



Traffic Crash Report

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

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

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	0 3 2 3 2 0 1 6	0 8 1 0	W E D

Degrees / Minutes / Seconds	Longitude	OR	Decmal Degrees	Longitude
Latitude	0 / /		Latitude	Longitude
			3 9 . 3 0 8 4 3 3	7 8 4 . 4 8 7 0 5 4

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input checked="" type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> W - Westbound	0 3	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types
S R	4	N, S, E, W	Dixie	H W	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 Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
50	<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	S	N, S, E, W	East Dixie Hwy Service	R D

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<input checked="" type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input checked="" type="checkbox"/> 01 - Not an intersection <input type="checkbox"/> 02 - Four-way Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout <input type="checkbox"/> 06 - Five-point, or more <input type="checkbox"/> 07 - On Ramp <input type="checkbox"/> 08 - Off Ramp <input type="checkbox"/> 09 - Crossover <input type="checkbox"/> 10 - Driveway/Alley Access	<input type="checkbox"/> Intersection Related	<input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

Road Contour	Road Conditions	Road Surface	Weather
<input checked="" type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 01 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice <input type="checkbox"/> 05 - Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> 06 - Water (Standing, Moving) <input type="checkbox"/> 07 - Slush <input type="checkbox"/> 08 - Debris* <input type="checkbox"/> 09 - Rut, Holes, Bumps, Uneven Pavement* <input type="checkbox"/> 10 - Other <input type="checkbox"/> 99 - Unknown	<input checked="" type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input checked="" type="checkbox"/> 1 - Clear <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - Rain <input type="checkbox"/> 5 - Sleet, Hail <input type="checkbox"/> 6 - Snow <input type="checkbox"/> 7 - Severe Crosswinds <input type="checkbox"/> 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 9 - Other/Unknown

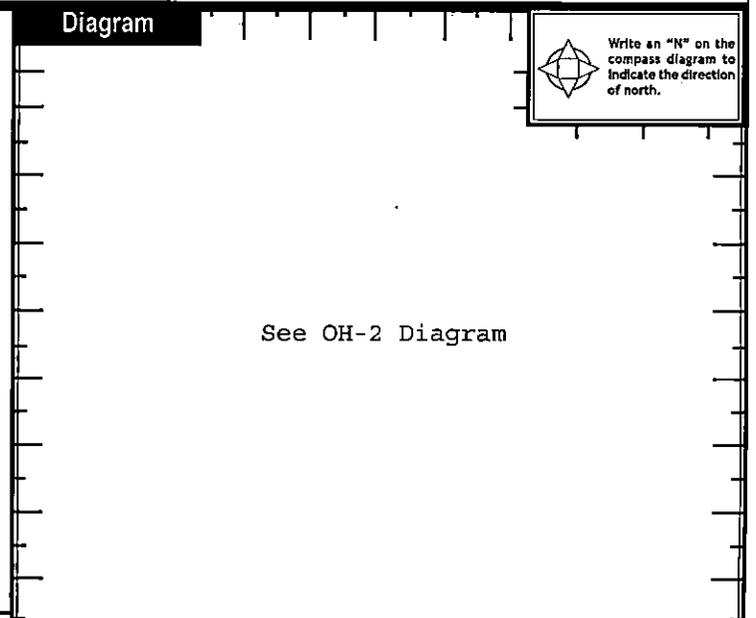
Manner of Crash Collision/Impact	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 1 - Daylight <input type="checkbox"/> 2 - Dawn <input type="checkbox"/> 3 - Dusk <input type="checkbox"/> 4 - Dark - Lighted Roadway <input type="checkbox"/> 5 - Dark - Roadway Not Lighted <input type="checkbox"/> 6 - Dark - Unknown Roadway Lighting <input type="checkbox"/> 7 - Glare* <input type="checkbox"/> 8 - Other <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

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

Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to DDPS)
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to DDPS)

Narrative

On March 23, 2016 at about 8:10 a.m. Unit 1 was traveling northbound on Dixie Highway at approximately 15 m.p.h. and when at the south entrance to the East Dixie Hwy Service Road changed to the right turn lane to exit onto the East Dixie Hwy Service Road and in so doing forced Unit 2 which was northbound on Dixie Highway in the right turn lane at approximately 15 m.p.h. to lose control.



Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 3 2 3 2 0 1 6	0 8 1 4	0 8 1 8	0 8 3 2	0 9 0 1	1 0	3 9

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5
E. Knizner	83	Sgt. M. Rednour #53	



Unit

Local Report Number
 1 6 0 2 1 9 0 0

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)
Morton's Landscape Owner Phone Number - Inc. area code (Same As Driver)
(800) 339-9876 Damage Scale: **1** Damaged Area:

Owner Address: City, State, Zip (Same As Driver)
11564 N. Station Rd. P.O. Box 967 Columbia Station, Ohio 44028

LP State: **OH** License Plate Number: **PIN4656** Vehicle Identification Number: **5KKAAXDV9ELGA5755** # Occupants: **02**

Vehicle Year: **2014** Vehicle Make: **Western Star** Vehicle Model: **4700SB** Vehicle Color: **White**

