



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16005001	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 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 00901	Reporting Agency Name * Fairfield Police Department	Number of Units 02	Unit in error 99 - Animal 98 - Unknown
--	---	---	----------------------------------	--	-----------------------	--

County * 09	City * Fairfield	City, Village, Township * Fairfield	Crash Date * 012016	Time of Crash 0823	Day of Week WED
----------------	---------------------	--	------------------------	-----------------------	--------------------

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.314319	-84.538281

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 02	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	Location Route Number	Loc Prefix N,S,E,W	Location Road Name Mack	Location Road Type ² RD	Route Types ¹ IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
----------------------------------	-----------------------	-----------------------	----------------------------	---------------------------------------	--

Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	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 #) 2400	Reference Road Type ²
--	-------------------------	-----------------------------------	------------------------	-----------------------	--	----------------------------------

Reference Point Used 3 - House Number	Crash Location 01	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	<input type="checkbox"/> 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
--	----------------------	--	---	--	---	--

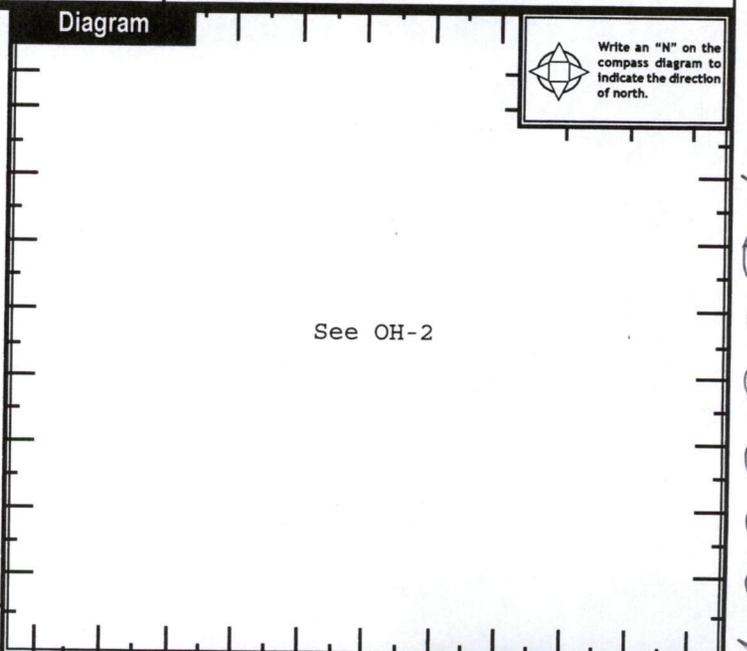
Road Contour 4 - Curve Grade 9 - Unknown	Road Conditions Primary 03	Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
--	----------------------------------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

Manner of Crash Collision/Impact 6 - 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 6 - 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 - Concrete 4 - Slag, Gravel, Stone 3 - Brick/Block	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	9 - Unknown	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
--	----------------------------------	---	--	-------------	---

<input type="checkbox"/> 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 01/20/16 at approximately 8:23 a.m. unit 1 was westbound on Mack Rd. and lost control and spun to the left and stopped. Unit 2 was westbound on Mack Rd. behind unit 1. Unit 2 lost control and spun to the left when the driver attempted to stop to avoid unit 1. Unit 2 collided with unit 1. The impact then spun the vehicles together and the two vehicles collided in the front sides of each vehicle.



See OH-2

Report Taken By <input checked="" 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 012016	Time Crash Reported 0823	Dispatch Time 0824	Arrival Time 0847	Time Cleared 0928	Other Investigation Time 30	Total Minutes 71
Officer's Name * Michael Sulfridge	Officer's Badge Number 59	Checked By P.B. Myer 75	Page 1 of 5					

16005001



Unit

Local Report Number
16005001

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Nguyen, Khanh	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 266-9751	Damage Scale 3	Damaged Area
--------------------------	---	--	--------------------------	------------------

Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 12126 Mill Rd. Cincinnati, OH 45240

LP State OH	License Plate Number GDN3754	Vehicle Identification Number 4A4AR4AU7DE009055	# Occupants 01
-----------------------	--	---	--------------------------

Vehicle Year 2013	Vehicle Make Mitsubishi	Vehicle Model Outlander	Vehicle Color Silver
-----------------------------	-----------------------------------	-----------------------------------	--------------------------------

<input type="checkbox"/> Proof of Insurance Shown	Insurance Company State Farm	Policy Number 8407717C2635D	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	Trafficway Description 2
--------	--	------------------------------	------------------------------------

HM Placard ID No.	HM Class Number	<input type="checkbox"/> Hazardous Material Released	Unit Type 06	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
-------------------	-----------------	--	------------------------	---	---	---

Special Function 01	Most Damaged Area 09	Impact Area 07	Action 4
-------------------------------	--------------------------------	--------------------------	--------------------

Pre-Crash Actions 13	Motorist	Non-Motorist
--------------------------------	----------	--------------

Contributing Circumstances Primary 17	Vehicle Defects 01
---	------------------------------

Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01	Non-Collision Events
---	----------------------

Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
--	-----------------------------

