



Traffic Crash Report

Local Report Number * 16005048 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 01

Photos Taken OH-2 OH-1P OH-3 Other PDO Under State Reportable Dollar Amount Private Property

County * 09 City * Village * Township * Fairfield City, Village, Township * Fairfield Crash Date * 01202016 Time of Crash 1416 Day of Week WED

Degrees / Minutes / Seconds Latitude 0 / 0 " Longitude 0 / 0 " OR Decimal Degrees Latitude 39.361823 Longitude -84.541876

Roadway Division Divided Undivided Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound Number of Thru Lanes 01 Road Types or Milepost ² SR HW

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 Number 4 Loc Prefix SR Location Road Name Dixie Location Road Type HW Route Types ¹ SR HW

IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference Miles Feet Yards Dir From Ref N,S,E,W Reference Route Type 01 Reference Route Number 3246 Ref Prefix N,S,E,W Reference Name (Road, Milepost, House #) 3246 Reference Road Type 01

Reference Point Used 3 Crash Location 12 Reference Name (Road, Milepost, House #) 3246 Intersection Related Location of First Harmful Event 6

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

1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour 1 Road Conditions Primary 03 Secondary

1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown

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 Weather 2

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

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 Light Conditions Primary 1 Secondary

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

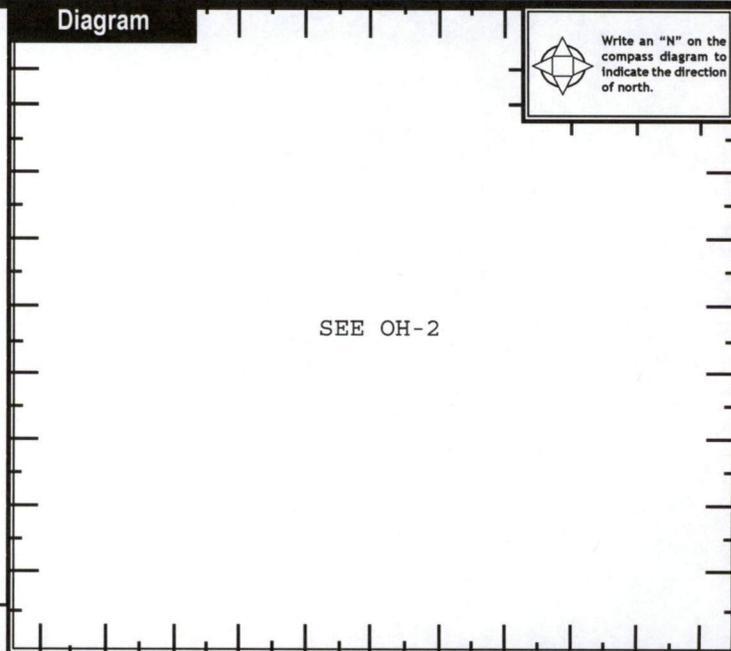
1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown

School Bus Related School Zone 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 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
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 1416 Dispatch Time 1417 Arrival Time 1431 Time Cleared 1500 Other Investigation Time 0 Total Minutes 29

Officer's Name * P.O. T. Wolf Officer's Badge Number 97 Checked By Sp. Det. Gamett Page 1 of 6

16005048



Unit

Local Report Number

1 6 0 0 5 0 4 8

| | | | | |
|--|---|---|----------------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Teague, Paul Stephen | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | Damage Scale 2 | Damaged Area |
| Owner-Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 15 Dorsey Dr Hamilton, Ohio 45011 | | | 1 - None | 09 |
| LP State OH | License Plate Number GNQ 1810 | Vehicle Identification Number 1LNLM81W0SY725200 | 2 - Minor | 08 |
| Vehicle Year 1995 | Vehicle Make Lincoln | Vehicle Model Town Car | 3 - Functional | 10 |
| Vehicle Color Red | Insurance Company | Policy Number | 4 - Disabling | 07 |
| <input type="checkbox"/> Proof of Insurance Shown | Towed By | | 9 - Unknown | 06 |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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|-------------------|--|---|---|---|
| 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 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. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |

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|--|---|--|---|---|---|
| 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 | 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"/> In Emergency Response | | | <input type="checkbox"/> Has HM Placard | | |

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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 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 13 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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| Contributing Circumstances Primary 17 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 | 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 | 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 21 2 00 3 00 4 00 5 00 6 00 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 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 01 | Traffic Control 01 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 1 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 5 0 4 8

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|--|--|---|-------------------------------|------------------|
| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Skinner, Roy L. | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 515-5932 | Damage Scale 2 | Damaged Area |
| LP State OH | License Plate Number GHT 7734 | Vehicle Identification Number 1GCEK19V67E179534 | # Occupants 00 | |
| Vehicle Year 2007 | Vehicle Make Chevrolet | Vehicle Model Silverado | Vehicle Color White | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company State Farm | Policy Number 7770980E1235B | 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 01 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 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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| Unit Speed 0 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed <input type="checkbox"/> | Traffic Control 01 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 1 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 5 0 4 8

Motorist/Non-Motorist

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|--|---|---------------------------|--|---------------------------------------|
| Unit Number 01 | Name: Last, First, Middle Teague, Paul Stephen | Date of Birth 12231960 | Age 55 | Gender M F - Female M - Male |
| Address, City, State, Zip 15 Dorsey Dr Hamilton, Ohio 45011 | | | Contact Phone- include area code | |
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 |
| OL State OH | Operator License Number NP548102 | OL Class 4 | 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

