



Traffic Crash Report

Local Report Number *

1 6 0 2 1 0 9 1

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

HHSkip

2 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 - UnknownCounty *
0 9
 City *
 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 3 2 0 2 0 1 6

Time of Crash

1 4 3 5

Day of Week

S U N

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 . 3 1 4 5 2 7

Longitude

- 8 4 . 4 8 7 8 5 5

 Divided
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

1 2

Road Types or Milepost 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

 SR Location Route Type ¹
Location Route Number
4Loc Prefix
N, S, E, W

Location Road Name

DIXIE

 HW Location Road Type ²
Route Types ¹
 IR - Interstate Route (inc. turnpike)
 US - US Route
 SR - State Route

 CR - Numbered County Route
 TR - Numbered Township Route
Distance From Reference
10 MilesDir From Ref
N, S, E, WReference Route Type ¹

Reference Route Number

Ref Prefix
N, S, E, W

Reference Name (Road, Milepost, House #)

MUEHLHAUSER

Reference Road Type ²

R D

Reference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 2
 01 - Not an Intersection
 02 - Four-way Intersection
 03 - T-Intersection
 04 - Y-Intersection
 05 - Traffic Circle/Roundabout
 06 - Five-point, or more
 07 - On Ramp
 08 - Off Ramp
 09 - Crossover
 10 - Driveway/Alley Access

 11 - Railway Grade Crossing
 12 - Shared-Use Paths or Trails
 99 - Unknown

 Intersection Related

Location of First Harmful Event

 1 - On Roadway
 2 - On Shoulder
 3 - In Median
 4 - On Roadside
 5 - On Gore
 6 - Outside Trafficway
 9 - Unknown
Road Contour
2 1 - Straight Level
2 - Straight Grade
3 - Curve Level4 - Curve Grade
9 - UnknownRoad Conditions
Primary
0 1

Secondary

 01 - Dry
 02 - Wet
 03 - Snow
 04 - Ice
 05 - Sand, Mud, Dirt, Oil, Gravel
 06 - Water (Standing, Moving)
 07 - Slush
 08 - Debris*

 09 - Rut, Holes, Bumps, Uneven Pavement*
 99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

2 1 - Not Collision Between Two Motor Vehicles In Transport

2 - Rear-End
3 - Head-On5 - Backing
6 - Angle8 - Sideswipe, Opposite Direction
9 - Unknown

Weather

1

 1 - Clear
 2 - Cloudy
 3 - Fog, Smog, Smoke
 4 - Rain
 5 - Sleet, Hail
 6 - Snow
 7 - Severe Crosswinds
 8 - Blowing Sand, Soil, Dirt, Snow
 9 - Other/Unknown
Road Surface
2 1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block4 - Slag, Gravel, Stone
5 - Dirt
6 - OtherLight Conditions
Primary
1Secondary
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

* Secondary Condition Only

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

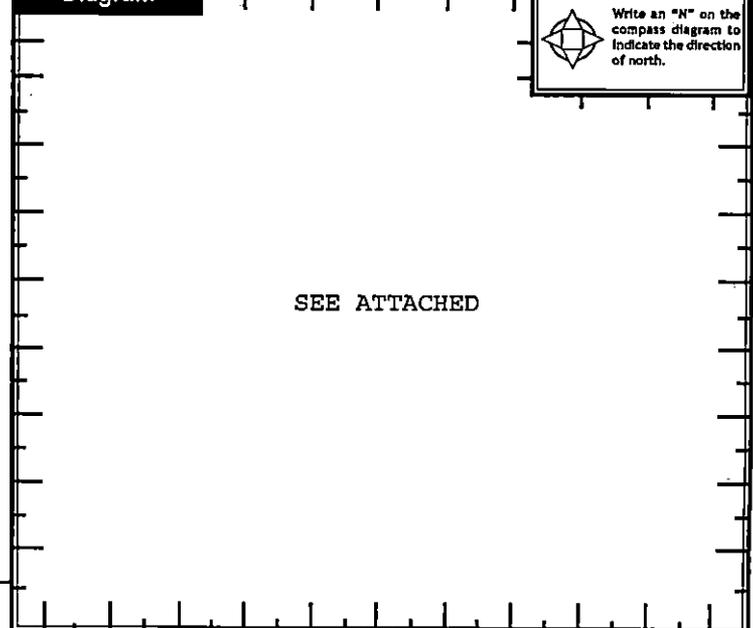
Location of Crash in Work Zone

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

Narrative

On 03-20-2016 at approximately 2:35pm. Unit 2 was stopped at a red light in a left turn only lane from southbound S.R. 4 (Dixie Hwy.) to Muehlhauser Rd. when Unit 1 struck unit 2 in the rear end. Unit 1 then fled the scene southbound on S.R. 4 (Dixie Hwy.)

