



# Traffic Crash Report

|                       |   |  |
|-----------------------|---|--|
| Local Report Number * | Crash Severity                          | HI/Skip  |
| 1 6 0 3 8 2 6 3       | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | <input type="checkbox"/> 1 - Solved<br><input type="checkbox"/> 2 - Unsolved |

|                   |  |                         |                             |                 |                                    |
|-------------------|--|-------------------------|-----------------------------|-----------------|------------------------------------|
| Local Information |  | Reporting Agency NCIC * | Reporting Agency Name *     | Number of Units | Unit in error                      |
|                   |  | 0 0 9 0 1               | Fairfield Police Department | 0 2             | 0 1<br>98 - Animal<br>99 - Unknown |

|          |           |                           |                 |               |             |
|----------|-----------|---------------------------|-----------------|---------------|-------------|
| County * | City *    | City, Village, Township * | Crash Date *    | Time of Crash | Day of Week |
| 0 9      | Fairfield | Fairfield                 | 0 5 2 4 2 0 1 6 | 1 8 0 1       | W E D       |

|                                      |           |                          |                     |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude           |
| 0 / /                                | 0 / /     | 3 9 . 3 3 6 1 1 8        | 7 8 4 . 5 2 8 7 9 9 |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel                             | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | N - Northbound E - Eastbound<br>S - Southbound W - Westbound | 0 2                  | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PJ - Pike SQ - Square TL - Trail |

|                                  |                       |                    |                    |                                 |   |
|----------------------------------|-----------------------|--------------------|--------------------|---------------------------------|---|
| Location Route Type <sup>1</sup> | Location Route Number | Loc Prefix N,S,E,W | Location Road Name | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>  |
|                                  |                       |                    | Camelot            | DR                              | IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route SR - State Route TR - Numbered Township Route |

|                              |                 |                                   |                        |                    |  |                                  |
|------------------------------|-----------------|-----------------------------------|------------------------|--------------------|--|----------------------------------|
| Distance From Reference      | Dir. From Ref   | Reference Route Type <sup>1</sup> | Reference Route Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 20<br>Miles<br>Feet<br>Yards | S<br>N,S<br>E,W | S R                               | 4                      |                    | Dixie                                    | H W                              |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| Reference Point Used                                  | Crash Location  | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 0 1<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

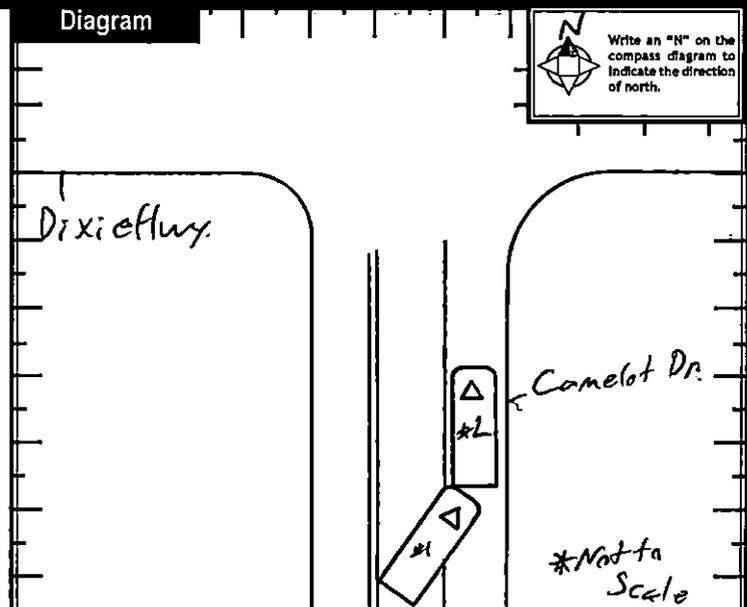
|   |                             |  |
|---|-----------------------------|--|
| Road Contour  | Road Conditions             | Weather  |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 0 1<br>Primary<br>Secondary | 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hall<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 2<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 1<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hall<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|   |   |  |
|---|---|--|
| Road Surface  | Light Conditions  | School Bus Related   |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 1<br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |

