



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16007342	2 - Injury	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"/> PDD 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 01 98 - Animal 99 - Unknown
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County * 09	City * Fairfield	Crash Date * 01292016	Time of Crash 1302	Day of Week FR I
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Degrees / Minutes / Seconds Latitude 0 / /	Longitude 0 / /	Decimal Degrees Latitude 39.324625	Longitude -84.507426
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Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	Number of Thru Lanes 04	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
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Location Route Type <sup>1</sup> SR	Location Route Number 4	Loc Prefix N,S,E,W	Location Road Name DIXIE	Location Road Type <sup>2</sup> HW	Route Types <sup>1</sup> IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
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Distance From Reference 50 <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref <input type="checkbox"/> N,S,E,W <input checked="" type="checkbox"/> S	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #) WHITMORE	Reference Road Type <sup>2</sup> LN
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Reference Point Used <input checked="" type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	Crash Location <input checked="" type="checkbox"/> 01 - Not an intersection <input type="checkbox"/> 02 - Four-way Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout	<input type="checkbox"/> 06 - Five-point, or more <input type="checkbox"/> 07 - On Ramp <input type="checkbox"/> 08 - Off Ramp <input type="checkbox"/> 09 - Crossover <input type="checkbox"/> 10 - Driveway/Alley Access	<input type="checkbox"/> 11 - Railway Grade Crossing <input type="checkbox"/> 12 - Shared-Use Paths or Trails <input type="checkbox"/> 99 - Unknown	<input checked="" type="checkbox"/> Intersection Related	Location of First Harmful Event <input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown
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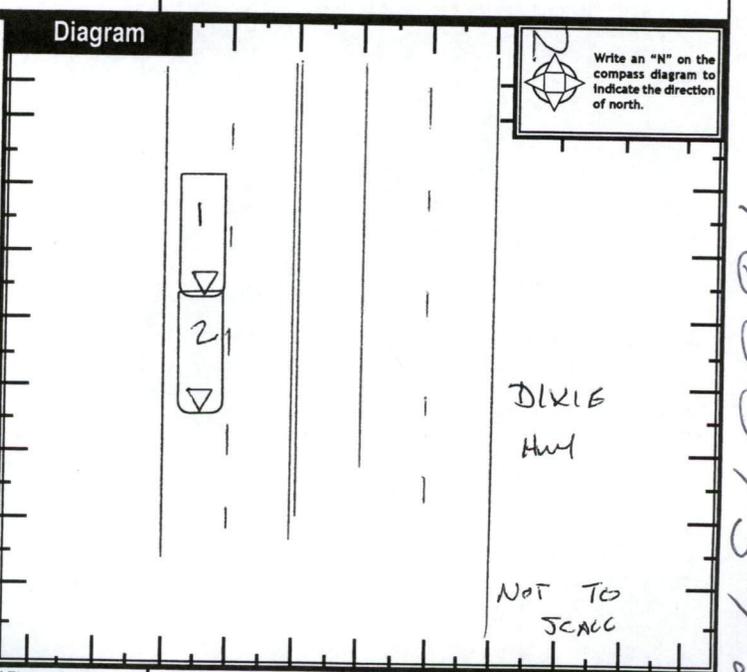
Road Contour <input checked="" type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	Road Conditions Primary <input checked="" type="checkbox"/> 01 Secondary <input type="checkbox"/>	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
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Manner of Crash Collision/Impact <input checked="" type="checkbox"/> 2 - Rear-End Two Motor Vehicles In Transport <input type="checkbox"/> 1 - Not Collision Between <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	Weather <input checked="" type="checkbox"/> 1 - Clear <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - Rain <input type="checkbox"/> 5 - Sleet, Hail <input type="checkbox"/> 6 - Snow <input type="checkbox"/> 7 - Severe Crosswinds <input type="checkbox"/> 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 9 - Other/Unknown
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Road Surface <input checked="" type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 1 - Concrete <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	Light Conditions Primary <input checked="" type="checkbox"/> 1 Secondary <input type="checkbox"/>	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 Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input checked="" type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone <input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	Location of Crash in Work Zone <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area
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**Narrative**  
On January 29, 2016 at about 1:02 PM Unit 1 was stopped in traffic southbound on Dixie Hwy near Whitmore Ln and her foot slipped off the brake and she struck Unit 2. Unit 2 was also southbound in traffic.



