



# Traffic Crash Report

Local Report Number *	Crash Severity	Hlt/Skip
1 6 0 8 2 5 0 4	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	0 0 9 0 1	Fairfield Police Department	0 2
City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week	
0 9	FAIRFIELD	1 1 1 5 2 0 1 6		T U E	

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

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	0 4	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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
SR	4 B		OH-4 Bypass		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 Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
15	N			Port Union	RD

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 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	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

Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Slideswipe, Same Direction 8 - Slideswipe, 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

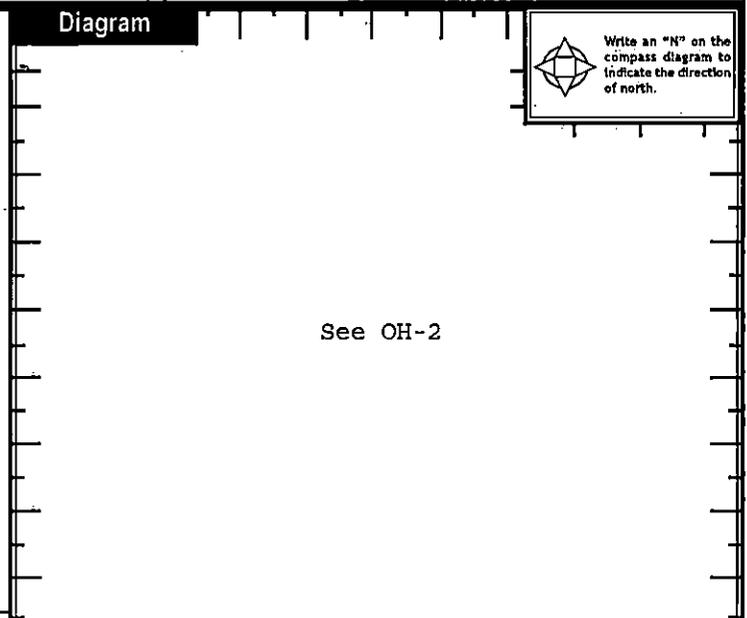
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown 10 - Other	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

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

**Narrative**

On 11/15/16 at about 2:57 PM Unit 1 was North on OH-4 Bypass near Port Union Rd. traveling at about 20 m.p.h. when it failed to stop within the assured clear distance ahead and struck Unit 2 who was also North on OH-4 Bypass and stopped in traffic.

The driver of Unit 1 was cited for ACDA.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		1 1 1 5 2 0 1 6	1 4 5 7	1 5 0 2	1 5 0 3	1 5 2 4	3 0	5 1
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6					
R. Collier	138	9 1 1 2 0 1 6						



# Unit

Local Report Number  
 1 6 0 8 2 5 0 4

Unit Number: **01** Owner Name: Last, First, Middle (  Same As Driver )  
**Di Giovanni, Anthony R** Owner Phone Number - Inc. area code (  Same As Driver )  
**(513) 895-2776** Damage Scale: **2** Damaged Area:

Owner Address: City, State, Zip (  Same As Driver )  
**68 Lindale Dr Fairfield, OH 45014**

LP State: **OH** License Plate Number: **GFC7182** Vehicle Identification Number: **4T1BG22K3VU795555** # Occupants: **04**

Vehicle Year: **1997** Vehicle Make: **Toyota** Vehicle Model: **Camry** Vehicle Color: **Tan**

Proof of Insurance Shown Insurance Company: **Progressive** Policy Number: **909827923** Towed By: \_\_\_\_\_

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.

HM Placard ID No.: \_\_\_\_\_ Hazardous Material Released:

HM Class Number: \_\_\_\_\_

Cargo Body Type: **01** 01 - No Cargo Body Type/Not Applicable 09 - Pole  
 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank  
 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed  
 04 - Vehicle Towing Another Vehicle 12 - Dump  
 05 - Logging 13 - Concrete Mixer  
 06 - Intermodal Container Chassis 14 - Auto Transporter  
 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse  
 08 - Grain, Chips, Gravel 99 - Other/Unknown

Trafficway Description: **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

Hit / Skip Unit

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** 1 - Personal  
 2 - Commercial  
 3 - Government

In Emergency Response

Unit Type: **03** Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)