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|---|--|---------------------------|--|---------------------------------------|
| Unit Number 02 | Name: Last, First, Middle Skinner, Roy L. | Date of Birth 08161943 | Age 72 | Gender M F - Female M - Male |
| Address, City, State, Zip 2755 Crest Rd Cincinnati, Ohio 45251 | | | Contact Phone- include area code (513) 515-5932 | |
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used |
| OL State OH | Operator License Number RR579673 | OL Class 4 | 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 |

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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 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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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 | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used |
| OL State | Operator License Number | OL Class | 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 |

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 | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used |
| OL State | Operator License Number | OL Class | 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 |

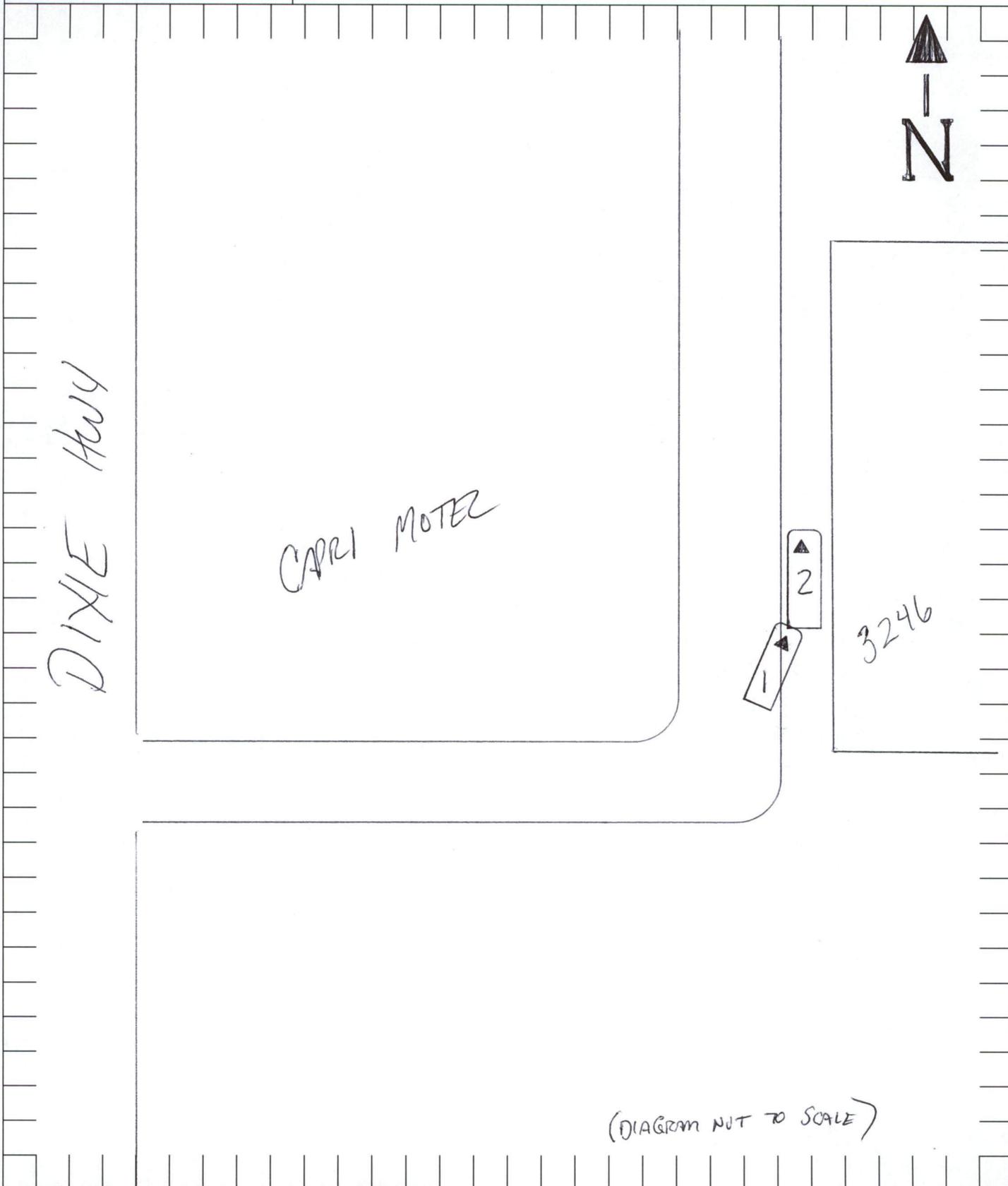
| | | | | | |
|---------------------------|----------|----------------------|-----------------------------|------------------|----------|
| LOCAL REPORT NUMBER | 16005048 | REPORTING AGENCY | Fairfield Police Department | DATE OF ACCIDENT | 01-20-16 |
| IN COUNTY OF | Butler | ACCIDENT LOCATION | 3246 Dixie Hwy | | |

On 01-20-16 at about 2:16 p.m. Unit 1 was traveling northbound on the parking lot at 3246 Dixie Hwy at approximately 10 mph and when at 3246 failed to control and went off the right side of the roadway and collided with Unit 2, a parked vehicle.

The driver of Unit 1 then fled the scene.

| | |
|---------------------|-----------|
| OFFICER'S SIGNATURE | BADGE NO. |
| P.O. T. Wolf | 97 |

| | | |
|---------------------------------|---|------------------------------|
| LOCAL REPORT NUMBER 16005048 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 01-20-16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 3246 Dixie Hwy | |



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| OFFICER'S SIGNATURE P.O. T. Wolf | BADGE NO. 97 |
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