



Traffic Crash Report

Local Report Number *

1 6 0 5 4 8 0 8

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

2 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 1Unit in error
0 1 98 - Animal
99 - Unknown
 County *
0 9
 City *
 Village *
 Township *
City, Village, Township *
FAIRFIELDCrash Date *
0 7 3 0 2 0 1 6Time of Crash
0 2 5 6Day of Week
S A T
 Degrees / Minutes / Seconds
 Latitude Longitude
 0 / / 0 / /

 Decimal Degrees
 Latitude Longitude
 3 9 . 9 3 8 5 3 9 - 8 4 . 3 4 5 3 8 0

 Roadway Division
 Divided
 Undivided

 Divided Lane Direction of Travel
 N - Northbound E - Eastbound
 S - Southbound W - Westbound
Number of Thru Lanes
0 2
 Road Types or Milepost²
 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 Type¹
 Location Route Number
 Location Road Name
 Loc Prefix N,S,E,W
 Symmes

 Reference Route Type¹
 Reference Route Number
 Ref Prefix N,S,E,W
 Reference Name (Road, Milepost, House #)
 1321

 Route Types¹
 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 Type¹
 Reference Route Number
 Ref Prefix N,S,E,W

 Reference Name (Road, Milepost, House #)
 1321
 Reference Road Type²

 Reference Point Used
 3 1 - Intersection
 2 - Mile Post
 3 - House Number

 Crash Location
 0 1

 01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing
 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails
 03 - T-Intersection 08 - Off Ramp 99 - Unknown
 04 - Y-Intersection 09 - Crossover
 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

 Intersection Related
 Location of First Harmful Event
 6 1 - On Roadway 5 - On Gore
 2 - On Shoulder 6 - Outside Trafficway
 3 - In Median 9 - Unknown
 4 - On Roadside

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

 Road Conditions
 Primary Secondary
 0 1
 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*
 * Secondary Condition Only

 Manner of Crash Collision/Impact
 1 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 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 5 - Dirt
 3 - Brick/Block 6 - Other

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

SEE OH-2

Diagram



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

SEE OH-2

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

Date Crash Reported

0 7 3 0 2 0 1 6

Time Crash Reported

0 2 5 6

Dispatch Time

0 2 5 7

Arrival Time

0 3 0 4

Time Cleared

0 3 2 5

Other Investigation Time

2 0

Total Minutes

4 1

Officer's Name *

D. Setterstrom

Officer's Badge Number

121

Checked By

Sgt SK Sears 98

Page 1 of 5



Unit

Local Report Number
1 6 0 5 4 8 0 8

Unit Number 0 1	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale <input type="checkbox"/>	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)			1 - None	
LP State	License Plate Number	Vehicle Identification Number	2 - Minor	
Vehicle Year	Vehicle Make	Vehicle Model	3 - Functional	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	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 <input type="checkbox"/>	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	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	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 Class Number		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"/>	Type of Use <input type="checkbox"/>	Unit Type 0 6	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
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip	<input type="checkbox"/> Has HM Placard		

Special Function 0 1	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 9 9	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 9 9	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	Vehicle Defects
Primary 9 9	<input type="checkbox"/>
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	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
Secondary <input type="checkbox"/>	
99 - Unknown	
Non-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	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

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 0 9 2 5 2 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	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
First Harmful Event 2 Most Harmful Event 2	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	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
Collision with Person, Vehicle or Object Not Fixed	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox
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	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object

Unit Speed 2 5	Posted Speed 3 5	Traffic Control 1 2	Unit Direction From 3 To 4
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	1 - North 2 - South 3 - East 4 - West
		07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
		13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 5 4 8 0 8

Motorist/Non-Motorist

Unit Number 0 1	Name: Last, First, Middle	Date of Birth	Age	Gender M 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 9 9	DOT Compliant <input checked="" type="checkbox"/> Motorcycle Helmet	Seating Position 0 1	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By
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Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender 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 <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	99 - Unknown Safety Equipment	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc.) 12 - Reflective Clothing 13 - Lighting 14 - Other
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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 Harrison, Vonya	Date of Birth	Age 36	Gender F F - Female M - Male
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Address, City, State, Zip 560 Davis Rd Cincinnati, OH 45255	Contact Phone- include area code (513) 379-2316
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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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Occupant

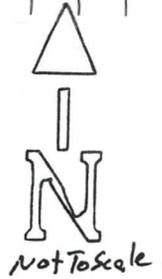
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER	16-054808	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	07-30-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	Symmes Rd @ 1321		
<p>On 07-30-16, at about 2:56 a.m. Unit 1 was traveling west on Symmes Rd and when at 1321 the driver went off the left side of the road and struck a gas pipe breaking it. The driver of Unit 1 then left the area without leaving any identifying information or notifying the police.</p> <p>The gas pipe is owned by Duke Energy 1199 Nilles Rd Fairfield, OH 45014, 513-421-9500.</p> <p>The witness stated that Unit 1 was a small dark colored SUV. It had a sign on the driver's door with reflective green letters with the word "Hill." She stated it had other words on it but she was only able to see the one word.</p>					
			OFFICER'S SIGNATURE	BADGE NO.	
			D. Setterstrom	121	

LOCAL REPORT NUMBER 16-054808	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 07-30-16
IN COUNTY OF Butler	ACCIDENT LOCATION Symmes Rd @ 1321	



Symmes Rd

gas pipe

1321

OFFICER'S SIGNATURE D. Setterstrom	BADGE NO. 121
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