



Traffic Crash Report

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| Local Report Number * | Crash Severity | HIT/Skip |
| 1 6 0 8 1 4 4 6 | 3 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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

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|----------|-----------|---------------------------|-----------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 0 9 | Fairfield | Fairfield | 1 1 1 1 2 0 1 6 | 0 5 5 1 | F R I |

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

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|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | 0 6 | 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 |

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| Location Route Type 1 | Location Route Number | Loc Prefix N,S,E,W | Location Road Name | Location Road Type 2 | Route Types 1 |
| | | | Muhlhauser | R D | IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route |

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|-------------------------|--------------|------------------------|------------------------|--------------------|------------------------------------------|-----------------------|
| 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 |
| | | | | | LeSaint | D R |

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| Reference Point Used | Crash Location | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 0 2 01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown | 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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

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| Manner of Crash Collision/Impact | Weather |
| 6 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 | 1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown |

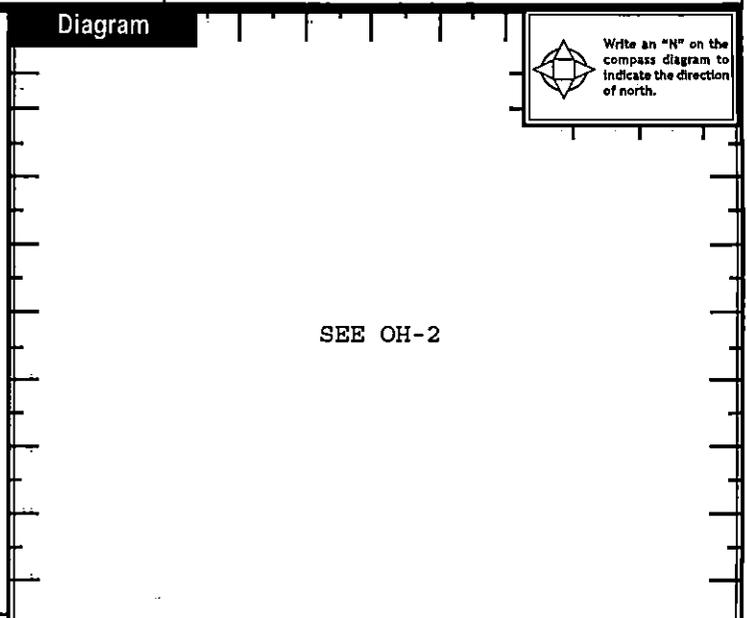
| | | |
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| Road Surface | Light Conditions | School Bus Related |
| 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | 4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway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

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

Narrative

Unit #2 was westbound in the through lane on Muhlhauser Rd. Unit #1 was eastbound on Muhlhauser Rd. sitting in the left turn lane attempting to make a left turn and go north on LeSaint Dr. Unit #1 pulled out and in front of Unit #1 causing unit #2 to strike unit one.

Witnesses confirmed, in a statement, that Unit #1 made a left turn in front of unit #2 causing the accident. The statement is attached to the report.



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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | | | | | |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | | | | | | |
| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 1 1 1 1 2 0 1 6 | 0 5 5 1 | 0 5 5 3 | 0 5 5 9 | 0 6 3 3 | 3 0 | 6 4 |
| Officer's Name * | Officer's Badge Number | Checked By | | | | |
| PO Greg Bailes | 122 | Sgt [Signature] | | | | |



Unit

Local Report Number
16081446

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| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Morris, Aneeka | Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 485-3307 | Damage Scale 4 | Damaged Area |
|--------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|

Owner Address: City, State, Zip (Same As Driver)
745 Jackson St. Cincinnati, OH 45215

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|-----------------------|----------------------------------------|-----------------------------------------------------------|--------------------------|
| LP State OH | License Plate Number GAR2779 | Vehicle Identification Number WBADN634X2GM74551 | # Occupants 01 |
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| Vehicle Year 2002 | Vehicle Make BMW | Vehicle Model 540I | Vehicle Color Beige |
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| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company State Farm | Policy Number 891-7055-C2235A | Towed By Fox Towing |
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Carrier Name, Address, City, State, Zip
Carrier Phone- Include area code

