



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
16041107	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
		00901	Fairfield Police Department	01	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09		Fairfield	06042016		SAT

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	39.341974	-84.521222

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	02	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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
			Busway	LN	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
100	W N, S, E, W				North Gilmore	RD

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	02 Primary Secondary	4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

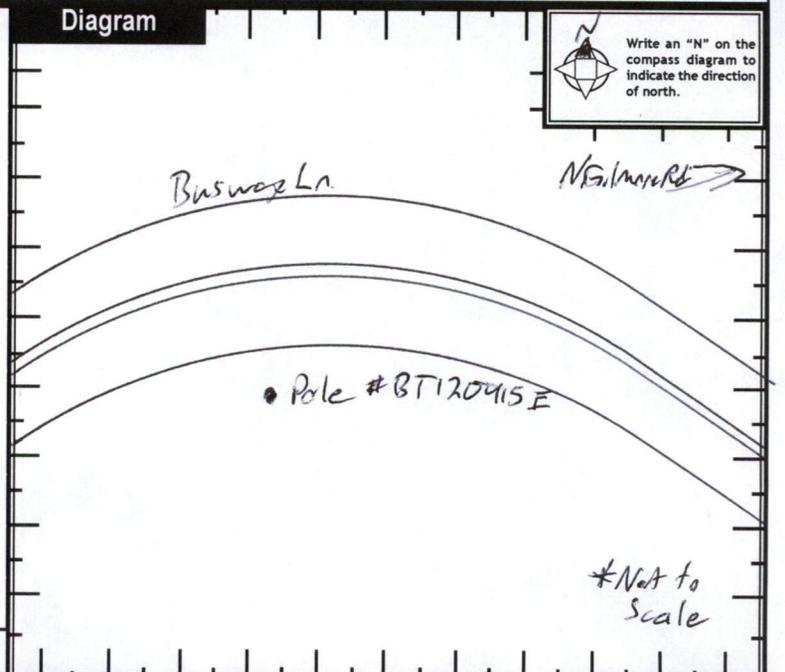
Manner of Crash Collision/Impact	Weather
1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	4

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

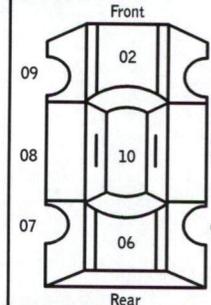
**Narrative**  
On 6-04-16 at an unknown time Unit 1 was traveling an unknown direction of Busway Ln. near North Gilmore Rd. where it apparently lost control and struck a utility pole.

The pole is owned by Duke Energy  
1199 Nilles Rd. Fairfield, Ohio 45014  
513-421-9500



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>					
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
06042016	2013	2015	2030	2045	20	35
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 3			
P.O. R. Felts	125	[Signature]				

Local Report Number  
16041107

Unit Number <span style="border: 1px solid black; padding: 2px;">01</span>	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 <span style="border: 1px solid black; padding: 2px;">9</span>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )				
LP State	License Plate Number	Vehicle Identification Number	# Occupants	
Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	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 <span style="border: 1px solid black; padding: 2px;">99</span>	Trafficway Description <span style="border: 1px solid black; padding: 2px;">1</span>
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 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <span style="border: 1px solid black; padding: 2px;">01</span>	Type of Use <input type="checkbox"/> In Emergency Response	Unit Type <span style="border: 1px solid black; padding: 2px;">99</span>	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 <span style="border: 1px solid black; padding: 2px;">01</span>	Most Damaged Area <span style="border: 1px solid black; padding: 2px;">99</span>	Impact Area <span style="border: 1px solid black; padding: 2px;">99</span>	Action <span style="border: 1px solid black; padding: 2px;">3</span>
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)	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	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	

