



# Traffic Crash Report

Local Report Number \*

16005368

Crash Severity

3 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved  
2 - Unsolved

Local Information

Photos Taken  
 OH-2  OH-1P  
 OH-3  Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC \*

00901

Reporting Agency Name \*

Fairfield Police Department

Number of Units

02

Unit in error

01 98 - Animal  
99 - Unknown

County \*

09

City \*

 Village \*  
 Township \*

City, Village, Township \*

Fairfield

Crash Date \*

01212016

Time of Crash

2030

Day of Week

THU

Degrees / Minutes / Seconds  
Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

39.346289

Longitude

-84.540411

Roadway Division

 Divided  
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound  
 S - Southbound W - Westbound

Number of Thru Lanes

02

Road Types or Milepost <sup>2</sup>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

Hicks

Location Road

Type 2

BL

Route Types <sup>1</sup>IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
US - US Route TR - Numbered Township Route  
SR - State Route

Distance From Reference

10

Dir From Ref

 Miles  
 Feet  
 YardsN,S,  
E,W

W

Reference Route

Type 1

SR

Reference Route Number

4

Ref Prefix

N,S,  
E,W

Reference Name (Road, Milepost, House #)

Dixie

Reference Road

Type 2

HW

Reference Point Used

 1 - Intersection  
 2 - Mile Post  
 3 - House Number

Crash Location

 01

01 - Not an intersection

06 - Five-point, or more

11 - Railway Grade Crossing

 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

 1 - Straight Level  
 2 - Straight Grade  
 3 - Curve Level4 - Curve Grade  
9 - Unknown

Road Conditions

Primary   
Secondary 

01

01 - Dry  
02 - Wet  
03 - Snow  
04 - Ice05 - 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

 5 1 - Not Collision Between Two Motor Vehicles In Transport  
 2 - Rear-End  
 3 - Head-On  
 4 - Rear-to-Rear5 - Backing  
6 - Angle  
7 - Sideswipe, Same Direction8 - Sideswipe, Opposite Direction  
9 - Unknown

Weather

 21 - Clear  
2 - Cloudy  
3 - Fog, Smog, Smoke  
6 - Snow4 - Rain  
5 - Sleet, Hail  
9 - Other/Unknown7 - Severe Crosswinds  
8 - Blowing Sand, Soil, Dirt, Snow

9 - Unknown

Road Surface

 2 1 - Concrete  
2 - Blacktop, Bituminous, Asphalt  
3 - Brick/Block4 - Slag, Gravel, Stone  
5 - Dirt  
6 - Other

Light Conditions

Primary   
Secondary 

4

1 - Daylight  
2 - Dawn  
3 - Dusk  
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted  
6 - Dark - Unknown Roadway Lighting  
7 - Glare\*  
8 - Other

9 - Unknown

\* Secondary Condition Only

School Bus Related

 School Zone Related  
 Yes, School Bus Directly Involved  
 Yes, School Bus Indirectly Involved

Work Zone Related

 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

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

SEE OH-2

16005368

Report Taken By

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

Date Crash Reported

01212016

Time Crash Reported

2030

Dispatch Time

2032

Arrival Time

2042

Time Cleared

2120

Other Investigation Time

0

Total Minutes

38

Officer's Name \*

P.O. T. Wolf

Officer's Badge Number

97

Checked By

Sgt. Dan Gamett

Page 1 of 6



# Unit

Local Report Number  
1 6 0 0 5 3 6 8

Unit Number 01	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) Savannah Night	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) (513) 616-5157	Damage Scale 2	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
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Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) 9331 Seward Rd Fairfield, Ohio 45014	LP State OH	License Plate Number GFC 7777	Vehicle Identification Number 1GNSK K K C 8 F R 1 1 6 4 1 8	# Occupants 01
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Vehicle Year 2015	Vehicle Make Chevrolet	Vehicle Model Suburban	Vehicle Color Black
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company Geico	Policy Number 4243602952	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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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 - 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	01	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
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HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01	<input type="checkbox"/> Hit / Skip Unit
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HM Class Number	<input type="checkbox"/> In Emergency Response	06	<input type="checkbox"/> Has HM Placard
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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 06 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) <b>Non-Motorist</b> 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 - 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 06 Impact Area 06	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 02 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 11 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 20 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 5	Posted Speed 25	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

1 6 0 0 5 3 6 8

Unit Number 0 2	Owner Name: Last, First, Middle ( Same As Driver) King, Kelsey N.	Owner Phone Number - inc. area code ( Same As Driver) (513) 236-9307	Damage Scale 2	Damaged Area Front
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Owner-Address: City, State, Zip ( Same As Driver) 6442 Hollyberry Ln Hamilton, Ohio 45011	LP State OH	License Plate Number FNJ 4889	Vehicle Identification Number 1 X 1 S K 5 2 8 1 X Z 4 2 7 6 5 8	# Occupants 0 1
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Vehicle Year 1 9 9 9	Vehicle Make Chevrolet	Vehicle Model Prizm	Vehicle Color Green
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Proof of Insurance Shown	Insurance Company Progressive	Policy Number 408498704	Towed By
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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 0 1	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
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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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Unit Speed 0	Posted Speed 2 5	Traffic Control 1 2	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 3	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 5 3 6 8

Unit Number <b>01</b>	Name: Last, First, Middle Smith, Charles Hunter	Date of Birth 04/17/1997	Age 18	Gender <b>M</b> F - Female M - Male
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Address, City, State, Zip 5022 Celadon Ave Fairfield, Ohio 45014	Contact Phone- include area code (513) 200-3388
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Injuries <b>1</b>	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State <b>OH</b>	Operator License Number ug826867	OL Class <b>4</b>	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>