Diagram



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

Report Taken By

 Police Agency Motorist

 Supplement (Correction or Addition to an Existing Report Sent to ODPDS)

Date Crash Reported

0 3 2 0 2 0 1 6

Time Crash Reported

1 4 3 9

Dispatch Time

1 4 4 3

Arrival Time

1 4 5 7

Time Cleared

1 5 1 7

Other Investigation Time

6 0

Total Minutes

8 0

Officer's Name *

P.O. Michelle Brettin

Officer's Badge Number

72

Checked By

Sgt. #88

Page 1 of 6



Unit

Local Report Number

16021091

Unit Number 01	Owner Name: Last, First, Middle (Same As Driver) LOPEZ CONSTRUCTION SERVICE	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 9	Damaged Area
Owner Address: City, State, Zip (Same As Driver) 1490 S. 12TH ST. HAMILTON, OHIO 45011				
LP State OH	License Plate Number PIF6684	Vehicle Identification Number 1B7GL22X7XS157101	# Occupants 01	
Vehicle Year 1999	Vehicle Make DODGE	Vehicle Model DAKOTA	Vehicle Color RED	
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 1 - Less Than or Equal to 10K Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	Hit / Skip Unit <input checked="" type="checkbox"/>		

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 2 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 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
Has HM Placard <input type="checkbox"/>				

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 99 Impact Area 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	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 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 09 Secondary 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - 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	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 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 50	Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 3 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
16021091

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) UNAKALAMBA, SUNNY A. O.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (937) 668-1388	Damage Scale 2	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
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Owner Address: City, State, Zip (Same As Driver)
4059 BRUMBAUGH BLVD. DAYTON, OHIO 45416

LP State OH	License Plate Number FVJ5134	Vehicle Identification Number 2HKRL18691H617429	# Occupants 04
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Vehicle Year 2001	Vehicle Make HONDA	Vehicle Model ODYSSEY	Vehicle Color GREEN
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company AMERICAN HERITAGE	Policy Number SSV3401779609	Towed By
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Carrier Name, Address, City, State, Zip
Carrier Phone- include area code

US DOT HM Placard ID No.	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 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
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Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 2 1 0 9 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle	Date of Birth	Age	Gender M - Male							
Address, City, State, Zip			Contact Phone- include area code								
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 99	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 9	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <input type="checkbox"/>	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 (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle UNAKALAMBA, SUNNY A. O.	Date of Birth 06211959	Age 56	Gender M - Male							
Address, City, State, Zip 4059 BRUMBAUGH BLVD. DAYTON, OHIO 45416			Contact Phone- include area code (937) 668-1388								
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RH781115	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment	Non-Motorist
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Motorist 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	09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc.) 12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	Air Bag Usage
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	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	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	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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 02	Name: Last, First, Middle UNAKALAMBA, MERCY A.	Date of Birth 07211976	Age 39	Gender F - Female					
Address, City, State, Zip 4059 BRUMBAUGH BLVD. DAYTON, OHIO 45416			Contact Phone- include area code (937) 668-1388						
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

Unit Number 02	Name: Last, First, Middle UNAKALAMBA, ANDREW	Date of Birth 09302007	Age 9	Gender M - Male					
Address, City, State, Zip 4059 BRUMBAUGH BLVD. DAYTON, OHIO 45416			Contact Phone- include area code (937) 668-1388						
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number
 1 6 0 2 1 0 9 1

Unit Number: 02 | Name: Last, First, Middle: UNAKALAMBA, JENNIFER | Date of Birth: 05/28/2010 | Age: 5 | Gender: F (Female)

Address, City, State, Zip: 4059 BRUMBAUGH BLVD. DAYTON, OHIO 45416 | Contact Phone- include area code: (937) 668-1388

