



# Traffic Crash Report

|                       |   |                            |
|-----------------------|---|----------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                   |
| 1 6 0 4 3 9 0 0       | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|  |  |                  |                         |                             |                 |                                   |
|--|--|------------------|-------------------------|-----------------------------|-----------------|-----------------------------------|
| Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | PDO Under State Reportable Dollar Amount | Private Property | Reporting Agency NCIC * | Reporting Agency Name *     | Number of Units | Unit in error                     |
|  |  |                  | 00901                   | Fairfield Police Department | 02              | 99<br>98 - Animal<br>99 - Unknown |

|          |        |                           |              |               |             |
|----------|--------|---------------------------|--------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 09       |        | FAIRFIELD                 | 06152016     | 1500          | WED         |

|                             |   |
|-----------------------------|---|
| Degrees / Minutes / Seconds | Decimal Degrees                           |
| Latitude: 0 / Longitude: 0  | Latitude: 39.334487 Longitude: -84.510177 |

|   |  |                      |   |
|---|--|----------------------|---|
| Roadway Division  | Divided Lane Direction of Travel                             | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>   |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | N - Northbound E - Eastbound<br>S - Southbound W - Westbound | 02                   | AL - Alley CR - Circle<br>AV - Avenue CT - Court<br>BL - Boulevard DR - Drive<br>HE - Heights MP - Milepost<br>HW - Highway PK - Parkway<br>LA - Lane PI - Pike<br>PL - Place RD - Road<br>ST - Street TE - Terrace<br>WA - Way |

|                                  |                       |            |                    |                                 |  |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| 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>   |
|                                  |                       | N, S, E, W | PORT UNION         | RD                              | IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route<br>CR - Numbered County Route<br>TR - Numbered Township Route |

|                         |                        |                        |            |  |                                  |
|-------------------------|------------------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref           | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 700                     | Miles<br>Feet<br>Yards |                        | N, S, E, W | PROFIT                                   | DR                               |

|   |  |                          |   |
|---|--|--------------------------|---|
| Reference Point Used                                  | Crash Location   | Intersection Related     | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 01<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

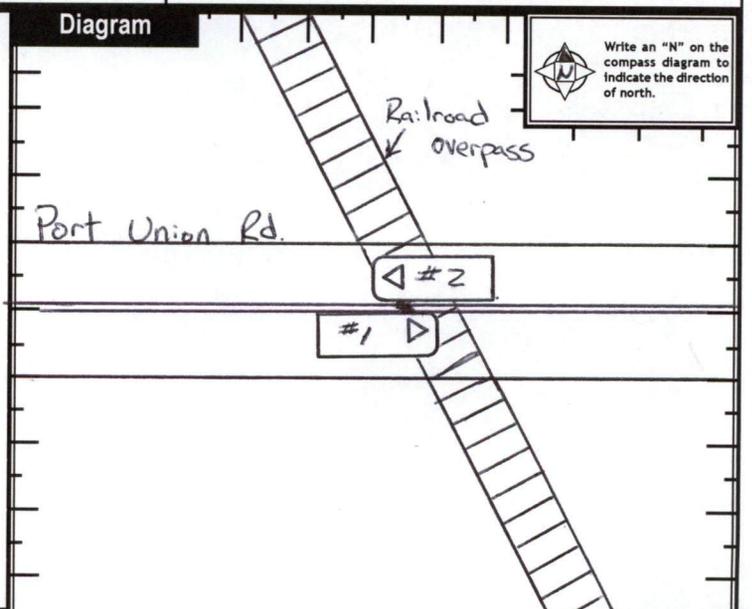
|   |                            |   |
|---|----------------------------|---|
| Road Contour  | Road Conditions            | Weather   |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 01<br>Primary<br>Secondary | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 8<br>1 - Not Collision Between<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|   |   |  |
|---|---|--|
| Road Surface  | Light Conditions  | School Bus Related   |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 1<br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><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)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | 1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |

**Narrative**  
On June 15, 2016 at approximately 3:00 p.m. Unit #1 was traveling east on Port Union Rd. and when going through the underpass struck mirrors with Unit #2 which was traveling westbound on Port Union Rd. Both Units denied crossing over the double yellow line.



|                           |  |                     |              |              |                          |               |
|---------------------------|--|---------------------|--------------|--------------|--------------------------|---------------|
| Report Taken By           | Supplement (Correction or Addition to an Existing Report Sent to ODPS) |                     |              |              |                          |               |
| Police Agency<br>Motorist |  |                     |              |              |                          |               |
| Date Crash Reported       | Time Crash Reported  | Dispatch Time       | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 06152016                  | 1502   | 1503                | 1515         | 1530         | 10                       | 25            |
| Officer's Name *          | Officer's Badge Number   | Checked By          | Page 1 of 4  |              |                          |               |
| P.O. RYAN FLEENOR         | 117  | Sgt. Dan Smith 1157 |              |              |                          |               |