Pre-Crash Actions <span style="border: 1px solid black; padding: 2px;">99</span>	<b>Motorist</b> 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	<b>Non-Motorist</b> 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 <span style="border: 1px solid black; padding: 2px;">99</span>	<b>Motorist</b> 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	<b>Non-Motorist</b> 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	<b>Vehicle Defects</b> <span style="border: 1px solid black; padding: 2px;">01</span> 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 <span style="border: 1px solid black; padding: 2px;">40</span> 2 <span style="border: 1px solid black; padding: 2px;">  </span> 3 <span style="border: 1px solid black; padding: 2px;">  </span> 4 <span style="border: 1px solid black; padding: 2px;">  </span> 5 <span style="border: 1px solid black; padding: 2px;">  </span> 6 <span style="border: 1px solid black; padding: 2px;">  </span> First Harmful Event <span style="border: 1px solid black; padding: 2px;">1</span> Most Harmful Event <span style="border: 1px solid black; padding: 2px;">1</span> 99 - Unknown	<b>Non-Collision Events</b> 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 <b>Collision With Person, Vehicle or Object Not Fixed</b> 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 <b>Collision With Fixed Object</b> 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 <span style="border: 1px solid black; padding: 2px;">30</span>	Posted Speed <span style="border: 1px solid black; padding: 2px;">25</span>	Traffic Control <span style="border: 1px solid black; padding: 2px;">12</span>	Unit Direction From <span style="border: 1px solid black; padding: 2px;">9</span> To <span style="border: 1px solid black; padding: 2px;">9</span>	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
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated				1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 4 1 1 0 7

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	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 99	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 9	Ejection	Trapped 1		
OL State	Operator License Number	OL Class <input type="checkbox"/>	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		

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 <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class <input type="checkbox"/>	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		

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist	12 - Reflective Clothing
1 - No Injury / None Reported	1 - Not Transported / Treated at Scene	<b>Motorist</b>	01 - None Used - Vehicle Occupant	09 - None Used	13 - Lighting
2 - Possible	2 - EMS	02 - Shoulder Belt Only Used	05 - Child Restraint System-Forward Facing	10 - Helmet Used	14 - Other
3 - Non-Incapacitating	3 - Police	03 - Lap Belt Only Used	06 - Child Restraint System- Rear Facing	11 - Protective Pads Used (Elbows, Knees, Etc)	
4 - Incapacitating	4 - Other	04 - Shoulder and Lap Belt Used	07 - Booster Seat		
5 - Fatal	9 - Unknown		08 - Helmet Used		

Seating Position	Air Bag Usage
01 - Front - Left Side (Motorcycle Driver)	1 - Not Deployed
02 - Front - Middle	2 - Deployed Front
03 - Front - Right Side	3 - Deployed Side
04 - Second - Left Side (Motorcycle Passenger)	4 - Deployed Both Front/Side
05 - Second - Middle	5 - Not Applicable
06 - Second - Right Side	9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected	1 - Not Trapped	1 - Class A	1 - Apparently Normal	1 - None
2 - Totally Ejected	2 - Extricated by Mechanical Means	2 - Class B	2 - Physical Impairment	2 - Yes - Alcohol Suspected
3 - Partially Ejected	3 - Extricated by Non-Mechanical Means	3 - Class C	3 - Emotional (Depressed, Angry, Disturbed)	3 - Yes - HBD Not Impaired
4 - Not Applicable		4 - Regular Class (Ohio is "D")	4 - Illness	4 - Yes - Drugs Suspected
		5 - MC/Moped Only		5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given	1 - None	1 - None Given	1 - None	1 - No Distraction Reported
2 - Test Refused	2 - Blood	2 - Test Refused	2 - Blood	2 - Phone
3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Texting/E-mailing
4 - Test Given, Results Known	4 - Breath	4 - Test Given, Results Known	4 - Other	4 - Electronic Communication Device
5 - Test Given, Results Unknown	5 - Other	5 - Test Given, Results Unknown		5 - Other Electronic Device (Navigation Device, Radio, DVD)
				6 - Other Inside the Vehicle
				7 - External Distraction

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 <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

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 <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped