



Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
1 6 0 1 6 9 9 5	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	0 1	0 1 98 - Animal 99 - Unknown
Fairfield Police Department		0 0 9 0 1			

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	0 3 0 4 2 0 1 6	2 2 0 0	F R I

Degrees / Minutes / Seconds Latitude	Longitude	OR	Decimal Degrees Latitude	Longitude
0 / /	0 / /		3 9 . 3 1 2 9 8 6	- 8 4 . 5 3 7 1 4 6

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	0 2	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types
		N, S, E, W	Mack	R D	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N, S, E, W		N, S, E, W	2462	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	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	<input type="checkbox"/>	2 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Secondary	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
2 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	9 9		02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

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

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

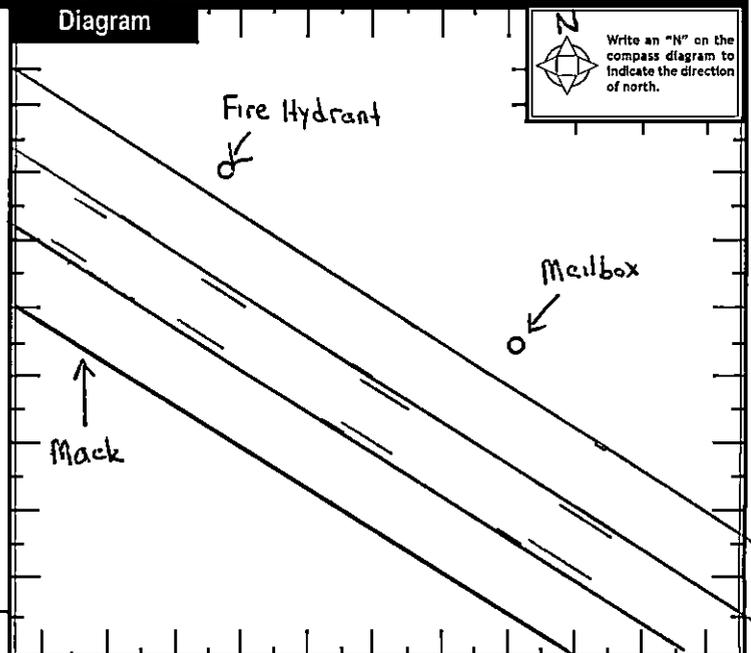
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/>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

Narrative

Sometime between 10:00 pm 3-4-16 and 6:00 am 3-5-16 unit 1 went off the right side of the road, struck the mailbox at 2462 Mack, and struck a fire hydrant. Unit 1 then fled.

Mailbox is owned by:
Richard Massie (513) 608-1617
2462 Mack Road
Fairfield, Ohio 45014

Fire Hydrant owned by:
City of Fairfield (513) 867-5300
5350 Pleasant Avenue
Fairfield, Ohio 45014



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>					
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 3 0 5 2 0 1 6	1 0 2 1	1 0 2 2	1 0 2 7	1 0 5 3		1 6
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 3			
T. Lucas	63	Sgt. M. Rednour #53				



Unit

Local Report Number
1 6 0 1 6 9 9 5

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 9	Damaged Area Front 02 03 04 05 06 07 08 09 Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State	License Plate Number	Vehicle Identification Number	# Occupants	
Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- Include area code

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 99	Trafficway Description 2
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown
HM Class Number		99 - Unknown or Hit / Skip	<input type="checkbox"/> 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 99 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					

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 99 Impact Area 99	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 99	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 - Stowing 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 99 Secondary 99	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 0 8 2 4 7 3 4 9 4 5 6 First Harmful Event 1 Most Harmful Event 2 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow 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 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 35 <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 7 To 6 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 1 6 9 9 5

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: F - Female M - Male

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

Injuries: | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 99 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 9 | Ejection: 1 | Trapped: 1

OL State: | Operator License Number: | OL Class: No Valid OL M/C End. Condition: | Alcohol/Drug Suspected: | Alcohol Test Status: 1 | Alcohol Test Type: 1 | Alcohol Test Value: | Drug Test Status: 1 | Drug Test Type: 1

Offense Charged (Local Code): | Offense Description: | Citation Number: | Hands-Free Device Used: | Driver Distracted By:

Motorist/Non-Motorist

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: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |

OL State: | Operator License Number: | OL Class: No Valid OL M/C End. Condition: | Alcohol/Drug Suspected: | Alcohol Test Status: | Alcohol Test Type: | Alcohol Test Value: | Drug Test Status: | Drug Test Type: |

Offense Charged (Local Code): | Offense Description: | Citation Number: | Hands-Free Device Used: | Driver Distracted By:

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

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

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 "00"
 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

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

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: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |

Occupant

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: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |