



# Traffic Crash Report

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

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

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	0 3 0 7 2 0 1 6	1 6 1 9	M O N

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	0 1	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 <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	Mack	R D	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W			N, S, E, W	2620	

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"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

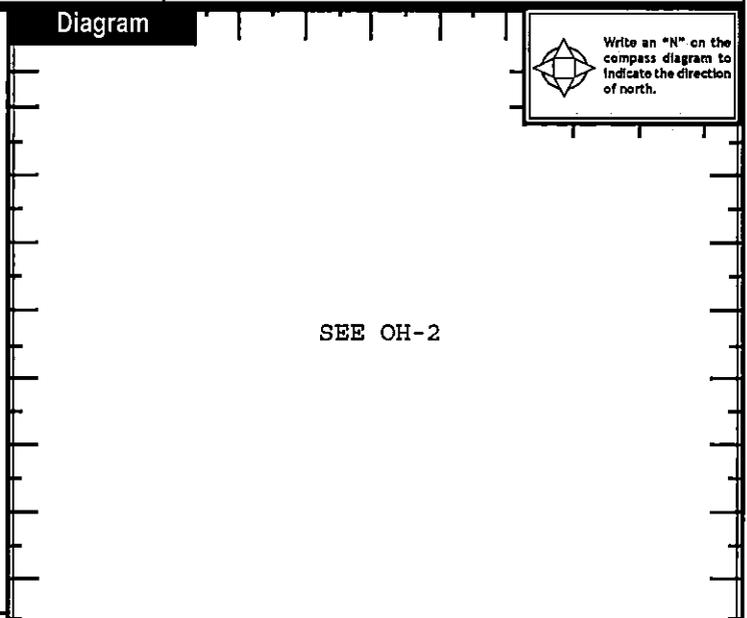
Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
2 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other

Manner of Crash Collision/Impact	Weather
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	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hall 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	1 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	<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 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative  
SEE OH-2



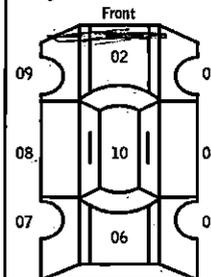
Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	0 3 0 7 2 0 1 6	1 6 1 9	1 6 2 3	1 6 3 0	1 6 5 5	0	2 5

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6
P.O. T. Wolf	97	<i>[Signature]</i>	



# Unit

Local Report Number  
**16017644**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>Bohnert, Lori A.</b>	Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 503-2411</b>	Damage Scale <b>2</b>	Damaged Area 
LP State <b>OH</b>	License Plate Number <b>166 XIX</b>	Vehicle Identification Number <b>2G1WL52M2W9159320</b>	# Occupants <b>01</b>	
Vehicle Year <b>1998</b>	Vehicle Make <b>Chevrolet</b>	Vehicle Model <b>Lumina</b>	Vehicle Color <b>Tan</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Geico</b>	Policy Number <b>4196580593</b>	Towed By	

Carrier Name, Address, City, State, Zip  
**3277 Niagra St Cincinnati, Ohio 45251**

US DOT <b>01</b>	Vehicle Weight GVWR/GCWR <b>1</b> - Less Than or Equal to 10k Lbs. <b>2</b> - 10,001 to 26,000 Lbs. <b>3</b> - 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 <b>1</b> 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit

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>04</b> 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>02</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>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</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 - 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 <b>09</b> Secondary <b>00</b> 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 <b>00</b> 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 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> 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 (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	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole
41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		

Unit Speed <b>25</b>	Posted Speed <b>35</b>	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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# Unit

Local Report Number  
 1 6 0 1 7 6 4 4

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Southard, Regina Faye</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 939-0403</b>	Damage Scale <b>2</b>	Damaged Area 
Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2492 Windage Dr Fairfield, Ohio 45014</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>DW53FN</b>	Vehicle Identification Number <b>1FMCU93G29KB02086101</b>	2 - Minor	
Vehicle Year <b>2009</b>	Vehicle Make <b>Ford</b>	Vehicle Model <b>Escape</b>	3 - Functional	
	Vehicle Color <b>Black</b>		4 - Disabling	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Hanover</b>	Policy Number <b>ANW9859414</b>	9 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

