



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 1 6 0 4 7 0 2 9 | 2 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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| Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | PDO Under State Reportable Dollar Amount | Private Property | Reporting Agency NCIC * 0 0 9 0 1 | Reporting Agency Name * Fairfield Police Department | Number of Units 0 3 | Unit in error 0 1 98 - Animal 99 - Unknown |
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| County * 0 9 | City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * Fairfield | Crash Date * 0 6 2 8 2 0 1 6 | Time of Crash 1 9 3 5 | Day of Week T U E |
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| Degrees / Minutes / Seconds Latitude 0 / / | Longitude 0 / / | OR | Decimal Degrees Latitude 3 9 . 3 0 7 1 4 3 | Longitude - 8 4 . 5 2 3 3 3 7 |
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| Roadway Division <input type="checkbox"/> Divided <input type="checkbox"/> Undivided | Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound | Number of Thru Lanes 0 5 | Road Types or Milepost ² AL - Alley CR - Circle AV - Avenue CT - Court BL - Boulevard DR - Drive HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike PL - Place RD - Road ST - Street TE - Terrace WA - Way TL - Trail |
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| Location Route Type ¹ | Location Route Number | Loc Prefix N, S, E, W | Location Road Name South Gilmore | Location Road Type ² R D | Route Types ¹ 1R - Interstate Route (inc. turnpike) US - US Route SR - State Route | CR - Numbered County Route TR - Numbered Township Route |
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| Distance From Reference 20 <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | Dir From Ref S N, S, E, W | Reference Route Type ¹ | Reference Route Number | Ref Prefix E, W | Reference Name (Road, Milepost, House #) Cincinnati Financial | Reference Road Type ² D R |
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| Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number | Crash Location 0 1 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 | Intersection Related <input type="checkbox"/> | Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |
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| Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | Road Conditions Primary Secondary 0 1 | 01 - Dry 02 - Wet 03 - Snow 04 - Ice | 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown | * Secondary Condition Only |
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| Manner of Crash Collision/Impact 2 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 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 |
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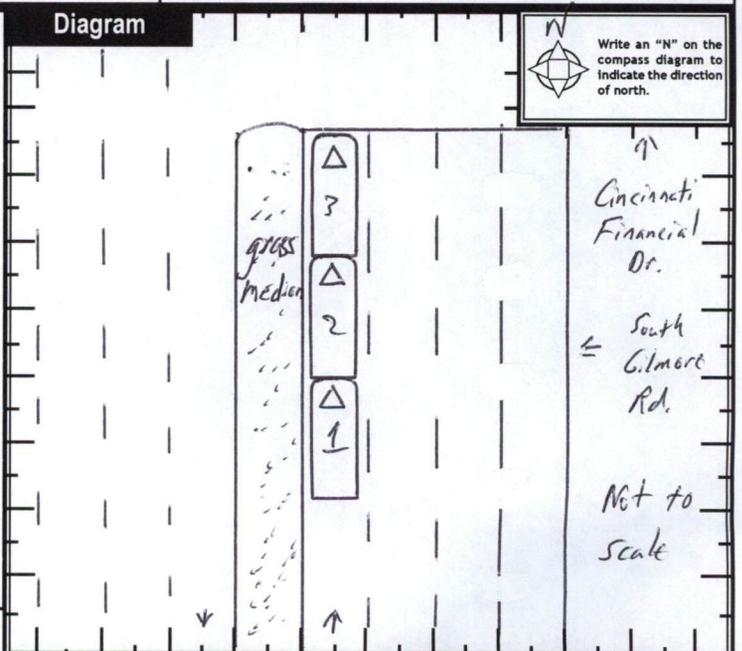
| | | |
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| Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | Light Conditions Primary Secondary 1 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other | 9 - Unknown <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |
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| Work Zone Related <input type="checkbox"/> | Workers Present <input type="checkbox"/> | Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> | Law Enforcement Present (Vehicle Only) <input type="checkbox"/> | Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other | Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area |
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Narrative

On 06-28-16 at approximately 7:35 p.m. Unit #3, Unit #2, and Unit #1 were traveling northbound on South Gilmore Rd. approaching the intersection of South Gilmore Rd. and Cincinnati Financial Dr. Unit #3 and Unit #2 stopped with traffic. Unit #1 was unable to stop with traffic and struck Unit #2 in the rear; pushing Unit #2 into Unit #3.

The driver of Unit #1 stated that she did not feel her brakes were working correctly.



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| Report Taken By <input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | Supplement (Correction or Addition to an Existing Report Sent to ODPS) <input type="checkbox"/> | Date Crash Reported 0 6 2 8 2 0 1 6 | Time Crash Reported 1 9 3 5 | Dispatch Time 1 9 3 6 | Arrival Time 1 9 4 1 | Time Cleared 2 0 2 3 | Other Investigation Time 1 5 | Total Minutes 5 7 |
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| Officer's Name * P. O. T. Chenoweth | Officer's Badge Number 124 | Checked By <i>[Signature]</i> | Page 1 of 6 |
|--|-------------------------------|----------------------------------|-------------|



Unit

Local Report Number
1 6 0 4 7 0 2 9

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|--|--|--|-------------------|---------------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Johnson, Nannette V. | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 874-2538 | Damage Scale 4 | Damaged Area Front |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 639 Quail Hollow Dr. Trenton, OH 45067 | | | 1 - None | |
| LP State OH | License Plate Number 317YUF | Vehicle Identification Number JN8AS5MVL3W380523 | 2 - Minor | |
| Vehicle Year 2012 | Vehicle Make Nissan | Vehicle Model Rogue | 3 - Functional | |
| Vehicle Color Black | Insurance Company | Policy Number | 4 - Disabling | |
| <input type="checkbox"/> Proof of Insurance Shown | Towed By Marcell's | | 9 - Unknown | |