01 - Sub-Compact 13 - Single Unit Truck or Van 2axle, 6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)  
 02 - Compact 14 - Single Unit Truck; 3+ axles 22 - Bus (16+ Seats, Inc Driver)  
 03 - Mid Size 15 - Single Unit Truck / Trailer 23 - Animal with Rider  
 04 - Full Size 16 - Truck/Tractor (Bobtail) 24 - Animal with Buggy, Wagon, Surrey  
 05 - Minivan 17 - Tractor/Semi-Trailer 25 - Bicycle/Pedacyclist  
 06 - Sport Utility Vehicle 18 - Tractor/Double 26 - Pedestrian/Skater  
 07 - Pickup 19 - Tractor/Triples 27 - Other Non-Motorist  
 08 - Van 20 - Other Med/Heavy Vehicle

Has HM Placard

Special Function: **01** 01 - None 09 - Ambulance 17 - Farm Vehicle  
 02 - Taxi 10 - Fire 18 - Farm Equipment  
 03 - Rental Truck (Over 10k Lbs) 11 - Highway/Maintenance 19 - Motorhome  
 04 - Bus - School (Public or Private) 12 - Military 20 - Golf Cart  
 05 - Bus - Transit 13 - Police 21 - Train  
 06 - Bus - Charter 14 - Public Utility 22 - Other (Explain in Narrative)  
 07 - Bus - Shuttle 15 - Other Government  
 08 - Bus - Other 16 - Construction Equip.

Most Damaged Area: **02** 01 - None 08 - Left Side 99 - Unknown  
 02 - Center Front 09 - Left Front  
 03 - Right Front 10 - Top and Windows  
 04 - Right Side 11 - Undercarriage  
 05 - Right Rear 12 - Load/Trailer  
 06 - Rear Center 13 - Total(All Areas)  
 07 - Left Rear 14 - Other

Impact Area: **02**

Action: **3** 1 - Non-Contact  
 2 - Non-Collision  
 3 - Striking  
 4 - Struck  
 5 - Striking/Struck  
 9 - Unknown

Pre-Crash Actions: **01** Motorist: 01 - Straight Ahead 07 - Making U-Turn 13 - Negotiating a Curve  
 02 - Backing 08 - Entering Traffic Lane 14 - Other Motorist Action  
 03 - Changing Lanes 09 - Leaving Traffic Lane  
 04 - Overtaking/Passing 10 - Parked  
 05 - Making Right Turn 11 - Slowing or Stopped in Traffic  
 06 - Making Left Turn 12 - Driverless

Non-Motorist: 15 - Entering or Crossing Specified Location 21 - Other Non-Motorist Action  
 16 - Walking, Running, Jogging, Playing, Cycling  
 17 - Working  
 18 - Pushing Vehicle  
 19 - Approaching or Leaving Vehicle  
 20 - Standing

Contributing Circumstances: Primary: **09** Motorist: 01 - None 11 - Improper Backing  
 02 - Failure to Yield 12 - Improper Start From Parked Position  
 03 - Ran Red Light 13 - Stopped or Parked Illegally  
 04 - Ran Stop Sign 14 - Operating Vehicle in Negligent Manner  
 05 - Exceeded Speed Limit 15 - Swerving to Avoid (Due to External Conditions)  
 06 - Unsafe Speed 16 - Wrong Side/Wrong Way  
 07 - Improper Turn 17 - Failure to Control  
 08 - Left of Center 18 - Vision Obstruction  
 09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment  
 10 - Improper Lane Change /Passing/Off Road 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 - Tail Lamps  
 04 - Brakes  
 05 - Steering  
 06 - Tire Blowout  
 07 - Worn or Slick tires  
 08 - Trailer Equipment Defective  
 09 - Motor Trouble  
 10 - Disabled From Prior Accident  
 11 - Other Defects

Sequence of Events: 1 **20** 2  3  4  5  6

First Harmful Event: **1** Most Harmful Event: **1** 99 - Unknown

Collision with Person, Vehicle or Object Not Fixed: 14 - Pedestrian 21 - Parked Motor Vehicle  
 15 - Pedalcycle 22 - Work Zone Maintenance Equipment  
 16 - Railway Vehicle (Train, Engine) 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle  
 17 - Animal - Farm 24 - Other Movable Object  
 18 - Animal - Deer  
 19 - Animal - Other  
 20 - Motor Vehicle in Transport

Collision With Fixed Object: 25 - Impact Attenuator/Crash Cushion 33 - Median Cable Barrier 41 - Other Post, Pole or Support  
 26 - Bridge Overhead Structure 34 - Median Guardrail Barrier 42 - Fire Hydrant  
 27 - Bridge Pier or Abutment 35 - Median Concrete Barrier 43 - Culvert  
 28 - Bridge Parapet 36 - Median Other Barrier 44 - Ditch  
 29 - Bridge Rail 37 - Traffic Sign Post 45 - Embankment  
 30 - Guardrail Face 38 - Overhead Sign Post 46 - Fence  
 31 - Guardrail End 39 - Light/Luminaries Support 47 - Mailbox  
 32 - Portable Barrier 40 - Utility Pole