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 <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel	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"/> 09 - Pole <input type="checkbox"/> 10 - Cargo Tank <input type="checkbox"/> 11 - Flat Bed <input type="checkbox"/> 12 - Dump <input type="checkbox"/> 13 - Concrete Mixer <input type="checkbox"/> 14 - Auto Transporter <input type="checkbox"/> 15 - Garbage/Refuse <input type="checkbox"/> 99 - Other/Unknown	<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 <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 06 <input type="checkbox"/> 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sport Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs <input type="checkbox"/> 13 - Single Unit Truck or Van Axle, 6 tires <input type="checkbox"/> 14 - Single Unit Truck; 3+ axles <input type="checkbox"/> 15 - Single Unit Truck / Trailer <input type="checkbox"/> 16 - Truck/Tractor (Bobtail) <input type="checkbox"/> 17 - Tractor/Semi-Trailer <input type="checkbox"/> 18 - Tractor/Double <input type="checkbox"/> 19 - Tractor/Triples <input type="checkbox"/> 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) <input type="checkbox"/> 21 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> <input type="checkbox"/> 23 - Animal with Rider <input type="checkbox"/> 24 - Animal with Buggy, Wagon, Surrey <input type="checkbox"/> 25 - Bicycle/Pedacyclist <input type="checkbox"/> 26 - Pedestrian/Skater <input type="checkbox"/> 27 - Other Non-Motorist
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Special Function <input type="checkbox"/> 01	<input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10k Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 08 - Bus - Other	<input type="checkbox"/> 09 - Ambulance <input type="checkbox"/> 10 - Fire <input type="checkbox"/> 11 - Highway/Maintenance <input type="checkbox"/> 12 - Military <input type="checkbox"/> 13 - Police <input type="checkbox"/> 14 - Public Utility <input type="checkbox"/> 15 - Other Government <input type="checkbox"/> 16 - Construction Equip.	<input type="checkbox"/> 17 - Farm Vehicle <input type="checkbox"/> 18 - Farm Equipment <input type="checkbox"/> 19 - Motorhome <input type="checkbox"/> 20 - Golf Cart <input type="checkbox"/> 21 - Train <input type="checkbox"/> 22 - Other (Explain in Narrative)	Most Damaged Area <input type="checkbox"/> 06	<input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Center Front <input type="checkbox"/> 03 - Right Front <input type="checkbox"/> 04 - Right Side <input type="checkbox"/> 05 - Right Rear <input type="checkbox"/> 06 - Rear Center <input type="checkbox"/> 07 - Left Rear	<input type="checkbox"/> 08 - Left Side <input type="checkbox"/> 09 - Left Front <input type="checkbox"/> 10 - Top and Windows <input type="checkbox"/> 11 - Undercarriage <input type="checkbox"/> 12 - Load/Trailer <input type="checkbox"/> 13 - Total(All Areas) <input type="checkbox"/> 14 - Other	Action <input type="checkbox"/> 4	<input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown
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Pre-Crash Actions <input type="checkbox"/> 11	Motorist <input type="checkbox"/> 01 - Straight Ahead <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn <input type="checkbox"/> 99 - Unknown	<input type="checkbox"/> 07 - Making U-Turn <input type="checkbox"/> 08 - Entering Traffic Lane <input type="checkbox"/> 09 - Leaving Traffic Lane <input type="checkbox"/> 10 - Parked <input type="checkbox"/> 11 - Slowing or Stopped in Traffic <input type="checkbox"/> 12 - Driverless	<input type="checkbox"/> 13 - Negotiating a Curve <input type="checkbox"/> 14 - Other Motorist Action	Non-Motorist <input type="checkbox"/> 15 - Entering or Crossing Specified Location <input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling <input type="checkbox"/> 17 - Working <input type="checkbox"/> 18 - Pushing Vehicle <input type="checkbox"/> 19 - Approaching or Leaving Vehicle <input type="checkbox"/> 20 - Standing <input type="checkbox"/> 21 - Other Non-Motorist Action
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Contributing Circumstances Primary <input type="checkbox"/> 01	Motorist <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road	<input type="checkbox"/> 11 - Improper Backing <input type="checkbox"/> 12 - Improper Start From Parked Position <input type="checkbox"/> 13 - Stopped or Parked Illegally <input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner <input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions) <input type="checkbox"/> 16 - Wrong Side/Wrong Way <input type="checkbox"/> 17 - Failure to Control <input type="checkbox"/> 18 - Vision Obstruction <input type="checkbox"/> 19 - Operating Defective Equipment <input type="checkbox"/> 20 - Load Shifting/Falling/Spilling <input type="checkbox"/> 21 - Other Improper Action	Non-Motorist <input type="checkbox"/> 22 - None <input type="checkbox"/> 23 - Improper Crossing <input type="checkbox"/> 24 - Darting <input type="checkbox"/> 25 - Lying and/or Illegally in Roadway <input type="checkbox"/> 26 - Failure to Yield Right of Way <input type="checkbox"/> 27 - Not Visible (Dark Clothing) <input type="checkbox"/> 28 - Inattentive <input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer <input type="checkbox"/> 30 - Wrong Side of the Road <input type="checkbox"/> 31 - Other Non-Motorist Action	Vehicle Defects <input type="checkbox"/> 01	<input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Slick tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects
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Sequence of Events 1 <input type="checkbox"/> 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	First Harmful Event <input type="checkbox"/> 1	Most Harmful Event <input type="checkbox"/> 1	99 - Unknown	Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift <input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc) <input type="checkbox"/> 07 - Separation of Units <input type="checkbox"/> 08 - Ran Off Road Right <input type="checkbox"/> 09 - Ran Off Road Left <input type="checkbox"/> 10 - Cross Median <input type="checkbox"/> 11 - Cross Center Line Opposite Direction of Travel <input type="checkbox"/> 12 - Downhill Runaway <input type="checkbox"/> 13 - Other Non-Collision
Collision With Person, Vehicle or Object Not Fixed <input type="checkbox"/> 14 - Pedestrian <input type="checkbox"/> 15 - Pedalcycle <input type="checkbox"/> 16 - Railway Vehicle (Train, Engine) <input type="checkbox"/> 17 - Animal - Farm <input type="checkbox"/> 18 - Animal - Deer <input type="checkbox"/> 19 - Animal - Other <input type="checkbox"/> 20 - Motor Vehicle in Transport <input type="checkbox"/> 21 - Parked Motor Vehicle <input type="checkbox"/> 22 - Work Zone Maintenance Equipment <input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle <input type="checkbox"/> 24 - Other Movable Object <input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Parapet <input type="checkbox"/> 29 - Bridge Rail <input type="checkbox"/> 30 - Guardrail Face <input type="checkbox"/> 31 - Guardrail End <input type="checkbox"/> 32 - Portable Barrier <input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Guardrail Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light/Luminaries Support <input type="checkbox"/> 40 - Utility Pole <input type="checkbox"/> 41 - Other Post, Pole or Support <input type="checkbox"/> 42 - Culvert <input type="checkbox"/> 43 - Curb <input type="checkbox"/> 44 - Ditch <input type="checkbox"/> 45 - Embankment <input type="checkbox"/> 46 - Fence <input type="checkbox"/> 47 - Mailbox <input type="checkbox"/> 48 - Tree <input type="checkbox"/> 49 - Fire Hydrant <input type="checkbox"/> 50 - Work Zone Maintenance Equipment <input type="checkbox"/> 51 - Wall, Building, Tunnel <input type="checkbox"/> 52 - Other Fixed Object				