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| US DOT 1 | Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
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| HM Placard ID No. 1 | <input type="checkbox"/> Hazardous Material Released | 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 03 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 |
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| 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 03 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 06 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | Motorist 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 02 Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown | 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 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
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| Sequence of Events 1 20 2 1 3 1 4 1 5 1 6 1 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 |
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| Unit Speed 10 <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

16081446

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| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Highlands, Casey | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 320-0227 | Damage Scale 4 | Damaged Area |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 8212 Misty Shore Dr. West Chester, OH 45069 | | | | |
| LP State OH | License Plate Number 553YUM | Vehicle Identification Number JTHCF1D26F5025430 | # Occupants 01 | |
| Vehicle Year 2015 | Vehicle Make Lexus | Vehicle Model 250 | Vehicle Color White | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company Cincinnati Ins. | Policy Number A010053574 | Towed By Marcells | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- Include area code | |

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|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| HM Placard ID No. | Hazardous Material Released <input type="checkbox"/> | | <input type="checkbox"/> Hit / Skip Unit |

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| <input type="checkbox"/> Has HM Placard | | | | |

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| Unit Speed 35 <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 3 To 4 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 8 1 4 4 6

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number: Name: Last, First, Middle: Morris, Aneeka Date of Birth: 05/12/1978 Age: 38 Gender: F - Female M - Male

Address, City, State, Zip: 745 Jackson St. Cincinnati, OH. 45215 Contact Phone- Include area code: (513) 485-3307

Injuries: Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: 04 DOT Compliant Motorcycle Helmet: Seating Position: 01 Air Bag Usage: 2 Ejection: 1 Trapped: 1

OL State: OH Operator License Number: RQ613246 OL Class: 4 No. Valid OL: M/C End.: 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): 331.17 Offense Description: Right of Way Turning Left Citation Number: 230935 Hands-Free Device Used: Driver Distracted By: 1

Unit Number: Name: Last, First, Middle: Highlands, Casey Date of Birth: 04/03/1980 Age: 36 Gender: F - Female M - Male

Address, City, State, Zip: 8212 Misty Shore Dr. West Chester, OH 45069 Contact Phone- Include area code: (513) 320-0227

Injuries: Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: 04 DOT Compliant Motorcycle Helmet: Seating Position: 01 Air Bag Usage: 4 Ejection: 1 Trapped: 1

OL State: OH Operator License Number: RN108878 OL Class: 4 No. Valid OL: M/C End.: 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: Driver Distracted By: 1

Injuries: 1 - No Injury / None Reported, 2 - Possible, 3 - Non-Incapacitating, 4 - Incapacitating, 5 - Fatal, 9 - Unknown
 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: 05 - Child Restraint System-Forward Facing, 06 - Child Restraint System- Rear Facing, 07 - Booster Seat, 08 - Helmet Used, 09 - None Used, 10 - Helmet Used, 11 - Protective Pads Used (Elbows, Knees, Etc), 12 - Reflective Clothing, 13 - Lighting, 14 - Other

Seating Position: 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 "D"), 5 - MC/Moped Only
 Condition: 1 - Apparently Normal, 2 - Physical Impairment, 3 - Emotional (Depressed, Angry, Disturbed), 4 - Illness
 Alcohol/Drug Suspected: 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 (Navigation Device, Radio, DVD), 6 - Other Inside the Vehicle, 7 - External Distraction

Unit Number: Name: Last, First, Middle: Cooper, Brittany Date of Birth: 10/08/1978 Age: 38 Gender: F - Female M - Male

Address, City, State, Zip: 46 Hadley Rd. Cincinnati, OH. 45218 Contact Phone- Include area code: (513) 400-2031

