



# Traffic Crash Report

Local Report Number \* **16017038** | Crash Severity **3** (1-Fatal, 2-Injury, 3-PDO) | Hit/Skip **1** (1-Solved, 2-Unsolved)

Local Information: Reporting Agency NCIC \* **00901** | Reporting Agency Name \* **Fairfield Police Department** | Number of Units **02** | Unit in error **01** (98-Animal, 99-Unknown)

County \* **09** | City \* **Fairfield** | Crash Date \* **03052016** | Time of Crash **1530** | Day of Week **SAT**

Degrees / Minutes / Seconds Latitude **0** / Longitude **0** | Decimal Degrees Latitude **39.334495** | Longitude **78.4522846**

Roadway Division:  Divided,  Undivided | Divided Lane Direction of Travel:  N-Northbound,  E-Eastbound,  S-Southbound,  W-Westbound | Number of Thru Lanes **00** | Road Types or Milepost: 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 **SR** | Location Route Number **4** | Loc Prefix **N,S,E,W** | Location Road Name **Dixie** | Location Road Type 2 **HW** | Route Types: IR-Interstate Route, US-US Route, SR-State Route, CR-Numbered County Route, TR-Numbered Township Route

Distance From Reference:  Miles,  Feet,  Yards | Dir From Ref **N,S,E,W** | Reference Route Number **5478** | Reference Name (Road, Milepost, House #) **5478** | Reference Road Type 2

Reference Point Used **3** (1-Intersection, 2-Mile Post, 3-House Number) | Crash Location **01** (01-Not an Intersection, 02-Four-way Intersection, 03-T-Intersection, 04-Y-Intersection, 05-Traffic Circle/Roundabout, 06-Five-point, 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  | Location of First Harmful Event **6** (1-On Roadway, 2-On Shoulder, 3-In Median, 4-On Roadside, 5-On Gore, 6-Outside Trafficway, 9-Unknown)

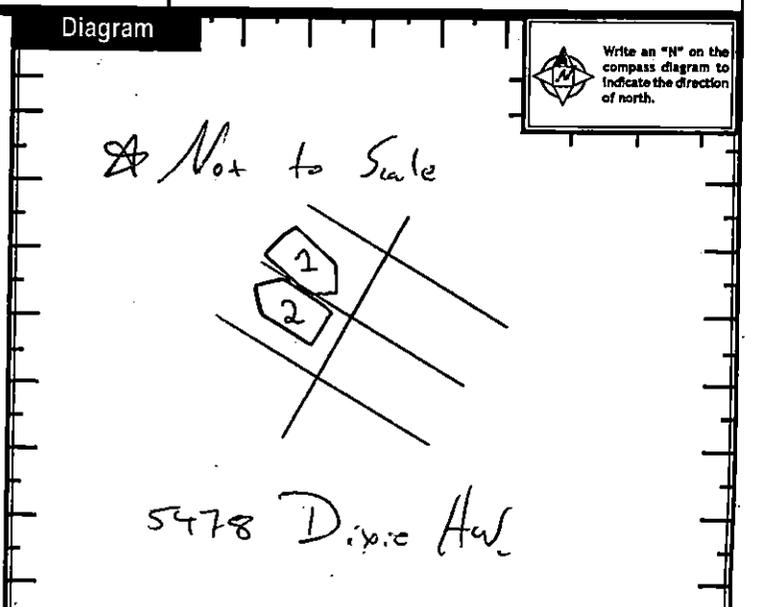
Road Contour **1** (1-Straight Level, 2-Straight Grade, 3-Curve Level, 4-Curve Grade, 9-Unknown) | Road Conditions: Primary **01** (01-Dry, 02-Wet, 03-Snow, 04-Ice), Secondary (05-Sand, Mud, Dirt, Oil, Gravel, 06-Water, 07-Slush, 08-Debris, 09-Rut, Holes, Bumps, Uneven Pavement, 10-Other, 99-Unknown)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

Manner of Crash Collision/Impact **6** (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 **2** (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 **2** (1-Concrete, 2-Blacktop, Bituminous, Asphalt, 3-Brick/Block, 4-Slag, Gravel, Stone, 5-Dirt, 6-Other) | Light Conditions: Primary **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) | School Bus Related:  School Zone Related,  Yes, School Bus Directly Involved,  Yes, School Bus Indirectly Involved | \* Secondary Condition Only

Work Zone Related:  Workers Present,  Law Enforcement Present (Officer/Vehicle),  Law Enforcement Present (Vehicle Only) | Type of Work Zone:  1-Lane Closure,  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

**Narrative**  
On 03/05/2016 at approximately 3:30 P.M. Unit 1 was backing out of a parking space in the lot of 5478 Dixie and, in doing so, struck Unit 2 who was parked in the space next to Unit 1. The driver of Unit 1 was also cited with having no OL 4510.12(A) (1).