Unit Speed <input type="checkbox"/> 0	Posted Speed <input type="checkbox"/> 35	Traffic Control <input type="checkbox"/> 12	<input type="checkbox"/> 01 - No Controls <input type="checkbox"/> 02 - Stop Sign <input type="checkbox"/> 03 - Yield Sign <input type="checkbox"/> 04 - Traffic Signal <input type="checkbox"/> 05 - Traffic Flashers <input type="checkbox"/> 06 - School Zone <input type="checkbox"/> 07 - Railroad Crossbucks <input type="checkbox"/> 08 - Railroad Flashers <input type="checkbox"/> 09 - Railroad Gates <input type="checkbox"/> 10 - Construction Barricade <input type="checkbox"/> 11 - Person (Flagger, Officer) <input type="checkbox"/> 12 - Pavement Markings <input type="checkbox"/> 13 - Crosswalk Lines <input type="checkbox"/> 14 - Walk/Don't Walk <input type="checkbox"/> 15 - Other <input type="checkbox"/> 16 - Not Reported	Unit Direction From <input type="checkbox"/> 3 To <input type="checkbox"/> 4	<input type="checkbox"/> 1 - North <input type="checkbox"/> 2 - South <input type="checkbox"/> 3 - East <input type="checkbox"/> 4 - West <input type="checkbox"/> 5 - Northeast <input type="checkbox"/> 6 - Northwest <input type="checkbox"/> 7 - Southeast <input type="checkbox"/> 8 - Southwest <input type="checkbox"/> 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
 1 6 0 1 7 6 4 4

