



Traffic Crash Report

Local Report Number *

1 6 0 0 7 6 8 7

Crash Severity

2 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 *
0 0 9 0 1Reporting Agency Name *
Fairfield Police DepartmentNumber of Units
0 2Unit in error
0 1 98 - Animal
99 - UnknownCounty *
0 9City *
 Village *
 Township *City, Village, Township *
FairfieldCrash Date *
0 1 3 0 2 0 1 6Time of Crash
2 1 5 2Day of Week
S A T

Day of Week

Degrees / Minutes / Seconds

Latitude 0 / / Longitude 0 / /

Decimal Degrees

Latitude 3 9 . 3 4 0 8 8 6 Longitude 7 8 . 4 5 5 9 8 6 2

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound
 S - Southbound W - WestboundNumber of Thru Lanes
0 3Road Types or Milepost ²AL - 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 - TrailLocation Route Type ¹
U S 1 2 7

Location Route Number

Loc Prefix N,S,E,W

Location Road Name
Pleasant

Location Road Name

Location Road Type ²
A VLocation Road Type ²Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State RouteDistance From Reference
 Miles
 Feet
 Yards

Dir From Ref N,S,E,W

Reference Route Type ¹

Reference Route

Reference Route Number

Ref Prefix N,S,E,W

Reference Name (Road, Milepost, House #)
Patterson

Reference Name (Road, Milepost, House #)

Reference Road Type ²
B VReference Road Type ²Reference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 301 - Not an intersection 06 - Five-point, or more
02 - Four-way Intersection 07 - On Ramp
03 - T-Intersection 08 - Off Ramp
04 - Y-Intersection 09 - Crossover
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown

Intersection Related

Location of First Harmful Event
1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
1 - Straight Level
2 - Straight Grade
3 - Curve Level
4 - Curve Grade
9 - Unknown

Road Contour

Road Conditions
0 1

Road Conditions

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

Road Conditions

* Secondary Condition Only

Manner of Crash Collision/Impact

6 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

Weather

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

Light Conditions

Primary Secondary
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted 9 - Unknown
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

School Zone Related

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

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

On 01-30-16 at about 9:52 PM unit #2 was southbound on Pleasant Ave. crossing over Patterson Blvd. on a green light. Unit #1 was northbound on Pleasant Ave. making a left turn onto Patterson Blvd. Unit #2 failed to yield to unit #1 and the two vehicles collided.

Diagram



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

See OH-2

16007687

Report Taken By

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

Date Crash Reported

0 1 3 0 2 0 1 6

Time Crash Reported

2 1 5 3

Dispatch Time

2 1 5 4

Arrival Time

2 1 5 6

Time Cleared

2 2 2 6

Other Investigation Time

3 0

Total Minutes

6 0

Officer's Name *

P.O. E. Bausch

Officer's Badge Number

93

Checked By

Page 1 of 5



Unit

Local Report Number

16007687

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Burgess, Lorraine	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 484-1247	Damage Scale 4	Damaged Area
LP State OH	License Plate Number FIL1706	Vehicle Identification Number 2C4GP54L32R537627	# Occupants 01	
Vehicle Year 2002	Vehicle Make Chrysler	Vehicle Model Town & Country	Vehicle Color Tan	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Grange	Policy Number PA1088048	Towed By Marcell's	
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 - 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 - 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		

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 05 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"/> Has HM Placard					

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 02 Impact 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	99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06 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 02 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 25 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	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 2 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

16007687

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) Carpenter, William	Owner Phone Number - inc. area code (Same As Driver) (513) 829-8869	Damage Scale 4	Damaged Area
Owner-Address: City, State, Zip (Same As Driver) 5510 Crystal Dr. Fairfield, OH 45014			1 - None	
LP State OH	License Plate Number GCY1706	Vehicle Identification Number 1HGC R2F83EA025442	2 - Minor	
Vehicle Year 2014	Vehicle Make Honda	Vehicle Model Accord	3 - Functional	
Vehicle Color Gold	Proof of Insurance Shown	Insurance Company Auto Owners	4 - Disabling	
Policy Number 4850574000	Towed By Fox	Carrier Name, Address, City, State, Zip	9 - Unknown	
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 - 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 - 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.	Hazardous Material Released	01	1
HM Class Number			<input type="checkbox"/> Hit / Skip Unit

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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 0 7 6 8 7

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle Burgess, Amanda Jean Marie	Date of Birth 06/27/1996	Age 19	Gender F F - Female M - Male
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Address, City, State, Zip 6124 Tyler Point Dr. Hamilton, OH 45011	Contact Phone- include area code (513) 365-5542
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Injuries 2	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1
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OL State OH	Operator License Number UF276290	OL Class 4	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	Condition 2	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1	Drug Test Type 1
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Offense Charged (<input checked="" type="checkbox"/> Local Code) 331.17a	Offense Description Fail to Yield	Citation Number 228091	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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Unit Number 02	Name: Last, First, Middle Carpenter, William	Date of Birth 06/12/1946	Age 69	Gender M F - Female M - Male
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Address, City, State, Zip 5510 Crystal Dr. Fairfield, OH 45014	Contact Phone- include area code (513) 829-8869
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Injuries 4	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 4	Ejection 1	Trapped 1
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OL State OH	Operator License Number RR493467	OL Class 4	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> 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
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Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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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 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	Motorist 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	Operator License Class 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)	Air Bag Usage 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	Alcohol/Drug Suspected 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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Unit Number 02	Name: Last, First, Middle Carpenter, Elaine	Date of Birth 07/31/1943	Age 72	Gender F F - Female M - Male
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Address, City, State, Zip 5510 Crystal Dr. Fairfield, OH 45014	Contact Phone- include area code (513) 829-8869
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Injuries 3	Injured Taken By 2	EMS Agency CFFD	Medical Facility Injured Taken To Mercy	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 03	Air Bag Usage 4	Ejection 1	Trapped 1
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Unit Number []	Name: Last, First, Middle Acuff, Zeb	Date of Birth 12/20/1978	Age 37	Gender M F - Female M - Male
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Address, City, State, Zip 1136 Noyes Ave. Hamilton, OH 45015	Contact Phone- include area code (734) 255-5007
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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 []
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NUMBER 16-007687

INVESTIGATED BY P.O. 00301

M 01 10 30 16

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

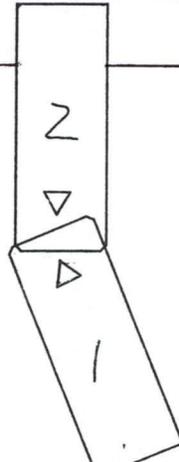
PLEASANT AVE AT PATTERSON BLVD



5065 PLEASANT AVE.

PATTERSON BLVD.

RIEGERT SQUARE



5085 PLEASANT AVE.
B.P.



PLEASANT AVE.

NOT TO SCALE

OFFICERS SIGNATURE

RO. E. BAUSCH

BADGE NO.

93