Report Taken By:  Police Agency,  Motorist | Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported **03052016** | Time Crash Reported **1547** | Dispatch Time **1549** | Arrival Time **1557** | Time Cleared **1615** | Other Investigation Time **0** | Total Minutes **18**

Officer's Name \* **Larsh, Sam** | Officer's Badge Number **134** | Checked By **Sgt Dan Gannett 57** | Page 1 of 4



# Unit

Local Report Number

16017038

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Thomas, Carolyn</b>	Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 546-0363</b>	Damage Scale <b>2</b>	Damaged Area 
LP State <b>OH</b>	License Plate Number <b>FRH9902</b>	Vehicle Identification Number <b>JN1CA21D7TT115076</b>	# Occupants <b>01</b>	
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>119 N Leabee St., Middletown, Ohio, 45042</b>	Vehicle Year <b>1996</b>	Vehicle Make <b>Nissan</b>	Vehicle Model <b>Maxima</b>	Vehicle Color <b>White</b>
Proof of Insurance Shown <input type="checkbox"/>	Insurance Company	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	
US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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 <input type="checkbox"/> 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.	HM Class Number	Hazardous Material Released <input type="checkbox"/>		Hit / Skip Unit <input type="checkbox"/>
Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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	
Special Function <b>01</b> 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)	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
Most Damaged Area <b>03</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions <b>02</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action	
Contributing Circumstances Primary <b>11</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 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 <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick Tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects	
Sequence of Events 1 <b>21</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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		
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	Unit Speed <b>2</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <input type="checkbox"/>	Traffic Control <b>12</b> 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 <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



# Unit

Local Report Number

16017038

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>Rice, Sandra</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 544-5345</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>2595 Redstart Dr., Fairfield, Ohio, 45014</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>DYR4504</b>	Vehicle Identification Number <b>1FAFP31N67W227790</b>	2 - Minor	
Vehicle Year <b>2007</b>	Vehicle Make <b>Ford</b>	Vehicle Model <b>Focus</b>	3 - Functional	
Vehicle Color <b>Silver</b>	Insurance Company <b>State Farm</b>	Policy Number <b>1876290D0835B</b>	4 - Disabling	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	
Carrier Phone- include area code				

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 FT) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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 <b>01</b> 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 <b>04</b> 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	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>10</b> 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 - Stopping 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 <b>01</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	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 <input type="checkbox"/> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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		

Unit Speed <b>0</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <input type="checkbox"/>	Traffic Control <b>12</b> 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 <b>3</b> To <b>4</b> 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 7 0 3 8

Unit Number <b>011</b>	Name: Last, First, Middle <b>Hatfield, Destiny</b>	Date of Birth 0 1 2 3 2 0 0 1	Age 14	Gender <b>F</b> F - Female M - Male
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Address, City, State, Zip <b>119 N Leabee St., Middletown, Ohio, 45042</b>	Contact Phone- Include area code <b>(513) 546-0363</b>
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Injuries <b>1</b>	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State	Operator License Number	OL Class	No <input type="checkbox"/> Valid OL	M/C End. <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>

Offense Charged ( <input checked="" type="checkbox"/> Local Code ) <b>331.13 (a)</b>	Offense Description <b>Improper Backing</b>	Citation Number <b>229126</b>	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By <b>1</b>
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Unit Number <b>012</b>	Name: Last, First, Middle <b>Rice, Sandra</b>	Date of Birth 0 6 1 9 1 9 5 6	Age 59	Gender <b>F</b> F - Female M - Male
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Address, City, State, Zip <b>2595 Redstart Dr., Fairfield, Ohio, 45014</b>	Contact Phone- Include area code <b>(513) 544-5345</b>
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Injuries <b>1</b>	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State <b>OH</b>	Operator License Number <b>RK271538</b>	OL Class <b>4</b>	No <input type="checkbox"/> Valid OL	M/C End. <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>

Offense Charged ( <input type="checkbox"/> Local Code )	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By <b>1</b>
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<b>Injuries:</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By:</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used:</b> Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>99 - Unknown Safety Equipment:</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist:</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	<b>12 - Reflective Clothing</b> <b>13 - Lighting</b> <b>14 - Other</b>
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<b>Seating Position:</b> 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)	<b>12 - Passenger in Unenclosed Cargo Area</b> <b>13 - Trailing Unit</b> <b>14 - Riding on Vehicle Exterior (Non-Trailing Unit)</b> <b>15 - Non-Motorist</b> <b>16 - Other</b> <b>99 - Unknown</b>	<b>Air Bag Usage:</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection:</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped:</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class:</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition:</b> 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	<b>5 - Fell Asleep, Fainted, Fatigued</b> <b>6 - Under The Influence of Medications, Drugs, Alcohol</b> <b>7 - Other</b>	<b>Alcohol/Drug Suspected:</b> 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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<b>Alcohol Test Status:</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type:</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status:</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type:</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By:</b> 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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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	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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