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: Bohnert, Lori A. | Date of Birth: 04/18/1962 | Age: 53 | Gender: F (Female)

Address, City, State, Zip: 3277 Niagra St Cincinnati, Ohio 45251 | Contact Phone- Include area code: (513) 503-2411

Injuries: 1 | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RM146176 | OL Class: 4 | No Valid OL: | M/C End: | 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

Offense Charged (Local Code): 333.03A | Offense Description: ACDA | Citation Number: 228699 | Hands-Free Device Used: | Driver Distracted By: 1

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: Southard, Regina Faye | Date of Birth: 12/12/1978 | Age: 37 | Gender: F (Female)

Address, City, State, Zip: 2492 Windage Dr Fairfield, Ohio 45014 | Contact Phone- Include area code: (513) 939-0403

Injuries: 1 | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RR494914 | OL Class: 4 | No Valid OL: | M/C End: | 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

Offense Charged (Local Code): | Offense Description: | Citation Number: | Hands-Free Device Used: | Driver Distracted By: 1

Injuries Legend:

- 1 - No Injury / None Reported
- 2 - Possible
- 3 - Non-Incapacitating
- 4 - Incapacitating
- 5 - Fatal

Injured Taken By Legend:

- 1 - Not Transported / Treated at Scene
- 2 - EMS
- 3 - Police
- 4 - Other
- 9 - Unknown

Safety Equipment Used Legend:

- 01 - None Used - Vehicle Occupant
- 02 - Shoulder Belt Only Used
- 03 - Lap Belt Only Used
- 04 - Shoulder and Lap Belt Used
- 05 - Child Restraint System-Forward Facing
- 06 - Child Restraint System- Rear Facing
- 07 - Booster Seat
- 08 - Helmet Used
- 99 - Unknown Safety Equipment

Non-Motorist Legend:

- 09 - None Used
- 10 - Helmet Used
- 11 - Protective Pads Used (Elbows, Knees, Etc)
- 12 - Reflective Clothing
- 13 - Lighting
- 14 - Other

Seating Position Legend:

- 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 Legend:

- 1 - Not Deployed
- 2 - Deployed Front
- 3 - Deployed Side
- 4 - Deployed Both Front/Side
- 5 - Not Applicable
- 9 - Deployment Unknown

Ejection Legend:

- 1 - Not Ejected
- 2 - Totally Ejected
- 3 - Partially Ejected
- 4 - Not Applicable

Trapped Legend:

- 1 - Not Trapped
- 2 - Extricated by Mechanical Means
- 3 - Extricated by Non-Mechanical Means

Operator License Class Legend:

- 1 - Class A
- 2 - Class B
- 3 - Class C
- 4 - Regular Class (Ohio is "D")
- 5 - MC/Moped Only

Condition Legend:

- 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 Legend:

- 1 - None
- 2 - Yes - Alcohol Suspected
- 3 - Yes - HBD Not Impaired
- 4 - Yes - Drugs Suspected
- 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status Legend:

- 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 Legend:

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Breath
- 5 - Other

Drug Test Status Legend:

- 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 Legend:

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Other

Driver Distracted By Legend:

- 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)