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

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: |

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: |

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: |

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: |

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

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

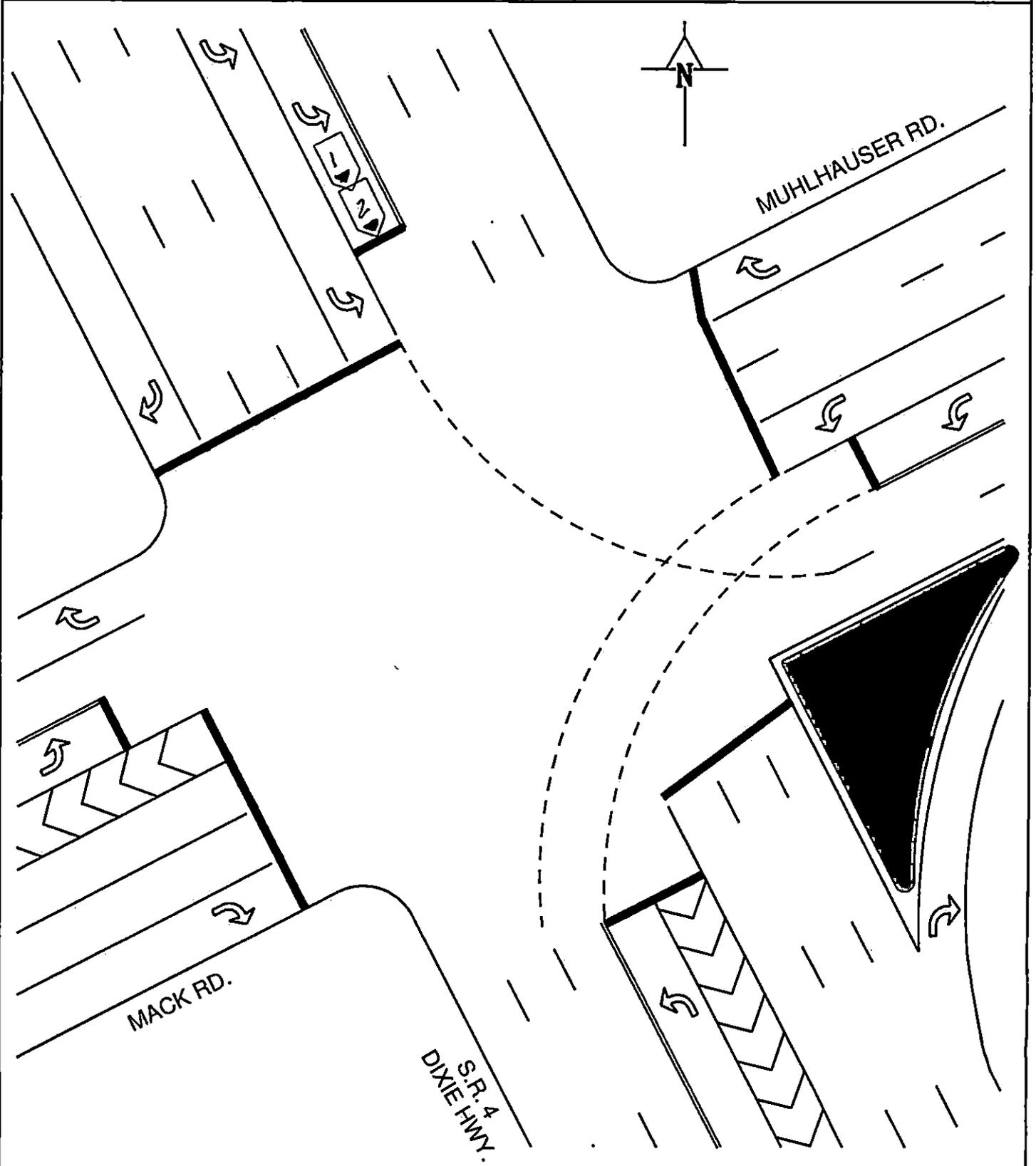
Injuries: | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: | DOT Compliant Motorcycle Helmet: | Seating Position: | Air Bag Usage: | Ejection: | Trapped: |

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



LOCAL REPORT NUMBER <i>16-021091</i>	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M <i>03</i> D <i>20</i> Y <i>16</i>
IN COUNTY OF Butler	CRASH LOCATION <i>S.R. 4 (DIXIE HWY.) AT MUHLHAUSER RD.</i>	



*NOT TO SCALE

OFFICER'S SIGNATURE <i>P.O. Michelle Bath</i>	BADGE NUMBER <i>72</i>
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