# Unit

Local Report Number  
1 6 0 4 3 9 0 0

|                   |  |   |                   |                       |
|-------------------|--|---|-------------------|-----------------------|
| Unit Number<br>01 | Owner Name: Last, First, Middle ( Same As Driver)<br>DAVIS, KIRBY T. | Owner Phone Number - inc. area code ( Same As Driver)<br>(513) 266-3721 | Damage Scale<br>2 | Damaged Area<br>Front |
|-------------------|--|---|-------------------|-----------------------|

Owner Address: City, State, Zip ( Same As Driver)  
4470 PLEASANT AVE. HAMILTON, OH 45015

|                |                                 |  |                   |
|----------------|---------------------------------|--|-------------------|
| LP State<br>OH | License Plate Number<br>DIRTMAX | Vehicle Identification Number<br>1GCHK23244F261303 | # Occupants<br>02 |
|----------------|---------------------------------|--|-------------------|

|                      |                           |                       |                       |
|----------------------|---------------------------|-----------------------|-----------------------|
| Vehicle Year<br>2004 | Vehicle Make<br>CHEVROLET | Vehicle Model<br>2500 | Vehicle Color<br>GRAY |
|----------------------|---------------------------|-----------------------|-----------------------|

|                          |                                       |                            |          |
|--------------------------|---------------------------------------|----------------------------|----------|
| Proof of Insurance Shown | Insurance Company<br>INGRAM INSURANCE | Policy Number<br>PA9658562 | Towed By |
|--------------------------|---------------------------------------|----------------------------|----------|

Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

|                             |   |  |   |   |
|-----------------------------|---|--|---|---|
| US DOT<br>HM Placard ID No. | Vehicle Weight GVWR/GCWR<br>1<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br>01<br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br>1<br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
|-----------------------------|---|--|---|---|

|   |  |  |   |   |
|---|--|--|---|---|
| Non-Motorist Location Prior to Impact<br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br>1<br>1 - Personal<br>2 - Commercial<br>3 - Government | Unit Type<br>07<br>Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedalcyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
|---|--|--|---|---|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Special Function<br>01<br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br>08<br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | Action<br>9<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|---|---|---|---|---|---|

|   |   |  |  |                                |
|---|---|--|--|--------------------------------|
| Pre-Crash Actions<br>01<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|---|---|--|--|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| Contributing Circumstances<br>Primary<br>99<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|---|--|---|--|

|   |   |
|---|---|
| Sequence of Events<br>1 20 3 4 5 6<br>First Harmful Event 1<br>Most Harmful Event 1 | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |
|---|---|

|  |   |  |
|--|---|--|
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
|--|---|--|

|   |                    |   |  |
|---|--------------------|---|--|
| Unit Speed<br>35<br>Stated<br>Estimated | Posted Speed<br>35 | Traffic Control<br>12<br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From 4 To 3<br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|---|--------------------|---|--|



# Unit

Local Report Number  
1 6 0 4 3 9 0 0

|  |  |   |                        |   |
|--|--|---|------------------------|---|
| Unit Number<br>0 2   | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br>AFFORDABLE PEST CONTROL | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br>(513) 874-5060 | Damage Scale<br>2      | Damaged Area<br>Front<br>09 03<br>08 10 04<br>07 06<br>Rear |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )<br>9201 SEWARD RD. FAIRFIELD, OH 45014 |  |   |                        |   |
| LP State<br>OH   | License Plate Number<br>PGQ-7748   | Vehicle Identification Number<br>1 F T W W 3 2 F 3 2 E A 2 0 1 2 9                                | # Occupants<br>0 1     |   |
| Vehicle Year<br>2 0 0 2  | Vehicle Make<br>FORD   | Vehicle Model<br>F-350  | Vehicle Color<br>WHITE |   |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br>OWNERS INSURANCE  | Policy Number<br>4256002501   | Towed By               |   |
| Carrier Name, Address, City, State, Zip  |  |   |                        | Carrier Phone- include area code                            |

|                   |  |                        |   |
|-------------------|--|------------------------|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br>0 1 | Trafficway Description<br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released   | 0 1                    | <input type="checkbox"/> Hit / Skip Unit  |
| HM Class Number   |  |                        |   |

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| Non-Motorist Location Prior to Impact<br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br>2<br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br>0 7<br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
|   |  |  | <input type="checkbox"/> Has HM Placard   |   |   |

|                         |   |                          |   |             |  |
|-------------------------|---|--------------------------|---|-------------|--|
| Special Function<br>0 1 | 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other<br>09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.<br>17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br>0 8 | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear<br>08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other<br>99 - Unknown | Action<br>9 | 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|-------------------------|---|--------------------------|---|-------------|--|

|                          |   |
|--------------------------|---|
| Pre-Crash Actions<br>0 1 | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<br>Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action |
|--------------------------|---|

|  |   |                        |   |
|--|---|------------------------|---|
| Contributing Circumstances<br>Primary<br>9 9 | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action<br>Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br>0 0 | 01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|---|------------------------|---|

|  |   |  |
|--|---|--|
| Sequence of Events<br>1 2 0 2 3 4 5 6<br>First Harmful Event 1<br>Most Harmful Event 1<br>99 - Unknown   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object |   |  |

