



Traffic Crash Report

Local Report Number *

1 6 0 4 2 4 6 8

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

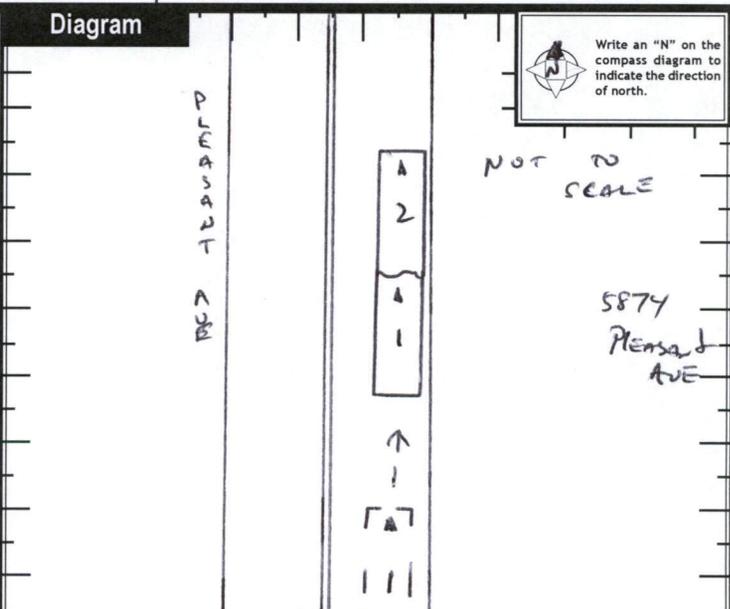
 PDO Under State Reportable Dollar Amount

 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 9
 City *
 Village *
 Township *
City, Village, Township *
FairfieldCrash Date *
0 6 0 9 2 0 1 6Time of Crash
1 7 5 8Day of Week
Th uDegrees / Minutes / Seconds
Latitude
0 / 0 " Longitude
0 / 0 "Decimal Degrees
Latitude
3 8 . 3 2 0 9 2 0 Longitude
7 8 4 . 5 6 1 3 0 1Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
 N - Northbound E - Eastbound
 S - Southbound W - WestboundNumber of Thru Lanes
0 2Road 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 - TrailLocation Route Type¹
U SLocation Route Number
1 2 7Loc Prefix
N, S, E, WLocation Road Name
PleasantLocation Road Type²
A VRoute Types¹
IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route SR - State Route
TR - Numbered Township RouteDistance From Reference
 Miles
 Feet
 YardsDir From Ref
N, S, E, WReference Route Number
5 8 7 4Ref Prefix
N, S, E, WReference Name (Road, Milepost, House #)
Reference Road Type²Reference Point Used
3 1 - Intersection
2 - Mile Post
3 - House NumberCrash 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
1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
2 1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve LevelRoad Conditions
Primary 0 1
Secondary
 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
2 1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction
Two Motor Vehicles 3 - Head-On 6 - Angle
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - UnknownWeather
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/UnknownRoad Surface
2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - OtherLight Conditions
Primary 1
Secondary
 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 MedianLocation 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 Thursday June 9, 2016 at approximately 5:58 P.M. Unit #1 was northbound on Pleasant Avenue passing Calumet Way. Unit #2 was slowing/stopped in traffic near 5874 Pleasant Avenue. Unit #1 failed to maintain an assured clear distance ahead and struck Unit #2 in the rear.