Unit Speed: **20** Posted Speed: **50** Traffic Control: **12** 01 - No Controls 07 - Railroad Crossbucks 13 - Crosswalk Lines  
 02 - Stop Sign 08 - Railroad Flashers 14 - Walk/Don't Walk  
 03 - Yield Sign 09 - Railroad Gates 15 - Other  
 04 - Traffic Signal 10 - Construction Barricade 16 - Not Reported  
 05 - Traffic Flashers 11 - Person (Flagger, Officer)  
 06 - School Zone 12 - Pavement Markings

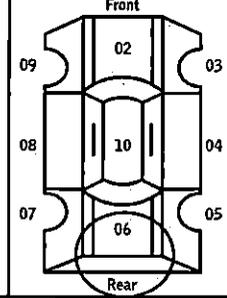
Unit Direction: From **2** To **1** 1 - North 5 - Northeast 9 - Unknown  
 2 - South 6 - Northwest  
 3 - East 7 - Southeast  
 4 - West 8 - Southwest



# Unit

Local Report Number  
 1 6 0 8 2 5 0 4

Unit Number 02	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) Ewald, Beth Ann	Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) (513) 608-4705	Damage Scale 2	Damaged Area Front
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) 8434 Rupp Farm Dr. West Chester, OH 45069	LP State OH	License Plate Number BAE 6	Vehicle Identification Number 3GYFNEE34ES679759	# Occupants 01
Vehicle Year 2014	Vehicle Make Cadillac	Vehicle Model SRX 4	Vehicle Color SILVER	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company State Farm	Policy Number 8318659F0335A	Towed By	



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

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

Special Function 01 - 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 06 Impact Area 06	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 01 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 01 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 - Daring 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 2 3 4 5 6 2 0 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 50	Traffic Control 1 2 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 8 2 5 0 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Di Giovanni, Nicholas A	Date of Birth 06/18/1998	Age 18	Gender M - Male
Address, City, State, Zip 68 Lindale Dr. Fairfield, OH 45014			Contact Phone- include area code (513) 895-2776	
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
OL State OH	Operator License Number UP431996	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
Offense Charged (Local Code) 333.03A	Offense Description Assured Clear Distance	Citation Number 231404	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Ewald, Beth A	Date of Birth 05/06/1957	Age 59	Gender F - Female
Address, City, State, Zip 8434 Rupp Farm Dr. West Chester, OH 45069			Contact Phone- include area code (513) 608-4705	
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
OL State OH	Operator License Number RR500510	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
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment
1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>Non-Motorist</b> 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)

Seating Position	07 - Third - Left Side (Motorcycle Side Car)	12 - Passenger in Unenclosed Cargo Area	Air Bag Usage
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	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)	13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	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 Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD)

Occupant

Unit Number 01	Name: Last, First, Middle Di Giovanni, Tina M	Date of Birth 04/18/1968	Age 48	Gender F - Female
Address, City, State, Zip 68 Lindale Dr. Fairfield, OH 45014			Contact Phone- include area code (513) 895-2776	

Occupant

Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04
DOT Compliant Motorcycle Helmet	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1

Unit Number 01	Name: Last, First, Middle Di Giovanni, Taylor	Date of Birth 03/07/2001	Age 15	Gender M - Male
Address, City, State, Zip 68 Lindale Dr. Fairfield, OH 45014			Contact Phone- include area code (513) 895-2776	
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used -4
DOT Compliant Motorcycle Helmet	Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1



# Occupant / Witness Addendum

Local Report Number  
 1 6 0 8 2 5 0 4

**Occupant 1**

Unit Number: 01 | Name: Last, First, Middle: Teasley, Kiera | Date of Birth: 06/17/2012 | Age: 4 | Gender: F (Female)

Address, City, State, Zip: 68 Lindale Dr. Fairfield, OH 45014 | Contact Phone- include area code: (513) 895-2776

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

**Occupant 2**

Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: (Female/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: |

**Occupant 3**

Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: (Female/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: |

**Occupant 4**

Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: (Female/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: |

**Occupant 5**

Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: (Female/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: |

**Occupant 6**

Unit Number: | Name: Last, First, Middle: | Date of Birth: | Age: | Gender: (Female/Male)

