



# Traffic Crash Report

Local Report Number \*

1 6 0 2 2 6 7 4

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 2 6 2 0 1 6

Time of Crash

1 3 1 0

Day of Week

S A T

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 . 3 3 1 0 9 9

Longitude

- 8 4 . 5 2 0 5 4 6

Roadway Division

 Divided  
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

0 4

Road Types or Milepost <sup>2</sup>
 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 <sup>1</sup>

Location Route Number

4

 N,S,E,W  
 Loc Prefix

Location Road Name

Dixie

 HW Location Road Type <sup>2</sup>
Route Types <sup>1</sup>
 IR - 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,W  
 OF
Reference Route Type <sup>1</sup>
 Reference Route Number

Reference Route Number

Ref Prefix

 N,S,E,W

Reference Name (Road, Milepost, House #)

5665

Reference Road Type <sup>2</sup>
 Reference Road Type <sup>2</sup>

Reference Point Used

 1 - Intersection  
 2 - Mile Post  
 3 - House Number

Crash Location

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

 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

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

Road Conditions

 0 1 Primary  
 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\*  
 10 - Other  
 99 - Unknown

\* Secondary Condition Only

Manner of Crash Collision/Impact

 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

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

Road Surface

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

Light Conditions

 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  
 9 - Unknown

\* Secondary Condition Only

 School Zone Related

 School Bus Related  
 Yes, School Bus Directly Involved  
 Yes, 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

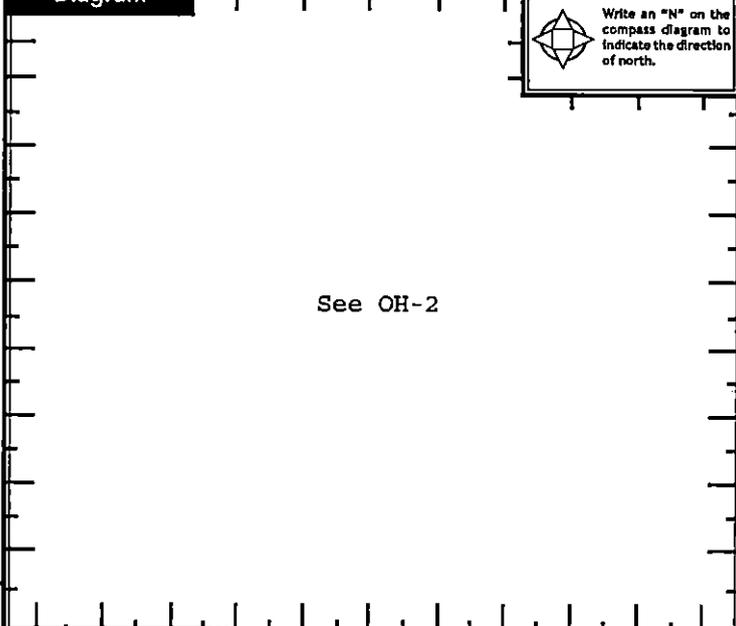
Location of Crash In Work Zone

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

Narrative

On 03/26/16 at approximately 1:10 p.m. unit 2 was stopped facing north in the left lane of Dixie Hwy. Unit 2 was northbound in the left lane of Dixie Hwy. behind unit 2 and failed to stop. Unit 1 struck unit 2 in the rear. The brake lights of unit 2 were checked and worked properly.

Diagram



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 2 6 2 0 1 6

Time Crash Reported

1 3 1 1

Dispatch Time

1 3 1 2

Arrival Time

1 3 1 8

Time Cleared

1 3 5 8

Other Investigation Time

3 0

Total Minutes

7 0

Officer's Name \*

Michael Sulfridge

Officer's Badge Number

59

Checked By

PO Murphy #75

Page 1 of 5



# Unit

Local Report Number  
**16022674**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Klare, Charles</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 371-2136</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>7329 Common Wealth Dr. Cincinnati, OH 45244</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>GPX5646</b>	Vehicle Identification Number <b>1MELM51U6TG664698</b>	2 - Minor	
Vehicle Year <b>1996</b>	Vehicle Make <b>Mercury</b>	Vehicle Model <b>Sable</b>	3 - Functional	
Vehicle Color <b>White</b>	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>State Farm</b>	4 - Disabling	
Policy Number <b>8919812C2435</b>	Towed By <b>Fox Towing</b>	9 - Unknown		
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	

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

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>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> 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 <b>09</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b>	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>50</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</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>2</b> To <b>1</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

16022674

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver) <b>Leigh-Stewart, Tanya</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver) <b>(513) 413-5816</b>	Damage Scale <b>3</b>	
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver) <b>11570 Olde Gate Dr. Apt. C Cincinnati, OH 45246</b>			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State <b>OH</b>	License Plate Number <b>GHV4429</b>	Vehicle Identification Number <b>1B7HC16Z3WS595123</b>	# Occupants <b>01</b>	
Vehicle Year <b>1998</b>	Vehicle Make <b>Dodge</b>	Vehicle Model <b>Ram</b>	Vehicle Color <b>Red</b>	
<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 <b>HM</b>	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 <b>01</b>	01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>2</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				<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>07</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 Axle, 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/Pedcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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	1 - Personal 2 - Commercial 3 - Government  <input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip			<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>06</b>	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	Action <b>4</b>	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b>	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	Vehicle Defects
Primary <b>01</b> Secondary <b>01</b> 99 - Unknown	<b>01</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