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

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| 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 | 01 | 03 | 3 |
| HM Class Number | | | | <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 |
| 01 | 1 | 06 | | | <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 02 Impact Area 02 | 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 11 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 09 Secondary 99 - Unknown | Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
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| Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision | Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 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 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 12 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 |
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Unit

Local Report Number
16047029

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|--------------------------|---|---|--------------------------|------------------|
| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Meiser, Katherine L. | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 413-7973 | Damage Scale 4 | Damaged Area |
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| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 2870 Allview Circle Cincinnati, OH 45238 |
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| LP State OH | License Plate Number C259846 | Vehicle Identification Number 1HGEJ16562L061445 | # Occupants 03 |
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| Vehicle Year 2002 | Vehicle Make Honda | Vehicle Model Civic | Vehicle Color Silver |
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| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | Towed By Marcell's |
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| Carrier Name, Address, City, State, Zip | Carrier Phone- include area code |
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| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 3 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 |
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Unit

Local Report Number

1 6 0 4 7 0 2 9

| | | | | |
|---|--|---|-----------------------|--|
| Unit Number 03 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Allen, Michelle | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 874-6460 | Damage Scale 3 | Damaged Area Front 09 03 08 10 04 07 06 05 Rear |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5665 Venus Ln. Fairfield, OH 45014 | | | | |
| LP State OH | License Plate Number FIL1317 | Vehicle Identification Number 2GNALDE6B1275103 | # Occupants 01 | |
| Vehicle Year 2011 | Vehicle Make Chevrolet | Vehicle Model Equinox | Vehicle Color Gray | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company State Farm | Policy Number 7414165A0735 | Towed By | |
| Carrier Name, Address, City, State, Zip | | | | Carrier Phone- include area code |

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| 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 3 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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| Special Function 01 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 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 11 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 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 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 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 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 1 1 99-Unknown First Harmful Event 1 Most Harmful Event 1 | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision |
| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 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 checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 4 7 0 2 9

Motorist/Non-Motorist

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|-------------------|---|---------------------------|-----------|----------------------------------|
| Unit Number 01 | Name: Last, First, Middle Johnson, Nannette V. | Date of Birth 12071957 | Age 58 | Gender F - Female M - Male |
|-------------------|---|---------------------------|-----------|----------------------------------|

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|---|--|
| Address, City, State, Zip 639 Quail Hollow Dr. Trenton, OH 45067 | Contact Phone- include area code (513) 874-2538 |
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|----------------|-------------------------------------|-------------------|--|--------------------------------------|---|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| Injuries 4 | Injured Taken By 2 | EMS Agency FFD | Medical Facility Injured Taken To Mercy | Safety Equipment Used 04 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 01 | Air Bag Usage 2 | Ejection 1 | Trapped 1 | | |
| OL State OH | Operator License Number RQ618518 | 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 (<input checked="" type="checkbox"/> Local Code) 333.03a | Offense Description ACDA | Citation Number 229740 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |
|---|-----------------------------|---------------------------|--|---------------------------|

Motorist/Non-Motorist

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|-------------------|---|---------------------------|-----------|----------------------------------|
| Unit Number 02 | Name: Last, First, Middle Meiser, Katherine L. | Date of Birth 05171985 | Age 31 | Gender F - Female M - Male |
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|---|--|
| Address, City, State, Zip 2870 Allview Circle Cincinnati, OH 45238 | Contact Phone- include area code (513) 413-7973 |
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| Injuries 1 | Injured Taken By <input type="checkbox"/> | 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 | | |
| OL State OH | Operator License Number SC092920 | OL Class 4 | No Valid OL <input checked="" 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 (<input type="checkbox"/> 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 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

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| Unit Number 02 | Name: Last, First, Middle Ragan, Jayce | Date of Birth 12132013 | Age 2 | Gender F - Female M - Male |
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|---|--|
| Address, City, State, Zip 2870 Allview Circle Cincinnati, OH 45238 | Contact Phone- include area code (513) 413-7973 |
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| Injuries 2 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 05 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 06 | Air Bag Usage 5 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|-------------------|--|---------------------------|-----------|----------------------------------|
| Unit Number 02 | Name: Last, First, Middle Beuerlein, Cynthia L. | Date of Birth 08211974 | Age 41 | Gender F - Female M - Male |
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| Address, City, State, Zip 1229 Ross Ave. Cincinnati, OH 45205 | Contact Phone- include area code (513) 413-5157 |
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| Injuries 3 | Injured Taken By 2 | EMS Agency FFD | Medical Facility Injured Taken To Mercy | Safety Equipment Used 04 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 03 | Air Bag Usage 5 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|-------------------|--|-----------------------------|---|------------------------|--------------------|---------------|--------------|



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 4 7 0 2 9

Motorist/Non-Motorist

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|-------------------|--|---------------------------|-----------|---------------------------------------|
| Unit Number 03 | Name: Last, First, Middle Allen, Zachary B. | Date of Birth 05191997 | Age 19 | Gender M F - Female M - Male |
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|---|--|
| Address, City, State, Zip 5665 Venus Ln. Fairfield, OH 45014 | Contact Phone- include area code (513) 874-6460 |
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| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 | DOT Compliant <input type="checkbox"/> Motorcycle Helmet | Seating Position 01 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | | |
| OL State OH | Operator License Number UC836824 | 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 (<input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free <input type="checkbox"/> Device Used | Driver Distracted By 1 |
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Motorist/Non-Motorist

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|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |

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

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

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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Occupant

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