Report Taken By
 Police Agency Motorist
 Supplement (Correction or Addition to an Existing Report Sent to ODPS)
Date Crash Reported
0 6 0 9 2 0 1 6Time Crash Reported
1 8 0 2Dispatch Time
1 8 0 2Arrival Time
1 8 0 2Time Cleared
1 8 4 0Other Investigation Time
1 5Total Minutes
5 3Officer's Name *
Sgt. Don GarrettOfficer's Badge Number
057Checked By
Sgt Don Garrett #57

Page 1 of 4



Unit

Local Report Number
 1 6 0 4 2 4 6 8

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)
Hollander, Kaytlin Elizabeth Owner Phone Number - inc. area code (Same As Driver)
(513) 967-9672

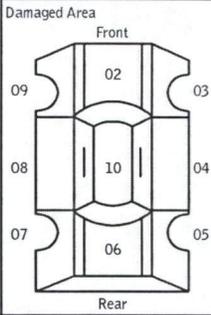
Owner Address: City, State, Zip (Same As Driver)
2 South Hall Place, Fairfield, Ohio 45014

LP State: **OH** License Plate Number: **GNP9136** Vehicle Identification Number: **1HGEM22562L036907** # Occupants: **01**

Vehicle Year: **2002** Vehicle Make: **Honda** Vehicle Model: **Civic** Vehicle Color: **Red**

Proof of Insurance Shown Insurance Company: **American Family** Policy Number: **2303-5037-04-61** Towed By: **Marcell's**

Carrier Name, Address, City, State, Zip 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.

HM Placard ID No. HM Class Number Hazardous Material Released

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

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 In Emergency Response

Unit Type: 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

Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)

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: 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: 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions: 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

Contributing Circumstances: Primary 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

Sequence of Events: 1 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 12 - Downhill Runaway 13 - Other Non-Collision

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

Unit Speed: Stated Estimated **30** Posted Speed: **35** Traffic Control: 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 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Unit

Local Report Number
1 6 0 4 2 4 6 8

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|--|--|--|-----------------------|---|
| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Melcher, Michelle R. | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 291-0369 | Damage Scale 2 | Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear |
| LP State OH | License Plate Number FZM 8966 | Vehicle Identification Number 5JGRE4H57BL052821 | # Occupants 01 | |
| Vehicle Year 2011 | Vehicle Make Honda | Vehicle Model CRV | Vehicle Color Gray | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company Progressive | Policy Number 21608904 | Towed By | |

Carrier Name, Address, City, State, Zip
1582 Gelhot Drive #229, Fairfield, Ohio 45014

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 | 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 |

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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) 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 | | |

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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 | 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
|---|---|---|--|--|---|--------------|---|

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|---|--|---|--|--|--------------------------------|
| Pre-Crash Actions 01 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 01 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 2 3 4 5 6 2 0 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 12 - Downhill Runaway 13 - Other Non-Collision | 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 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 35 | 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 2 To 1 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 2 4 6 8

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|-------------------|---|-----------------------------|-----------|----------------------------------|
| Unit Number 01 | Name: Last, First, Middle Hollander, Kaytlin Elizabeth | Date of Birth 12/04/1996 | Age 19 | Gender F - Female M - Male |
|-------------------|---|-----------------------------|-----------|----------------------------------|

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|---|--|
| Address, City, State, Zip 2 Soth Hall Place, Fairfield, Ohio 45014 | Contact Phone- include area code (513) 967-9672 |
|---|--|

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|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries 1 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 01 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State OH | Operator License Number UK369395 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> | 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 (Local Code) 333.03a | Offense Description Assured Clear Distance | Citation Number 224994 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |
|---|---|---------------------------|--|---------------------------|

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|-------------------|---|-----------------------------|-----------|----------------------------------|
| Unit Number 02 | Name: Last, First, Middle Melcher, Michelle R. | Date of Birth 05/07/1967 | Age 49 | Gender F - Female M - Male |
|-------------------|---|-----------------------------|-----------|----------------------------------|

| | |
|--|--|
| Address, City, State, Zip 1582 Gelhot Drive #229, Fairfield, Ohio 45014 | Contact Phone- include area code (513) 291-0369 |
|--|--|

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|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries 2 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 01 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State OH | Operator License Number RP183715 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> | 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 (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | 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 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 |
|---|--|---|---|

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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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|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 <input type="checkbox"/> | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|