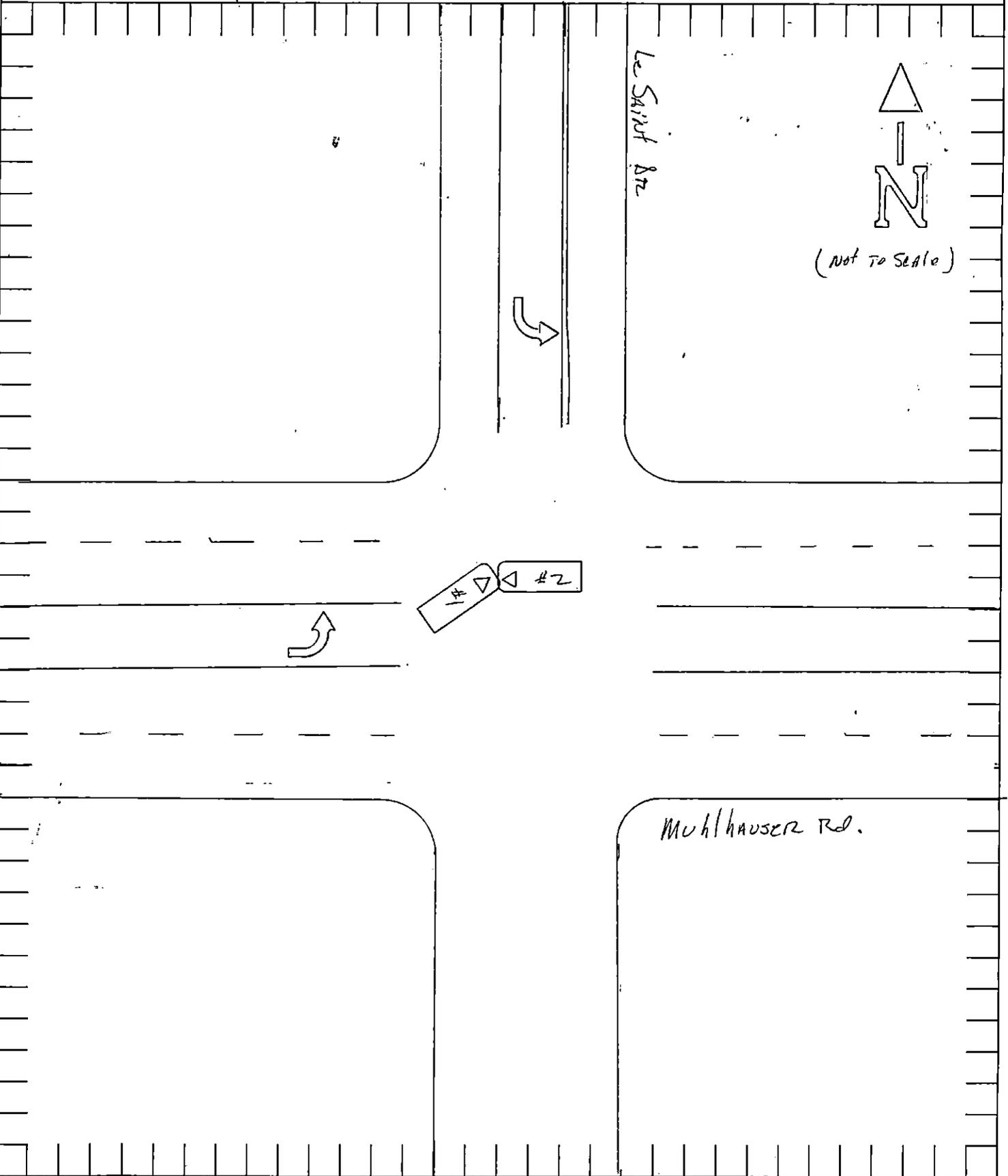
Injuries: Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: DOT Compliant Motorcycle Helmet: Seating Position: Air Bag Usage: Ejection: Trapped:

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

Address, City, State, Zip: Contact Phone- Include area code:

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

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|-----------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 16-081446 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 11/11/16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Muhlhauser Rd. and Le Saint Dr. Fairfield, OH 45014 | |



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|----------------------------------------------|-------------------------|
| OFFICER'S SIGNATURE PO Greg Bailes | BADGE NO. 122 |
|----------------------------------------------|-------------------------|