



Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
16023011	3 1 - Fatal 2 - Injury 3 - PDO	1 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input 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	00901	Fairfield Police Department
009		Fairfield		02	01 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	Fairfield	03272016	2128	SUN

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.314527	-84.487855

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> W - Westbound	08	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 N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
S R	4		DIXIE	H W	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N,S,E,W <input type="checkbox"/> D				MUHLHAUSER	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 checked="" type="checkbox"/> 11 - Railway Grade Crossing <input type="checkbox"/> 12 - Shared-Use Paths or Trails <input type="checkbox"/> 99 - Unknown
		<input type="checkbox"/>	<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

Road Contour	Road Conditions	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 type="checkbox"/> 01 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice
	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<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*

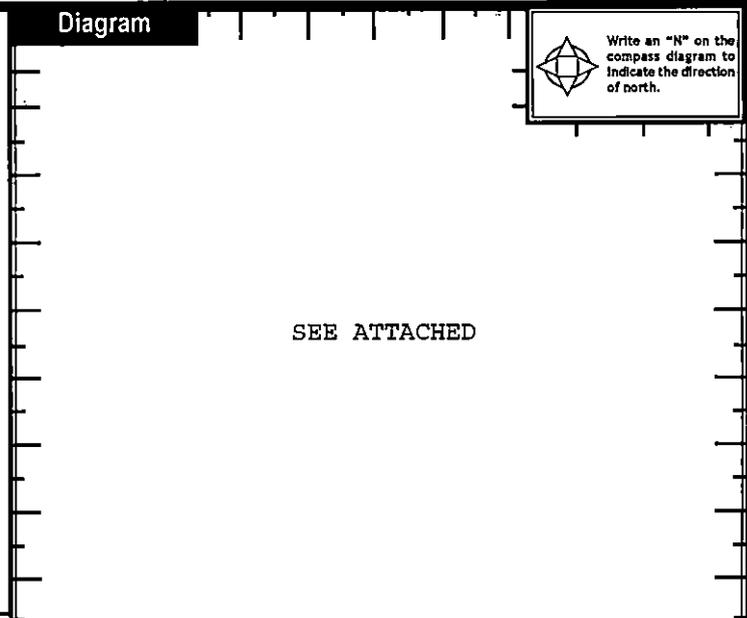
Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 6 <input type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 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 - 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

Road Surface	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 2 <input 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"/> 4 <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	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

Narrative

On 03-27-2016 at approximately 9:28pm. Unit 1 failed to yield when it turned left from east bound Mack Rd. to north bound S.R. 4 (Dixie Hwy.) striking Unit 2 as it proceeded through the intersection. The driver of Unit 1 was also cited for OVI 333.01 A1A,H (FCO) and for a marked lanes 331.08 (FCO) violation that happened after the crash took place.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>					
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other investigation Time	Total Minutes
03272016	2130	2131	2137	2210	60	97
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5			
P.O. Michelle Brettin	72	Sgt. D. Connett #57				



Unit

Local Report Number

1 6 0 2 3 0 1 1

Unit Number 01	Owner Name: Last, First, Middle (Same As Driver) SEAVER, JUSTIN R.	Owner Phone Number - Inc. area code (Same As Driver) (814) 423-0108	Damage Scale 3	Damaged Area
LP State OH	License Plate Number GFW2035	Vehicle Identification Number 1GCRCPHE7E292044	# Occupants 01	
Vehicle Year 2014	Vehicle Make CHEVROLET	Vehicle Model SILVERADO 1500	Vehicle Color BLUE	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 901368444	Towed By MARCELLS	
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			<input type="checkbox"/> Hit / Skip Unit
HM Class Number				

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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 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 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/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function 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 Impact 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(All Areas) 14 - Other	99 - Unknown	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06 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 02 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 - Tall 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 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 (Blow 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		

Unit Speed 25 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	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 4 To 1 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

16023011

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) HARWELL-COCKRELL, THERESA	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 602-8590	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 7000 PLAINFIELD RD. APT. 4 CINCINNATI, OHIO 45236				
LP State OH	License Plate Number GFD9120	Vehicle Identification Number 1G1AK58F387197388	# Occupants 01	
Vehicle Year 2008	Vehicle Make CHEVROLET	Vehicle Model COBALT	Vehicle Color WHITE	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ALLSTATE	Policy Number 992459919	Towed By FOX	
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 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 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 3 0 1 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle SEAVER, JUSTIN R.	Date of Birth 07/01/1988	Age 27	Gender M - Male							
Address, City, State, Zip 11160 LABELLE AVE. BLUE ASH, OHIO 45252			Contact Phone- Include area code (814) 423-0108								
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State MI	Operator License Number S160454745521	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 6	Alcohol/Drug Suspected 2	Alcohol Test Status 4	Alcohol Test Type 4	Alcohol Test Value .229	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code) 333.01		Offense Description OVI			Citation Number 229258		Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1			

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle HARWELL-COCKRELL, THERESA	Date of Birth 01/22/1967	Age 49	Gender F - Female							
Address, City, State, Zip 7000 PLAINFIELD RD. APT. 4 CINCINNATI, OHIO 45236			Contact Phone- Include area code (513) 602-8590								
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RN915406	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 <input type="checkbox"/> Device Used	Driver Distracted By 1			