Proof of Insurance Shown: Insurance Company: **Motorist Mutual Ins.** Policy Number: **3330182410** Towed By:

Carrier Name, Address, City, State, Zip: **Morton's Landscape 11564 N. Station Rd. Columbia Station, Ohio 44028** Carrier Phone- include area code: **(800) 339-9876**

US DOT: **1221229** Vehicle Weight GVWR/GCWR: **3** Cargo Body Type: **07** Trafficway Description: **4**
 HM Placard ID No.: **07** Hazardous Material Released: **07** - No Cargo Body Type/Not Applicable **09** - Pole
01 - Less Than or Equal to 10k Lbs. **10** - Cargo Tank
2 - 10,001 to 26,000 Lbs. **11** - Flat Bed
3 - More Than 26,000 Lbs. **12** - Dump
03 - Bus (16+ Seats, Inc Driver) **13** - Concrete Mixer
04 - Vehicle Towing Another Vehicle **14** - Auto Transporter
05 - Logging **15** - Garbage/Refuse
06 - Intermodal Container Chassis **16** - Other/Unknown
07 - Cargo Van/Enclosed Box
08 - Grain, Chlps, Gravel **99** - Other/Unknown

Non-Motorist Location Prior to Impact: **01** - Intersection - Marked Crosswalk
 Type of Use: **2** - Commercial
 Unit Type: **14** - Passenger Vehicles (less than 9 passengers)
 In Emergency Response: **13** - Single Unit Truck or Van 2axle, 6 tires
02 - Intersection - No Crosswalk **14** - Single Unit Truck; 3+ axles
03 - Intersection - Other **15** - Single Unit Truck / Trailer
04 - Midblock - Marked Crosswalk **16** - Truck/Tractor (Bobtail)
05 - Travel Lane - Other Location **17** - Tractor/Semi-Trailer
06 - Bicycle Lane **18** - Tractor/Double
07 - Shoulder/Roadside **19** - Tractor/Triples
08 - Sidewalk **20** - Other Med/Heavy Vehicle
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Special Function: **16** - Bus - School (Public or Private)
 Most Damaged Area: **01** - None
 Impact Area: **01** - None
 Action: **1** - Non-Contact

Pre-Crash Actions: **03** - Changing Lanes
 Motorist: **01** - Straight Ahead
 Non-Motorist: **15** - Entering or Crossing Specified Location

Contributing Circumstances: **10** - Exceeded Speed Limit
 Vehicle Defects: **01** - Turn Signals

Sequence of Events: **1** - First Harmful Event
 Collision With Fixed Object: **25** - Impact Attenuator/Crash Cushion

Unit Speed: **15** Posted Speed: **40** Traffic Control: **12** - Pavement Markings
 Unit Direction: From **2** To **1**



Unit

Local Report Number

16021900

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Button, Jacoby S.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (716) 378-3264	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2709 East Tower #107 Cincinnati, Ohio 45238			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State OH	License Plate Number 3R2674	Vehicle Identification Number JYAVP11E09A116772	# Occupants 01	
Vehicle Year 2009	Vehicle Make Yamaha	Vehicle Model VStar	Vehicle Color Black	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <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 09 - Pole 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed 04 - Vehicle Towing Another Vehicle 12 - Dump 05 - Logging 13 - Concrete Mixer 06 - Intermodal Container Chassis 14 - Auto Transporter 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse 08 - Grain, Chips, Gravel 99 - Other/Unknown	Trafficway Description 4 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		<input type="checkbox"/> Hit / Skip Unit

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 09 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function 01 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 04 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(Aff Areas) 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	--

Pre-Crash Actions 03 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	Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 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 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary <input type="checkbox"/> 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 <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
---	--	---	--

Sequence of Events 1 01 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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
--	---	--

Unit Speed 15	Posted Speed 40	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 2 To 1 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
16021900

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Oliver, Andrew M.	Date of Birth 02141986	Age 30	Gender M F - Female M - Male
-------------------	--	---------------------------	-----------	------------------------------------

Address, City, State, Zip 3756 Palm Avenue Lorain, Ohio 44055	Contact Phone- include area code (440) 258-0503
--	--

Injuries 1	Injured Taken By 0	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 SL686507	OL Class 1	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
--	---------------------	-----------------	--	---------------------------

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Button, Jacoby S.	Date of Birth 12071990	Age 25	Gender M F - Female M - Male
-------------------	--	---------------------------	-----------	------------------------------------

Address, City, State, Zip 2709 East Tower #107 Cincinnati, Ohio 45238	Contact Phone- include area code (716) 378-3264
--	--

Injuries 2	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 08	DOT Compliant Motorcycle Helmet <input checked="" type="checkbox"/>	Seating Position 01	Air Bag Usage 5	Ejection 4	Trapped 1		
OL State NY	Operator License Number 212 527 716	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 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 Non-Motorist: 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment.	Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
---	--	--	--	---

Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - M/C/Moped Only	Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
--	---	---	---	--

Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
--	---	---	--	--

Occupant

Unit Number 01	Name: Last, First, Middle Galipo, Vincent	Date of Birth 10301990	Age 25	Gender M F - Female M - Male
-------------------	--	---------------------------	-----------	------------------------------------

Address, City, State, Zip 9631 Fernwood Drive Olmsted Falls, Ohio 44138	Contact Phone- include area code (440) 465-3226
--	--

Injuries 1	Injured Taken By 0	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
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

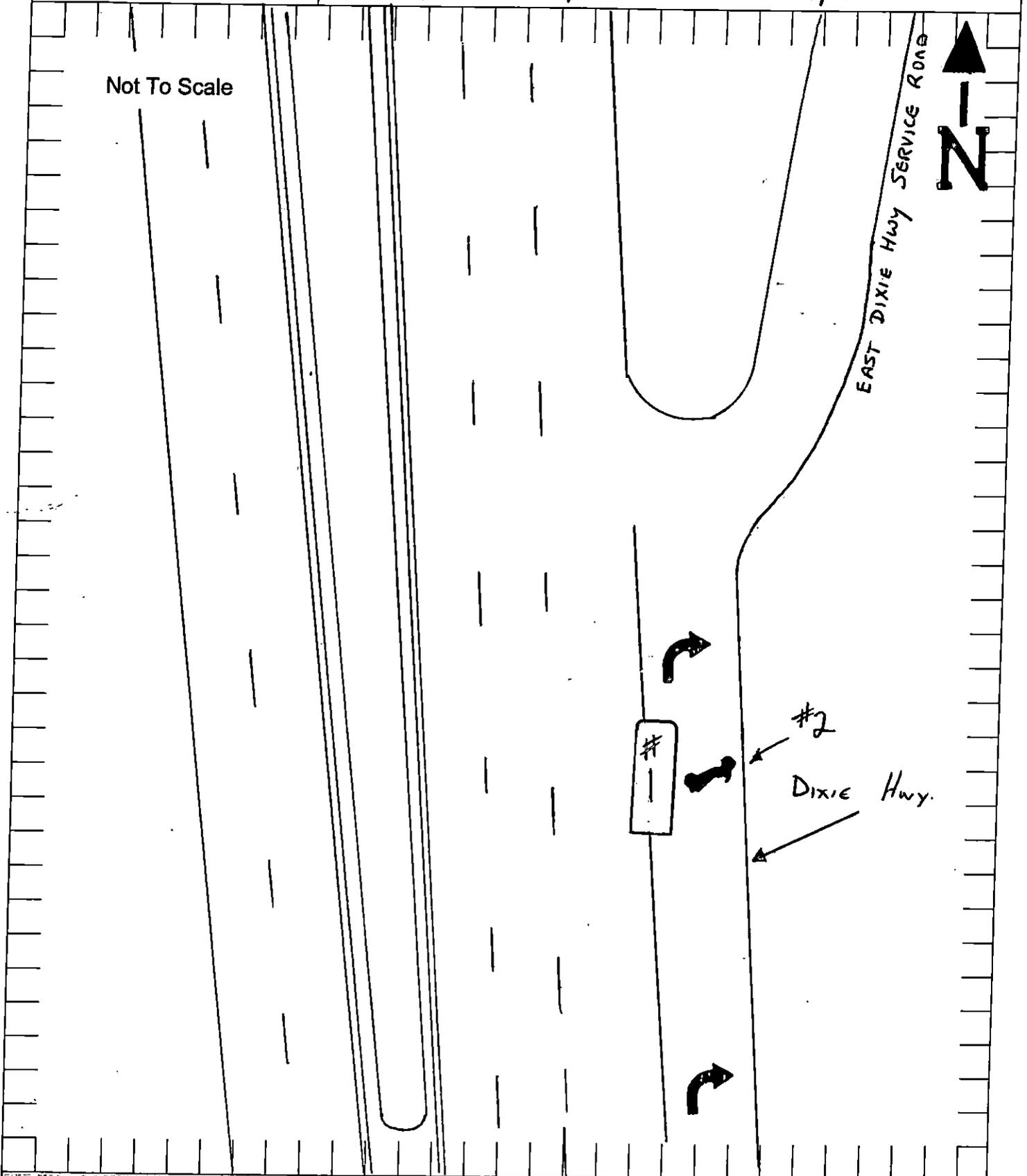
Occupant

Unit Number 01	Name: Last, First, Middle Grassman, Kevin J.	Date of Birth 01021988	Age 28	Gender M F - Female M - Male
-------------------	---	---------------------------	-----------	------------------------------------

Address, City, State, Zip 6377 Pawnee Ridge Drive Loveland, Ohio 45140	Contact Phone- include area code (614) 288-5236
---	--

Injuries 0	Injured Taken By 0	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 00	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 00	Air Bag Usage 0	Ejection 0	Trapped 0
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

LOCAL REPORT NUMBER 16-02190	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 03-23-16
IN COUNTY OF Butler	ACCIDENT LOCATION DIXIE HWY AT EAST DIXIE HWY SERVICE RD.	



OFFICER'S SIGNATURE E. Knizner	BADGE NO. 83
-----------------------------------	-----------------