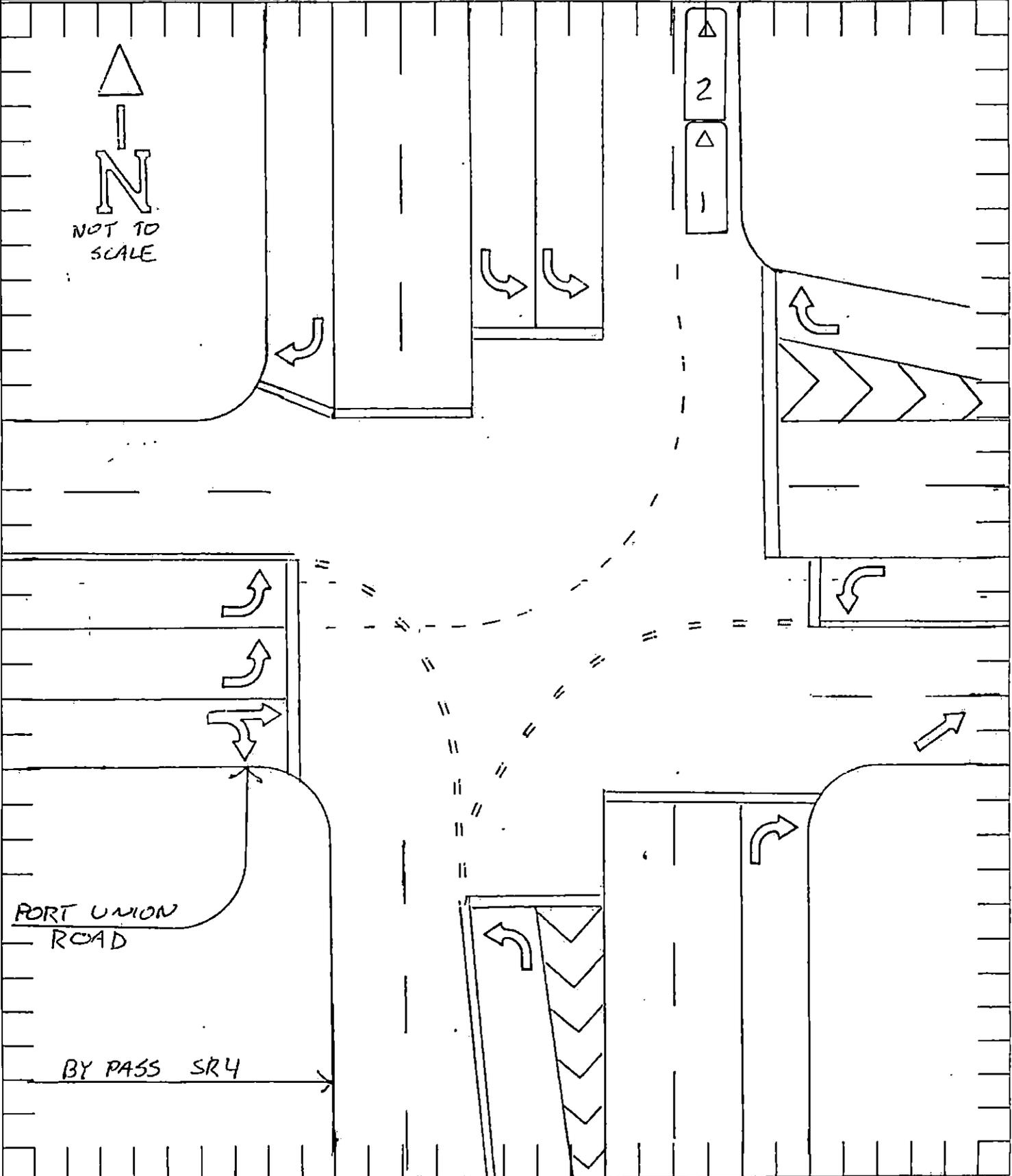
Address, City, State, Zip: | Contact Phone- include area code: |

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: |

<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>99 - Unknown Safety Equipment</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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)	<b>11 - Passenger in Other Enclosed Cargo Area</b> (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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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LOCAL REPORT NUMBER <b>16082504</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF ACCIDENT <b>11/15/2014</b>
IN COUNTY OF <b>Butler</b>	ACCIDENT LOCATION <b>OH-4 Bypass and Port Union</b>	



OFFICER'S SIGNATURE <b>R. Collier</b>	BADGE NO. <b>138</b>
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