



Traffic Crash Report

Local Report Number *

1 6 0 1 8 1 5 2

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

Photos Taken

 OH-2 OH-1P
 OH-3 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 2

Unit in error

0 1 98 - Animal
99 - Unknown

County *

0 9

City *

 Village * Township *

City, Village, Township *

Fairfield

Crash Date *

0 3 0 9 2 0 1 6

Time of Crash

0 7 1 5

Day of Week

W E D

Degrees / Minutes / Seconds Latitude

0 / /

Longitude

Decimal Degrees Latitude

3 9 3 4 7 0 8 7

Longitude

- 8 4 5 4 0 8 5 0

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound
 S - Southbound W - Westbound

Number of Thru Lanes

0 4

Road Types or Milepost ²AL - 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

S R

Location Route Number

4

Loc Prefix

N, S, E, W

Location Road Name

Dixie

Location Road Type ²

H W

Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

 Miles
 Feet
 Yards

Dir From Ref

 N, S, E, WReference Route Type ¹

0 1

Reference Route Number

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

4785

Reference Road Type ²

Reference Point Used

3 1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

0 1

01 - Not an Intersection 06 - Five-point, or more
02 - Four-way Intersection 07 - On Ramp 11 - Railway Grade Crossing
03 - T-Intersection 08 - Off Ramp 12 - Shared-Use Paths or Trails
04 - Y-Intersection 09 - Crossover 99 - Unknown
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access Intersection Related

Location of First Harmful Event

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

Road Contour

1 1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve Level

Road Conditions

Primary 0 1
Secondary01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
02 - Wet 06 - Water (Standing, Moving) 10 - Other
03 - Snow 07 - Slush 99 - Unknown
04 - Ice 08 - Debris*

* Secondary Condition Only

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

2 1 - Clear 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog; Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - Other

Light Conditions

Primary 1
Secondary1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
2 - Dawn 6 - Dark - Unknown Roadway Lighting
3 - Dusk 7 - Glare*
4 - Dark - Lighted Roadway 8 - Other

* Secondary Condition Only

School Bus Related

 School Bus Directly Involved
 School Bus Indirectly Involved

Work Zone Related

 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure 4 - Intermittent or Moving Work
2 - Lane Shift/Crossover 5 - Other
3 - Work on Shoulder or Median

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign 4 - Activity Area
2 - Advance Warning Area 5 - Termination Area
3 - Transition Area

Narrative

See OH-2

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

See OH-2

Report Taken By

 Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

0 3 0 9 2 0 1 6

Time Crash Reported

0 7 1 9

Dispatch Time

0 7 3 1

Arrival Time

0 7 3 6

Time Cleared

0 8 3 6

Other Investigation Time

Total Minutes

6 0

Officer's Name *

R. Strickland

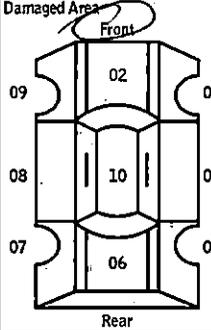
Officer's Badge Number

82

Checked By

P.O. [Signature]

Page 1 of 6

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Harris, Nancy L.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 262-3114	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 2863 Benninghofen Ave. Hamilton, OH 45015			1 - None	
LP State OH	License Plate Number ELA3286	Vehicle Identification Number 1T1BR30E87C819592	2 - Minor	
Vehicle Year 2007	Vehicle Make Toyota	Vehicle Model Corolla	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company State farm	Policy Number 3990946F0635A	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			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 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 1 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
HM Class Number			

Non-Motorist Location Prior to Impact 01 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 02 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 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 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 Motorist 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 - 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 09 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 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	Non-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	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 20 2 01 3 01 4 01 5 01 6 01 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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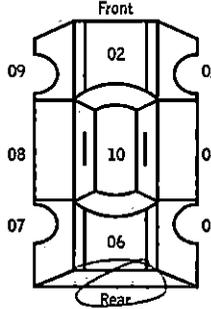
Unit Speed 20 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 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 1 To 2 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

16018152

Unit Number 02		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Robinson, Michael E.		Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 895-7531		Damage Scale 2	Damaged Area 																																													
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 3305 Tuscarora Ct Hamilton, OH 45011																																																				
LP State OH	License Plate Number ELA3406		Vehicle Identification Number KMH DU46D08U494335			# Occupants 01																																														
Vehicle Year 2008	Vehicle Make Hyundai		Vehicle Model Elantra		Vehicle Color Red																																															
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Grange		Policy Number FA4911885		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 01		Trafficway Description 1	<input type="checkbox"/> Hit / Skip Unit																																														
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	HM Class Number	Type of Use 1	Unit Type 02	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)																																													
Non-Motorist Location Prior to Impact 01	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)	Non-Motorist	Non-Motorist																																													
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	Impact 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						
Pre-Crash Actions 11	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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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 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	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 0	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 1 To 2	1 - North	2 - South	3 - East	4 - West	5 - Northeast	6 - Northwest	7 - Southeast	8 - Southwest	9 - Unknown																								