Offense Charged (Local Code) 331.13a	Offense Description Improper Backing	Citation Number 228680	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <b>1</b>
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Unit Number <b>02</b>	Name: Last, First, Middle King, Kelsey N.	Date of Birth 05/21/1991	Age 24	Gender <b>F</b> F - Female M - Male
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Address, City, State, Zip 6442 Hollyberry Ln Hamilton, Ohio 45011	Contact Phone- include area code (513) 236-9307
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Injuries <b>1</b>	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State <b>OH</b>	Operator License Number TE476629	OL Class <b>4</b>	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <b>1</b>
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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>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>99 - Unknown Safety Equipment</b>	<b>Non-Motorist</b> 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 <input type="checkbox"/> 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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender <input type="checkbox"/> F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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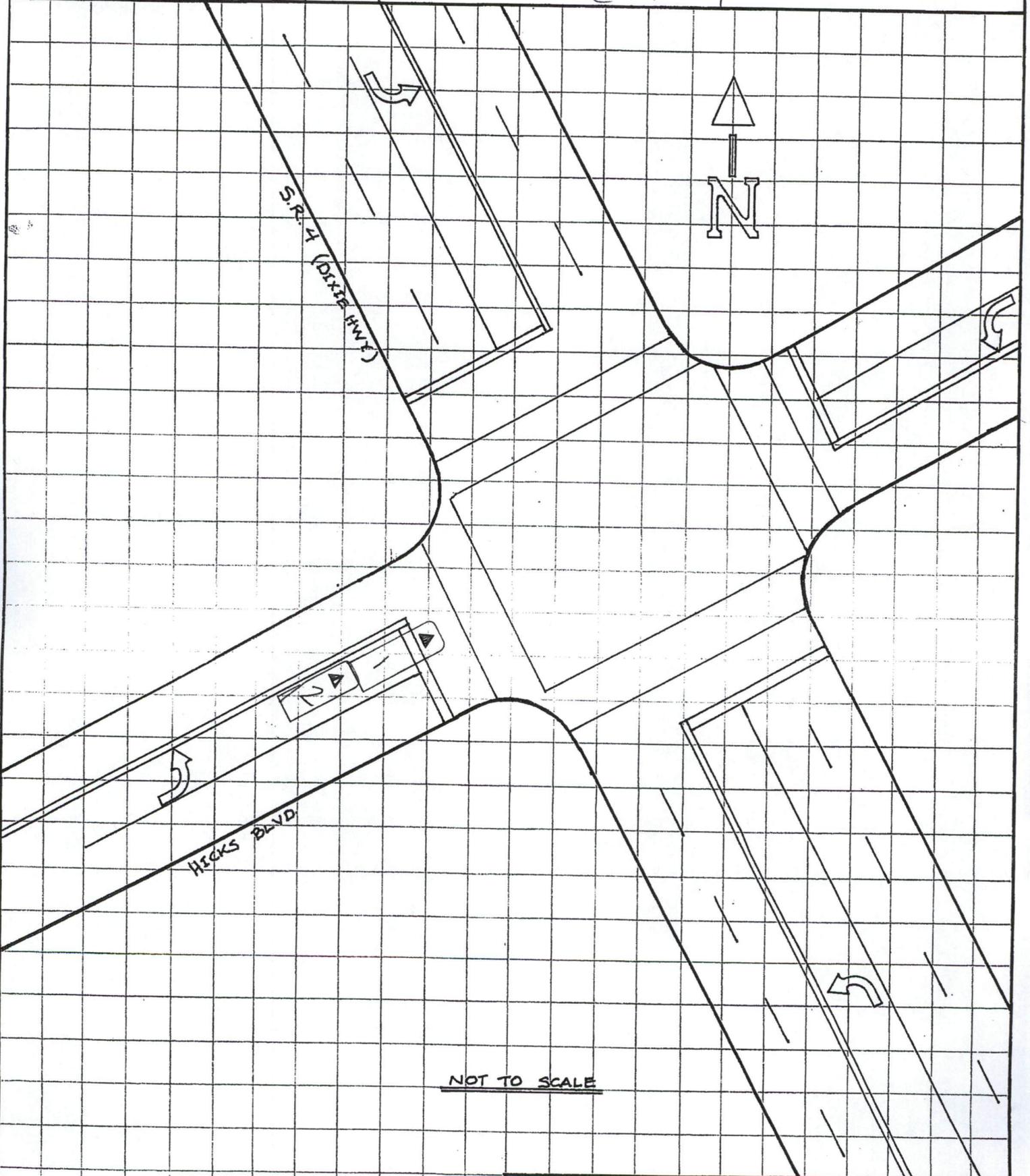
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER	16005368	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	01-21-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	Hicks Blvd @ Dixie Hwy		
<p>On 01-21-16 at about 8:30 p.m. Unit 1 was backing westbound on Hicks Blvd and in so doing collided with Unit 2 which was traveling eastbound on Hicks Blvd.</p>					
			OFFICER'S SIGNATURE	BADGE NO.	
			P.O. T. Wolf	97	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <b>16-005368</b>	REPORTING AGENCY <b>FAIRFIELD P.D.</b>	DATE OF ACCIDENT M <b>10 21</b> Y <b>16</b>
IN COUNTY OF <b>BUTLER</b>	ACCIDENT LOCATION <b>Hicks Blvd @ Dixie Hwy</b>	



NOT TO SCALE

OFFICERS SIGNATURE <b>P.O. T. WOLF</b>	BADGE NO. <b>97</b>
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