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

**Narrative**  
On 5-24-16 at about 6:01 p.m. Unit 2 was stopped in traffic facing northbound on Camelot Dr. near Dixie Hwy. Unit 1 turned left from a private drive onto Camelot Dr. and drove into Unit 2. The operator of Unit 1 stated that a key lanyard caused his foot to become stuck on the accelerator.



|                           |  |                 |              |              |                          |               |
|---------------------------|--|-----------------|--------------|--------------|--------------------------|---------------|
| Report Taken By           | Supplement (Correction or Addition to an Existing Report Sent to ODPs) |                 |              |              |                          |               |
| Police Agency<br>Motorist |  |                 |              |              |                          |               |
| Date Crash Reported       | Time Crash Reported  | Dispatch Time   | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 0 5 2 4 2 0 1 6           | 1 8 0 1  | 1 8 0 3         | 1 8 1 2      | 1 8 3 6      | 2 0                      | 4 4           |
| Officer's Name *          | Officer's Badge Number   | Checked By      | Page 1 of 4  |              |                          |               |
| P.O. R. Felts             | 125  | Sgt. Dan Gamett |              |              |                          |               |

|   |  |   |                                  |                  |
|---|--|---|----------------------------------|------------------|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver)<br><b>All Around Transportation</b> | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver)<br><b>(513) 894-8500</b> | Damage Scale<br><b>2</b>         | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver)<br><b>225 East Ave. Hamilton, Ohio 45011</b> |  |   |                                  |                  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>GFQ3170</b>   | Vehicle Identification Number<br><b>2D4GP44L35R264349</b>   | # Occupants<br><b>01</b>         |                  |
| Vehicle Year<br><b>2005</b>   | Vehicle Make<br><b>Dodge</b>   | Vehicle Model<br><b>Grand Caravan</b>   | Vehicle Color<br><b>Silver</b>   |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>American Service</b>   | Policy Number<br><b>CA10371P2016</b>  | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip   |  |   | Carrier Phone- include area code |                  |

|                   |   |   |   |  |
|-------------------|---|---|---|--|
| US DOT            | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>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<br><input type="checkbox"/> | Type of Use<br><b>2</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>05</b><br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard                           |   |  |   |  |  |

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|--|---|---|--|---|--|
| Special Function<br><b>02</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>02</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|--|---|---|--|---|--|

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|--|--|--|--|
| Pre-Crash Actions<br><b>01</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>99 - Unknown | Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Stopping or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action |
|--|--|--|--|

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|---|--|--|---|---|
| Contributing Circumstances<br>Primary<br><b>12</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<br><input type="checkbox"/>   | Motorist<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><input type="checkbox"/> |
| 01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |  |  |   |   |

|  |   |
|--|---|
| Sequence of Events<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blow Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail End<br>31 - Guardrail Face<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |

|  |                           |  |  |
|--|---------------------------|--|--|
| Unit Speed<br><b>5</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated | Posted Speed<br><b>25</b> | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>4</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|--|---------------------------|--|--|

|  |  |   |   |  |
|--|--|---|---|--|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Xie, Tong</b> | Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(513) 652-2248</b> | Damage Scale<br><b>2</b>  |  |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>1500 Sherwood Dr. Apt. 5L Fairfield, Ohio 45014</b> |  |   | 1 - None<br>2 - Minor<br>3 - Functional<br>4 - Disabling<br>9 - Unknown |  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>GPB5060</b>   | Vehicle Identification Number<br><b>3FA6P0H70FR290908</b>   | # Occupants<br><b>03</b>  |  |
| Vehicle Year<br><b>2015</b>  | Vehicle Make<br><b>Ford</b>  | Vehicle Model<br><b>Fusion</b>  | Vehicle Color<br><b>White</b>   |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>State Farm</b>   | Policy Number<br><b>8863885A3035</b>  | Towed By  |  |
| Carrier Name, Address, City, State, Zip  |  |   | Carrier Phone- Include area code  |  |