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	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	25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail End 31 - Guardrail Face 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>01</b>	Posted Speed <b>50</b>	Traffic Control <b>04</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>2</b> To <b>1</b>	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 2 2 6 7 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Klare, Edward R.	Date of Birth 1 0 2 9 1 9 9 6	Age 19	Gender M F - Female M - Male
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Address, City, State, Zip 1 Merlin Dr. Apt. C Fairfield, OH 45014	Contact Phone-include area code (513) 628-0534
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UJ499836	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 (Local Code) 333.03 A	Offense Description Assured Clear Distance	Citation Number 229302	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Carter, Ramone	Date of Birth 1 1 0 3 1 9 7 1	Age 44	Gender M F - Female M - Male
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Address, City, State, Zip 11570 Olde Gate Dr. Apt. C Cincinnati, OH 45246	Contact Phone-include area code (513) 413-5816
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RP313503	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 (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	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	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 - 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
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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 Metzler, Joseph D.	Date of Birth 1 2 1 6 1 9 9 4	Age 21	Gender M F - Female M - Male
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Address, City, State, Zip 1100 Hunt Ave. Hamilton, OH 45013	Contact Phone-include area code (513) 568-9207
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle Selby, Kennedy J.	Date of Birth 0 4 1 6 1 9 9 8	Age 17	Gender F F - Female M - Male
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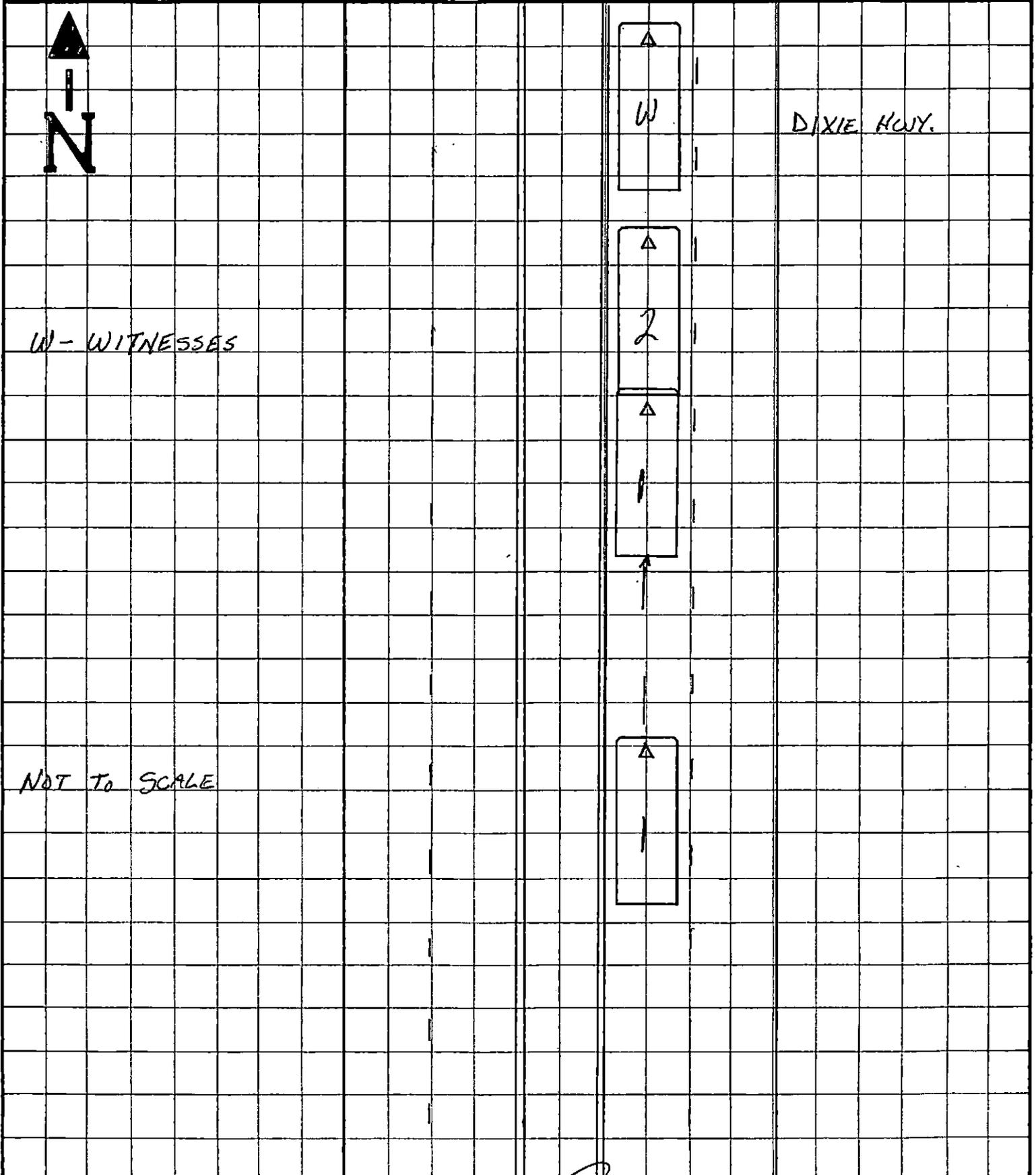
Address, City, State, Zip 1637 Valdosta Dr. Cincinnati, OH 45246	Contact Phone-include area code (513) 200-3912
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER <i>16022674</i>	REPORTING AGENCY <i>FAIRFIELD P.D.</i>	DATE OF CRASH <i>M03 026 Y16</i>
IN COUNTY OF <i>BUTLER</i>	CRASH LOCATION <i>DIXIE HWY.</i>	



OFFICERS SIGNATURE <i>P. Sullivan</i>	BADGE NO. <i>59</i>
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