Unit Speed 25	Posted Speed 25	Traffic Control 12	Unit Direction From 3 To 4
-------------------------	---------------------------	------------------------------	---



Unit

Local Report Number
16005001

Unit Number: 02 | Owner Name: Last, First, Middle (Same As Driver): Clay, Jasmine A. | Owner Phone Number - inc. area code (Same As Driver): (513) 448-6567

Owner Address: City, State, Zip (Same As Driver): 210 Diston Ln. Cincinnati, OH 45246

LP State: OH | License Plate Number: GKM4242 | Vehicle Identification Number: 1GNFK13Z44R100840 | # Occupants: 01

Vehicle Year: 2004 | Vehicle Make: Chevy | Vehicle Model: Tahoe | Vehicle Color: White

Insurance Company: Founders | Policy Number: 1TOH126218 | Towed By: Marcells

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

US DOT | Vehicle Weight GVWR/GCWR | Cargo Body Type | Trafficway Description | HM Placard ID No. | HM Class Number | Hazardous Material Released

Non-Motorist Location Prior to Impact | Type of Use | Unit Type | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10k lbs | Bus/Van/Limo (9 or More Including Driver) | Non-Motorist

Special Function | Most Damaged Area | Impact Area | Action

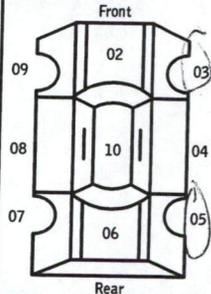
Pre-Crash Actions | Motorist | Non-Motorist

Contributing Circumstances | Primary | Secondary | Non-Motorist | Vehicle Defects

Sequence of Events | Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed | Collision With Fixed Object

Unit Speed | Posted Speed | Traffic Control | Unit Direction





Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 5 0 0 1

Unit Number 01	Name: Last, First, Middle Nguyen, Khanh	Date of Birth 08051983	Age 32	Gender M F - Female M - Male
-------------------	--	---------------------------	-----------	------------------------------------

Address, City, State, Zip
12126 Mill Rd. Cincinnati, OH 45240
Contact Phone- include area code

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		
OL State OH	Operator License Number TP981284	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
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description			Citation Number		Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1				

Unit Number 02	Name: Last, First, Middle Clay, Jasmine A.	Date of Birth 10081990	Age 25	Gender F F - Female M - Male
-------------------	---	---------------------------	-----------	------------------------------------

Address, City, State, Zip
210 Diston Ln. Cincinnati, OH 45246
Contact Phone- include area code
(513) 448-6567

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		
OL State OH	Operator License Number TF737687	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
Offense Charged (<input type="checkbox"/> Local Code)	Offense Description			Citation Number		Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1				

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 Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
--	--	---	--

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
--	---	---	--

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
---	--	---	---	--	---

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
---	--	--	---	--	--

Unit Number []	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
--------------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip
Contact Phone- include area code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
----------	------------------	------------	-----------------------------------	-----------------------	--	------------------	---------------	----------	---------

Unit Number []	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
--------------------	---------------------------	---------------	-----	----------------------------------

Address, City, State, Zip
Contact Phone- include area code

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
----------	------------------	------------	-----------------------------------	-----------------------	--	------------------	---------------	----------	---------

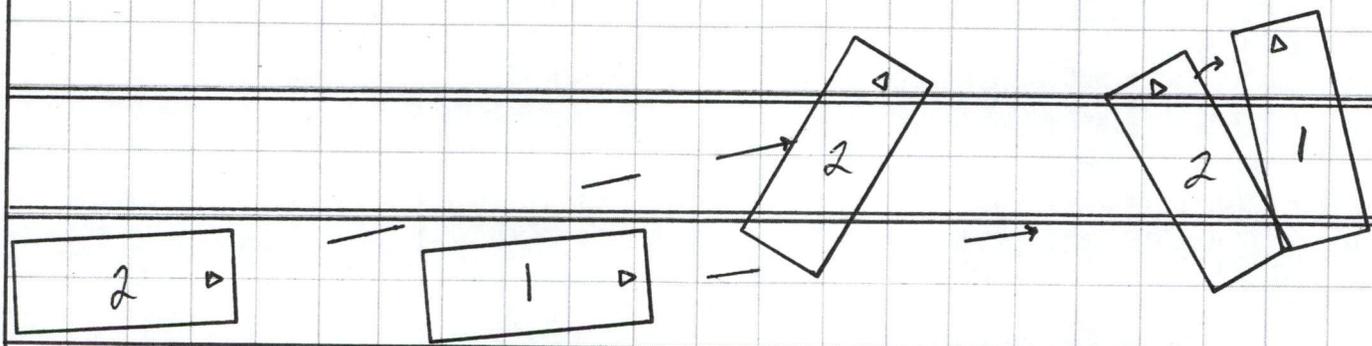
OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 16005001	REPORTING AGENCY FAIRFIELD P.D.	DATE OF ACCIDENT M01 10 20 16
IN COUNTY OF BUTLER	ACCIDENT LOCATION MACK RD.	



MACK RD



NOT TO SCALE

OFFICERS SIGNATURE

BADGE NO.
59