|                                    |  |  |  |
|------------------------------------|--|--|--|
| US DOT<br><b>HM Placard ID No.</b> | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b>   | Trafficway Description<br><b>1</b>   |
| HM Class Number                    | <input type="checkbox"/> Hazardous Material Released   | 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel<br>09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway<br><input type="checkbox"/> Hit / Skip Unit |

|  |  |  |   |   |
|--|--|--|---|---|
| Non-Motorist Location Prior to Impact<br><b>01</b>   | Type of Use<br><b>1</b>  | Unit Type<br><b>03</b>   | Med/Heavy Trucks or Combo Units > 10k lbs   | Bus/Van/Limo (9 or More Including Driver)   |
| 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | 01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | 13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | 21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |

|                               |   |   |   |                                |  |  |              |                    |  |
|-------------------------------|---|---|---|--------------------------------|--|--|--------------|--------------------|--|
| Special Function<br><b>01</b> | 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>06</b> | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other | 99 - Unknown | Action<br><b>4</b> | 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|-------------------------------|---|---|---|--------------------------------|--|--|--------------|--------------------|--|

|                                |  |   |  |  |                                |
|--------------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>11</b> | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--------------------------------|--|---|--|--|--------------------------------|

|  |  |  |   |                              |   |
|--|--|--|---|------------------------------|---|
| Contributing Circumstances<br>Primary<br><b>01</b> | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b> | 01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|--|---|------------------------------|---|

|  |   |  |  |
|--|---|--|--|
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift                                       | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left   | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision  |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole |

|  |                           |  |   |
|--|---------------------------|--|---|
| Unit Speed<br><b>0</b>   | Posted Speed<br><b>25</b> | Traffic Control<br><b>12</b>   | Unit Direction<br>From <b>2</b> To <b>1</b>   |
| <input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated |                           | 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | 1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |



# Motorist / Non-Motorist / Occupant

Local Report Number  
**16038263**

Motorist/Non-Motorist

|  |  |  |   |   |   |                                    |  |                                  |                                |                              |                            |
|--|--|--|---|---|---|------------------------------------|--|----------------------------------|--------------------------------|------------------------------|----------------------------|
| Unit Number<br><b>01</b>   | Name: Last, First, Middle<br><b>Miller, Eddie V.</b> | Date of Birth<br><b>07/30/1957</b>           | Age<br><b>58</b>  | Gender<br><b>M</b> F - Female<br>M - Male |   |                                    |  |                                  |                                |                              |                            |
| Address, City, State, Zip<br><b>343 N. 11th St. Hamilton, Ohio 45011</b> |  |  | Contact Phone- include area code<br><b>(513) 569-2643</b> |   |   |                                    |  |                                  |                                |                              |                            |
| Injuries<br><b>1</b>   | Injured Taken By<br><input type="checkbox"/>         | EMS Agency                                   | Medical Facility Injured Taken To                         | Safety Equipment Used<br><b>04</b>        | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>                          | Ejection<br><b>1</b>             | Trapped<br><b>1</b>            |                              |                            |
| OL State<br><b>OH</b>  | Operator License Number<br><b>RG514547</b>           | OL Class<br><b>4</b>                         | No Valid OL<br><input type="checkbox"/>                   | M/C End.<br><input type="checkbox"/>      | Condition<br><b>1</b>                                       | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b>                    | Alcohol Test Type<br><b>1</b>    | Alcohol Test Value<br><b>1</b> | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |
| Offense Charged ( <input type="checkbox"/> Local Code)<br><b>331.13a</b> |  | Offense Description<br><b>Improper Start</b> |   |   | Citation Number<br><b>229290</b>                            |                                    | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><b>1</b> |                                |                              |                            |