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



# Motorist / Non-Motorist / Occupant

Local Report Number

1 6 0 4 3 9 0 0

|                          |  |                             |           |   |
|--------------------------|--|-----------------------------|-----------|---|
| Unit Number<br><b>01</b> | Name: Last, First, Middle<br>DAVIS, KIRBY T. | Date of Birth<br>03/13/1988 | Age<br>28 | Gender<br><b>M</b> F - Female<br>M - Male |
|--------------------------|--|-----------------------------|-----------|---|

|  |  |
|--|--|
| Address, City, State, Zip<br>4470 PLEASANT AVE. HAMILTON, OH 45015 | Contact Phone- include area code<br>(513) 266-3721 |
|--|--|

Motorist/Non-Motorist

|                       |  |                      |   |                                      |  |                                    |                                 |                               |                         |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|--|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/> | EMS Agency           | Medical Facility Injured Taken To       | Safety Equipment Used<br><b>04</b>   | DOT Compliant<br><input type="checkbox"/> Motorcycle<br>Helmet | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b>     |                              |                            |
| OL State<br><b>OH</b> | Operator License Number<br>ST320540          | OL Class<br><b>4</b> | No Valid OL<br><input type="checkbox"/> | M/C End.<br><input type="checkbox"/> | Condition<br><b>1</b>  | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value<br>. | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |

|  |                     |                 |   |                                  |
|--|---------------------|-----------------|---|----------------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free<br><input type="checkbox"/> Device<br>Used | Driver Distracted By<br><b>1</b> |
|--|---------------------|-----------------|---|----------------------------------|

|                          |   |                             |           |   |
|--------------------------|---|-----------------------------|-----------|---|
| Unit Number<br><b>02</b> | Name: Last, First, Middle<br>WALDEN, CHARLES G. | Date of Birth<br>03/27/1967 | Age<br>49 | Gender<br><b>M</b> F - Female<br>M - Male |
|--------------------------|---|-----------------------------|-----------|---|

|   |  |
|---|--|
| Address, City, State, Zip<br>1723 GRAND BLVD. HAMILTON, OH 45011 4545 | Contact Phone- include area code<br>(513) 824-0479 |
|---|--|

Motorist/Non-Motorist

|                       |  |                      |   |                                      |  |                                    |                                 |                               |                         |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|--|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/> | EMS Agency           | Medical Facility Injured Taken To       | Safety Equipment Used<br><b>04</b>   | DOT Compliant<br><input type="checkbox"/> Motorcycle<br>Helmet | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b>     |                              |                            |
| OL State<br><b>OH</b> | Operator License Number<br>RU219742          | OL Class<br><b>4</b> | No Valid OL<br><input type="checkbox"/> | M/C End.<br><input type="checkbox"/> | Condition<br><b>1</b>  | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value<br>. | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |

|  |                     |                 |   |                                  |
|--|---------------------|-----------------|---|----------------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free<br><input type="checkbox"/> Device<br>Used | Driver Distracted By<br><b>1</b> |
|--|---------------------|-----------------|---|----------------------------------|

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

|  |   |
|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

|  |   |  |   |  |
|--|---|--|---|--|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped Only | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|--|---|--|---|--|

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

|                          |   |                             |           |   |
|--------------------------|---|-----------------------------|-----------|---|
| Unit Number<br><b>01</b> | Name: Last, First, Middle<br>MOORE, ISABELLE L. | Date of Birth<br>09/06/1997 | Age<br>18 | Gender<br><b>F</b> F - Female<br>M - Male |
|--------------------------|---|-----------------------------|-----------|---|

|  |                                  |
|--|----------------------------------|
| Address, City, State, Zip<br>1710 HELEN AVE. HAMILTON, OH 45011 1840 | Contact Phone- include area code |
|--|----------------------------------|

Occupant

|                      |  |            |                                   |                                    |  |                               |                           |                      |                     |
|----------------------|--|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|
| Injuries<br><b>1</b> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><b>04</b> | DOT Compliant<br><input type="checkbox"/> Motorcycle<br>Helmet | Seating Position<br><b>03</b> | Air Bag Usage<br><b>1</b> | Ejection<br><b>1</b> | Trapped<br><b>1</b> |
|----------------------|--|------------|-----------------------------------|------------------------------------|--|-------------------------------|---------------------------|----------------------|---------------------|

|   |                           |               |     |   |
|---|---------------------------|---------------|-----|---|
| Unit Number<br><input type="checkbox"/> | Name: Last, First, Middle | Date of Birth | Age | Gender<br><input type="checkbox"/> F - Female<br>M - Male |
|---|---------------------------|---------------|-----|---|

|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

Occupant

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