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 01292016	Time Crash Reported 1303	Dispatch Time 1306	Arrival Time 1308	Time Cleared 1327	Other Investigation Time 30	Total Minutes 49
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Officer's Name * R. CORNER	Officer's Badge Number 85	Checked By <i>[Signature]</i> 53	Page 1 of 4
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# Unit

Local Report Number  
1 6 0 0 7 3 4 2

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>ROWLAND, VERONICA</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 206-0859</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2879 HAMILTON MASON RD HAMILTON, OH 45011</b>	LP State <b>OH</b>	License Plate Number <b>FSZ4551</b>	Vehicle Identification Number <b>K M H W F 3 5 H 2 3 A 8 2 2 8 5 2</b>	
Vehicle Year <b>2003</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>SONATA</b>	Vehicle Color <b>SILVER</b>	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>STATE FARM</b>	Policy Number <b>7498852E0735C</b>	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 <b>01</b> 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 <b>1</b> 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 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
Special Function <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions <b>01</b> 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 <b>09</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown	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 <input type="checkbox"/> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 <b>5</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>50</b>	Traffic Control <b>12</b> 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 <b>1</b> To <b>2</b> 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 7 3 4 2

Unit Number <b>0 2</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>ROSE, TAYLOR ALEXANDRA MICHAEL</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 773-8624</b>	Damage Scale <b>2</b>	Damaged Area Front 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>663 ORIENT WAY HAMILTON, OH 45013</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>GMK3804</b>	Vehicle Identification Number <b>1G8AW12F242165456</b>	2 - Minor	
Vehicle Year <b>2004</b>	Vehicle Make <b>SATURN</b>	Vehicle Model <b>ION</b>	3 - Functional	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>NATIONWIDE</b>	Policy Number <b>9234K891016</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			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 <b>01</b> 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 <b>1</b> 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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<input type="checkbox"/> Has HM Placard					

Special Function <b>01</b> 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 <b>06</b> 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 <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> 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 <b>01</b> 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 <input type="checkbox"/> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 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 <b>0</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>50</b>	Traffic Control <b>12</b> 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 <b>1</b> To <b>2</b> 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 7 3 4 2

Motorist/Non-Motorist

Unit Number: 01 Name: Last, First, Middle: BALTIMORE, ANGEL MICHELLE  
 Date of Birth: 09/10/1994 Age: 21 Gender: F (Female)  
 Address, City, State, Zip: 2879 HAMILTON MASON RD HAMILTON, OH 45011  
 Contact Phone- include area code: (513) 302-8755

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: TT769323 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: 1

Offense Charged (Local Code): 333.03A Offense Description: ACDA Citation Number: 228880 Hands-Free Device Used: [ ] Driver Distracted By: 1

Motorist/Non-Motorist

Unit Number: 02 Name: Last, First, Middle: ROSE, TAYLOR ALEXANDRA MICHAEL  
 Date of Birth: 12/30/1996 Age: 19 Gender: F (Female)  
 Address, City, State, Zip: 663 ORIENT WAY HAMILTON, OH 45013  
 Contact Phone- include area code: (513) 773-8624

Injuries: 2 Injured Taken By: 1 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: UB723172 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: 1

Offense Charged (Local Code): [ ] Offense Description: [ ] Citation Number: [ ] Hands-Free 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  
 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

**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 Impaired  
 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

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: [ ] DOT Compliant Motorcycle Helmet: [ ] Seating Position: [ ] Air Bag Usage: [ ] Ejection: [ ] Trapped: [ ]

Occupant

Unit Number: [ ] Name: Last, First, Middle: [ ]  
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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: [ ]