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

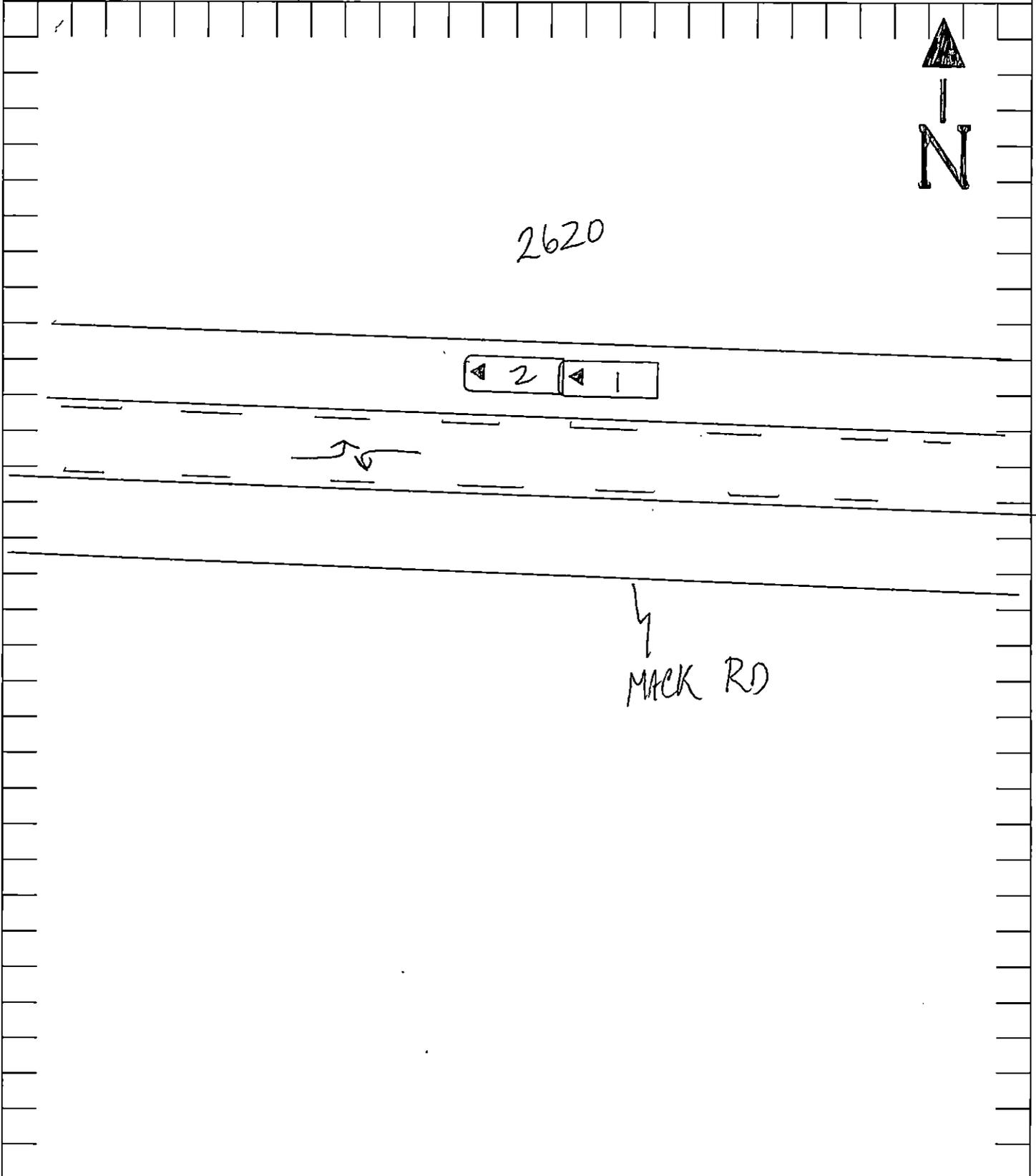
Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: F (Female)

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: |

LOCAL REPORT NUMBER	16-017644	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	03-07-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	2620 Mack Rd		
<p>On 03-07-16 at about 4:19 p.m. Unit 1 was traveling westbound on Mack Rd at approximately 25 m.p.h. and when at 2620 failed to stop within the assured clear distance ahead and collided with Unit 2 which was also westbound and was stopped in traffic at 2620. Brake lights on Unit 2 were inspected and were working properly.</p>					
		OFFICER'S SIGNATURE	P.O. T. Wolf	BADGE NO.	97

LOCAL REPORT NUMBER 16-017644	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 03-07-16
IN COUNTY OF Butler	ACCIDENT LOCATION 2620 Mack Rd	



OFFICER'S SIGNATURE P.O. T. Wolf	BADGE NO. 97
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