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 1 8 1 5 2

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Harris, Nancy L.	Date of Birth 10171959	Age 56	Gender F - Female M - Male
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Address, City, State, Zip 2863 Benninghofen Ave. Hamilton, OH 45015	Contact Phone- include area code (513) 262-3114
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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 RP178531	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 226474	Hands-Free Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Robinson, Michael E.	Date of Birth 12261959	Age 56	Gender M - Male F - Female
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Address, City, State, Zip 3305 Tuscarora Ct. Hamilton, OH 45011	Contact Phone- include area code (513) 895-7531
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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 RG594923	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
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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	99 - Unknown Safety Equipment Motorist 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
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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

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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER	16018152	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	3/9/2016
IN COUNTY OF	Butler	ACCIDENT LOCATION	4785 Dixie Hwy		
<p>On 3/9/16 at about 7:15 am Unit 1 was traveling south on Dixie Hwy at approximately 20 m.p.h. and when at 4785 Dixie hwy failed to stop within the assured clear distance ahead and collided with Unit 2 which was also southbound and was stopped in traffic at 4785 Dixie Hwy. Brake lights on Unit 2 were inspected and were working properly.</p>					
			OFFICER'S SIGNATURE	BADGE NO.	
			R. Strickland	82	

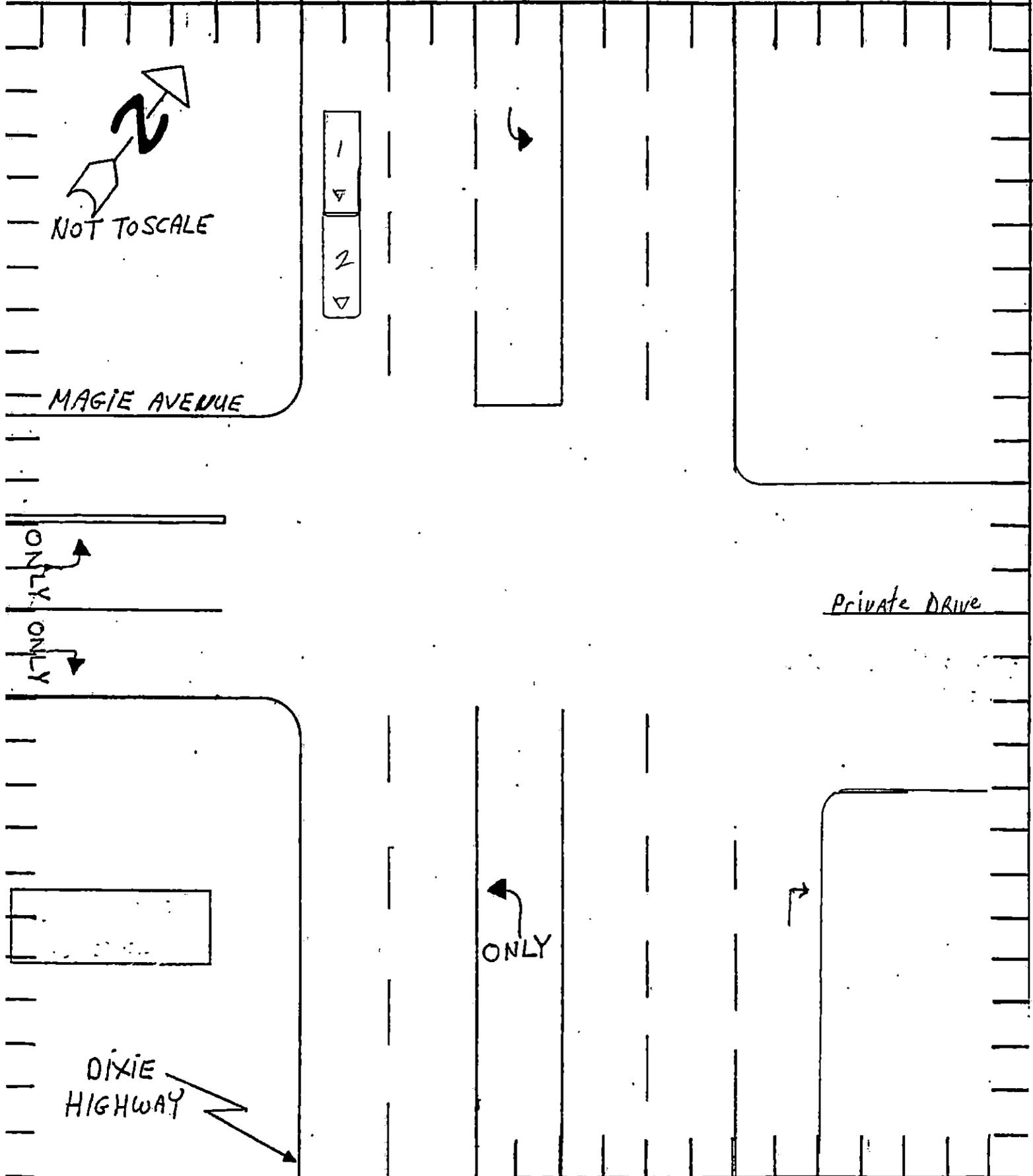
LOCAL REPORT NUMBER 16018152

REPORTING AGENCY FAIRFIELD P.D. 00901

DATE OF ACCIDENT M 3 10 8 1966

IN COUNTY OF BUTLER

ACCIDENT LOCATION 4785 Dixie



OFFICERS SIGNATURE

BADGE NO. 82