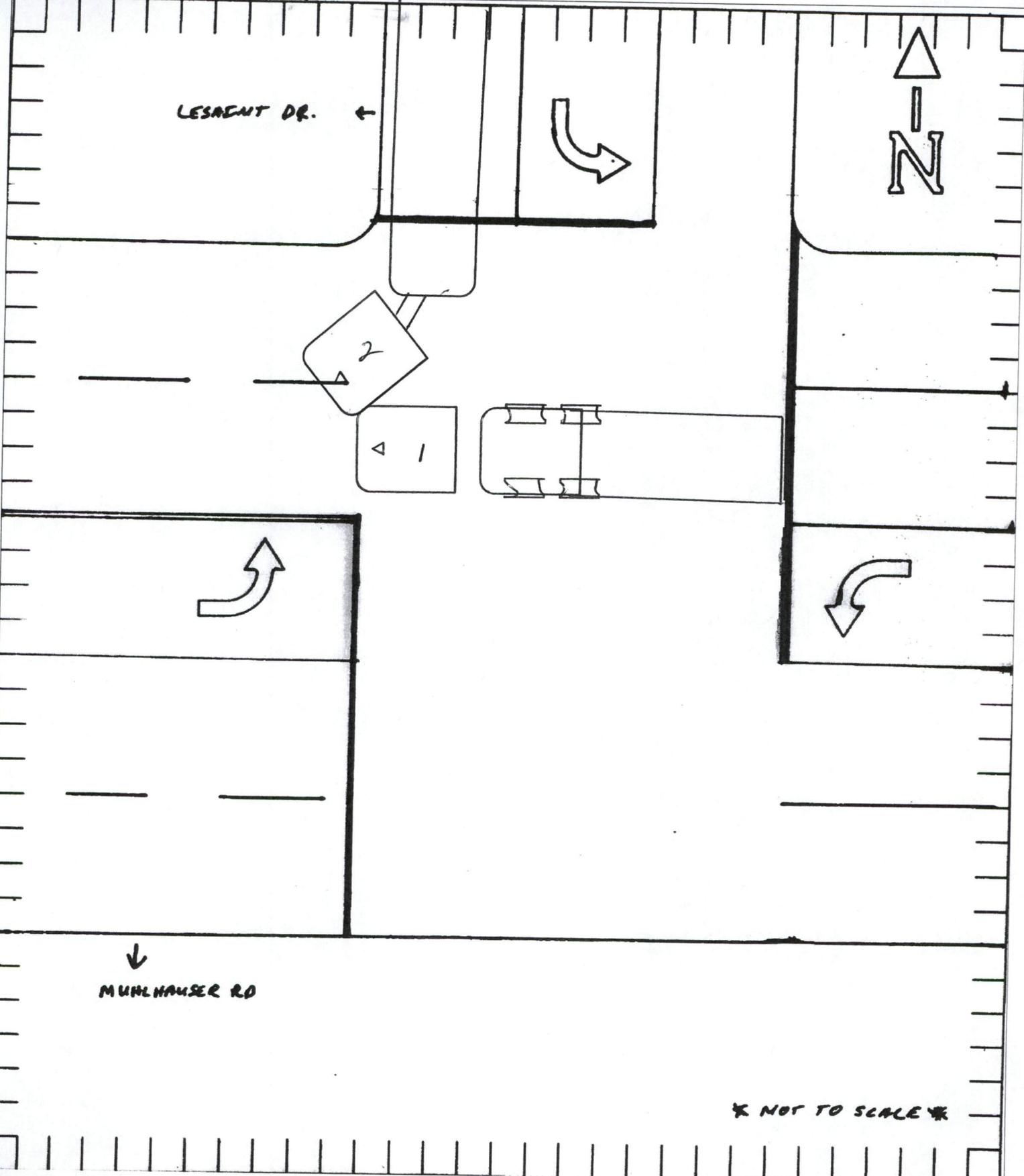
LOCAL REPORT NUMBER 16005021

REPORTING AGENCY Fairfield Police Department

DATE OF ACCIDENT 1/20/16

IN COUNTY OF Butler

ACCIDENT LOCATION Muhlhauser Rd. / LeSaint Dr.



OFFICER'S SIGNATURE

R. Strickland

BADGE NO. 82

1-21