Motorist/Non-Motorist

|   |   |                                    |   |   |   |                                    |  |                                  |                                |                              |                            |
|---|---|------------------------------------|---|---|---|------------------------------------|--|----------------------------------|--------------------------------|------------------------------|----------------------------|
| Unit Number<br><b>02</b>  | Name: Last, First, Middle<br><b>Xie, Tong</b> | Date of Birth<br><b>07/31/1991</b> | Age<br><b>24</b>  | Gender<br><b>F</b> F - Female<br>M - Male |   |                                    |  |                                  |                                |                              |                            |
| Address, City, State, Zip<br><b>1500 Sherwood Dr. Apt. 5L Fairfield, Ohio 45014</b> |   |                                    | Contact Phone- include area code<br><b>(513) 652-2248</b> |   |   |                                    |  |                                  |                                |                              |                            |
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/>  | EMS Agency                         | Medical Facility Injured Taken To                         | Safety Equipment Used<br><b>04</b>        | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>                          | Ejection<br><b>1</b>             | Trapped<br><b>1</b>            |                              |                            |
| OL State<br><b>OH</b>   | Operator License Number<br><b>UF762289</b>    | OL Class<br><b>4</b>               | No Valid OL<br><input type="checkbox"/>                   | M/C End.<br><input type="checkbox"/>      | Condition<br><b>1</b>                                       | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b>                    | Alcohol Test Type<br><b>1</b>    | Alcohol Test Value<br><b>1</b> | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |
| Offense Charged ( <input type="checkbox"/> Local Code)                              |   | Offense Description                |   |   | Citation Number   |                                    | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><b>1</b> |                                |                              |                            |

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

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

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

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

Occupant

|   |  |                                    |                                   |   |   |                               |                           |                      |                     |
|---|--|------------------------------------|-----------------------------------|---|---|-------------------------------|---------------------------|----------------------|---------------------|
| Unit Number<br><b>02</b>  | Name: Last, First, Middle<br><b>Tong, Ying</b> | Date of Birth<br><b>04/24/1957</b> | Age<br><b>59</b>                  | Gender<br><b>F</b> F - Female<br>M - Male |   |                               |                           |                      |                     |
| Address, City, State, Zip<br><b>1500 Sherwood Dr. Apt. 5L Fairfield, Ohio 45014</b> |  |                                    | Contact Phone- include area code  |   |   |                               |                           |                      |                     |
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/>   | EMS Agency                         | Medical Facility Injured Taken To | Safety Equipment Used<br><b>04</b>        | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>04</b> | Air Bag Usage<br><b>1</b> | Ejection<br><b>1</b> | Trapped<br><b>1</b> |

Occupant

|   |  |                                    |   |   |   |                               |                           |                      |                     |
|---|--|------------------------------------|---|---|---|-------------------------------|---------------------------|----------------------|---------------------|
| Unit Number<br><b>02</b>  | Name: Last, First, Middle<br><b>Xie, Jiuru</b> | Date of Birth<br><b>02/16/1955</b> | Age<br><b>61</b>  | Gender<br><b>M</b> F - Female<br>M - Male |   |                               |                           |                      |                     |
| Address, City, State, Zip<br><b>1500 Sherwood Dr. Apt. 5L Fairfield, Ohio 45014</b> |  |                                    | Contact Phone- include area code<br><b>(513) 658-9631</b> |   |   |                               |                           |                      |                     |
| Injuries<br><b>1</b>  | Injured Taken By<br><input type="checkbox"/>   | EMS Agency                         | Medical Facility Injured Taken To                         | Safety Equipment Used<br><b>04</b>        | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><b>06</b> | Air Bag Usage<br><b>1</b> | Ejection<br><b>1</b> | Trapped<br><b>1</b> |