- | | | | | |
|-------------------------------|--|---------------------------------|--|--|
| Injuries | Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment | Non-Motorist |
| 1 - No Injury / None Reported | 1 - Not Transported / Treated at Scene | Motorist | 01 - None Used - Vehicle Occupant | 09 - None Used |
| 2 - Possible | 2 - EMS | 02 - Shoulder Belt Only Used | 05 - Child Restraint System-Forward Facing | 10 - Helmet Used |
| 3 - Non-Incapacitating | 3 - Police | 03 - Lap Belt Only Used | 06 - Child Restraint System- Rear Facing | 11 - Protective Pads Used (Elbows, Knees, Etc) |
| 4 - Incapacitating | 4 - Other | 04 - Shoulder and Lap Belt Used | 07 - Booster Seat | 12 - Reflective Clothing |
| 5 - Fatal | 9 - Unknown | | 08 - Helmet Used | 13 - Lighting |
| | | | | 14 - Other |

- | | | | |
|--|---|---|------------------------------|
| Seating Position | 07 - Third - Left Side (Motorcycle Side Car) | 12 - Passenger in Unenclosed Cargo Area | Air Bag Usage |
| 01 - Front - Left Side (Motorcycle Driver) | 08 - Third - Middle | 13 - Trailing Unit | 1 - Not Deployed |
| 02 - Front - Middle | 09 - Third - Right Side | 14 - Riding on Vehicle Exterior (Non-Trailing Unit) | 2 - Deployed Front |
| 03 - Front - Right Side | 10 - Sleeper Section of Cab (Truck) | 15 - Non-Motorist | 3 - Deployed Side |
| 04 - Second - Left Side (Motorcycle Passenger) | 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) | 16 - Other | 4 - Deployed Both Front/Side |
| 05 - Second - Middle | | 99 - Unknown | 5 - Not Applicable |
| 06 - Second - Right Side | | | 9 - Deployment Unknown |

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

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

Occupant

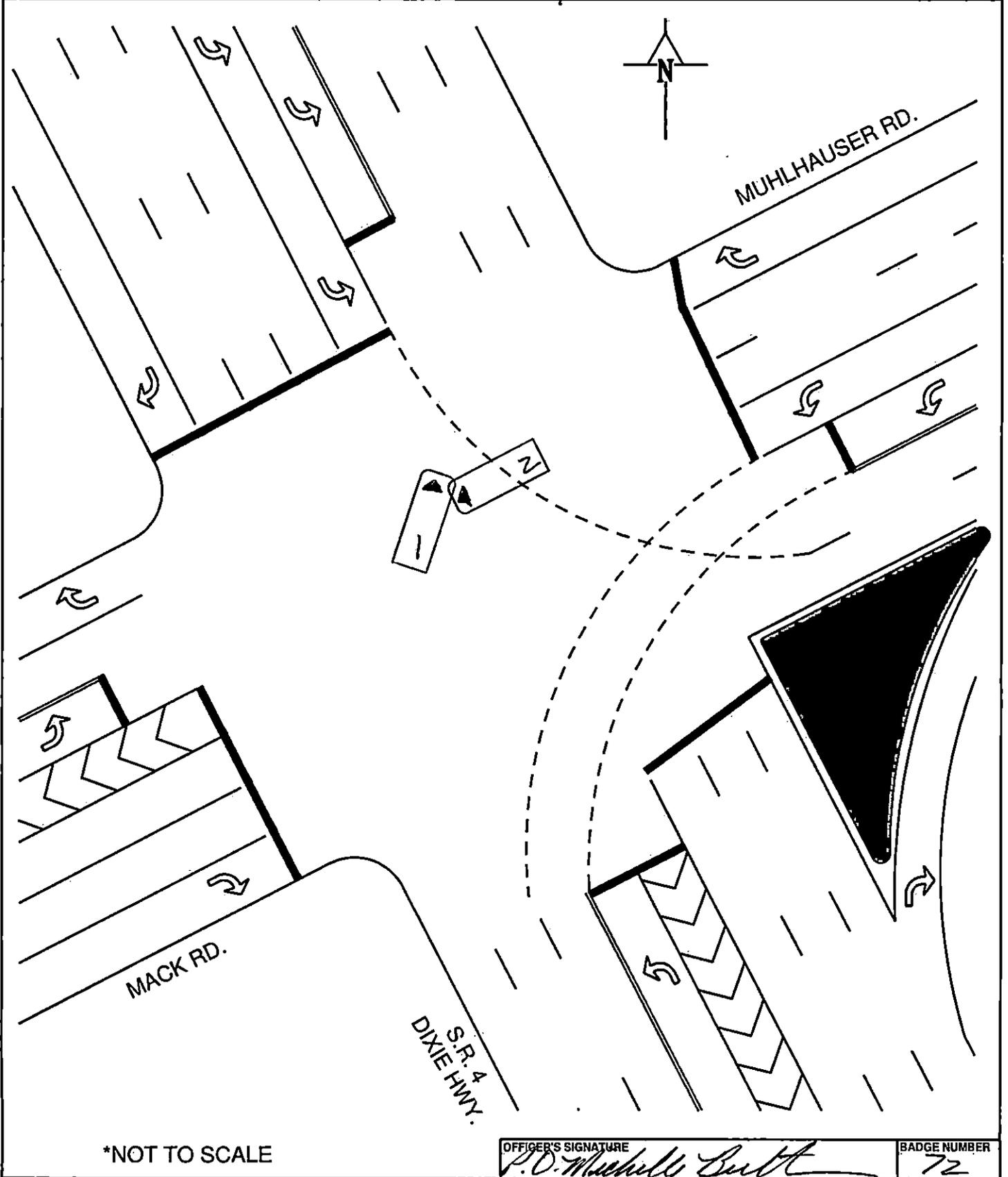
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male					
Address, City, State, Zip			Contact Phone- Include area code						
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant

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 <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped



LOCAL REPORT NUMBER <i>16-023011</i>	REPORTING AGENCY Fairfield Police Department	DATE OF CRASH M 03 D 27 Y 16
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 Burt</i>	BADGE NUMBER 72
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