



# Traffic Crash Report

|                       |   |                            |
|-----------------------|---|----------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                   |
| 1 6 0 8 2 9 2 3       | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|   |  |  |                         |                             |                             |
|---|--|--|-------------------------|-----------------------------|-----------------------------|
| Local Information   |  | Reporting Agency NCIG *  | Reporting Agency Name * | Number of Units             | Unit in error               |
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other |  | <input type="checkbox"/> PDD Under State Reportable Dollar Amount<br><input type="checkbox"/> Private Property | 0 0 9 0 1               | Fairfield Police Department | 0 2                         |
| City, Village, Township *   |  | Fairfield  |                         | 0 1                         | 98 - Animal<br>99 - Unknown |

|          |           |                 |               |             |
|----------|-----------|-----------------|---------------|-------------|
| County * | City *    | Crash Date *    | Time of Crash | Day of Week |
| 0 9      | Fairfield | 1 1 1 6 2 0 1 6 | 2 1 1 6       | W E D       |

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

|   |  |                      |  |
|---|--|----------------------|--|
| 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 4                  | 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>  |
|                                  |                       |                    | Mack               | R D                             | 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 Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 15                      | W E,W        |                        |                    | South Gilmore                            | R D                              |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| Reference Point Used                                  | Crash Location   | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 0 2<br>01 - Not an Intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout<br>06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access<br>11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <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 |

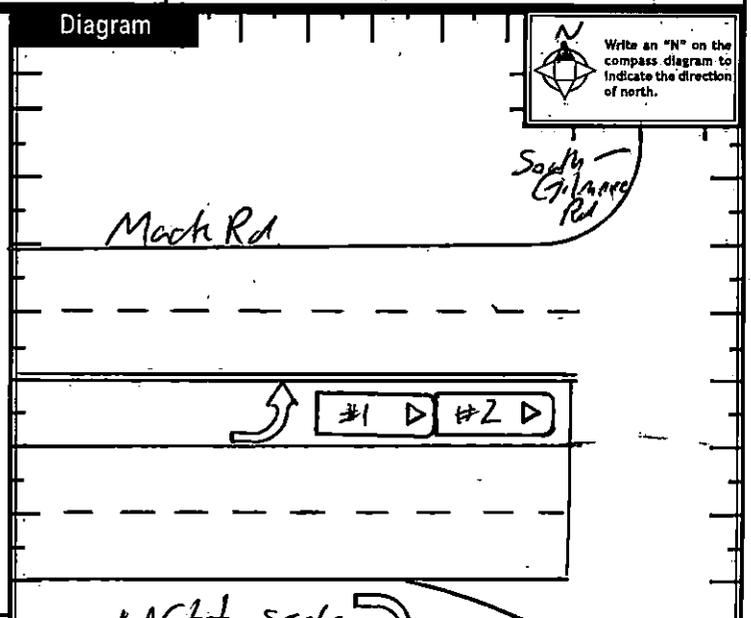
|   |  |  |
|---|--|--|
| Road Contour  | Road Conditions  | Weather  |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 0 1<br>01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice<br>05 - Sand, Mud, Dirt, Oil, Gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris*<br>09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<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, Hail<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 | 4<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<br>9 - Unknown | <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   | Type of Work Zone   | Location of Crash in Work Zone   |
| <input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure<br><input type="checkbox"/> 2 - Lane Shift/Crossover<br><input type="checkbox"/> 3 - Work on Shoulder or Median<br><input type="checkbox"/> 4 - Intermittent or Moving Work<br><input type="checkbox"/> 5 - Other | <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign<br><input type="checkbox"/> 2 - Advance Warning Area<br><input type="checkbox"/> 3 - Transition Area<br><input type="checkbox"/> 4 - Activity Area<br><input type="checkbox"/> 5 - Termination Area |

**Narrative**  
On 11-16-16 at about 9:16 p.m. Units 1 and 2 were stopped int traffic eastbound in the left turn lane on Mack Rd. at the intersection of South Gilmore Rd. Unit 1 proceeded forward and struck Unit 2.



|   |  |                        |                     |               |              |              |                          |               |
|---|--|------------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By   | Supplement (Correction or Addition to an Existing Report Sent to OOPS) | 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 | <input type="checkbox"/>   | 1 1 1 6 2 0 1 6        | 2 1 1 8             | 2 1 2 8       | 2 1 2 8      | 2 1 4 5      | 2 0                      | 3 7           |
| Officer's Name *  | Officer's Badge Number   | Checked By:            | Page 1 of 4         |               |              |              |                          |               |
| P.O. R. Felts   | 125  | <i>[Signature]</i> #80 |                     |               |              |              |                          |               |



# Unit

Local Report Number  
**16082923**

|   |  |  |                                  |                  |
|---|--|--|----------------------------------|------------------|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver)<br><b>Monroe, R. Kenneth</b> | Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver)<br><b>(513) 742-9628</b> | Damage Scale<br><b>2</b>         | Damaged Area<br> |
| Owner-Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver)<br><b>11468 Ravensburg Ct. Cincinnati, Ohio 45240</b> |  |  |                                  |                  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>DZB1875</b>   | Vehicle Identification Number<br><b>1FTRF12W05NA41445</b>  | # Occupants<br><b>01</b>         |                  |
| Vehicle Year<br><b>2005</b>   | Vehicle Make<br><b>Ford</b>  | Vehicle Model<br><b>F150</b>   | Vehicle Color<br><b>Red</b>      |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>USAA General</b>   | Policy Number<br><b>038118708G71017</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"/> 01 - Intersection - Marked Crosswalk<br><input type="checkbox"/> 02 - Intersection - No Crosswalk<br><input type="checkbox"/> 03 - Intersection - Other<br><input type="checkbox"/> 04 - Midblock - Marked Crosswalk<br><input type="checkbox"/> 05 - Travel Lane - Other Location<br><input type="checkbox"/> 06 - Bicycle Lane<br><input type="checkbox"/> 07 - Shoulder/Roadside<br><input type="checkbox"/> 08 - Sidewalk<br><input type="checkbox"/> 09 - Median/Crossing Island<br><input type="checkbox"/> 10 - Driveway Access<br><input type="checkbox"/> 11 - Shared-Use Path or Trail<br><input type="checkbox"/> 12 - Non-Trafficway Area<br><input type="checkbox"/> 99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>07</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/Pedalcyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard  |   |  |   |  |   |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Special Function<br><b>01</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 |
|--|---|---|--|---|--|

|  |   |  |  |                                |
|--|---|--|--|--------------------------------|
| 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 | 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>12</b><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 | Motorist<br>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 - Dangling<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"/><br>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 (Blown 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<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | 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<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>3</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated | Posted Speed<br><b>35</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>3</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

Local Report Number  
 1 6 0 8 2 9 2 3

|  |  |   |                                  |                  |
|--|--|---|----------------------------------|------------------|
| Unit Number<br>02  | Owner Name: Last, First, Middle ( Same As Driver)<br>Johnson, James S. | Owner Phone Number - Inc. area code ( Same As Driver)<br>(513) 851-7278 | Damage Scale<br>2                | Damaged Area<br> |
| LP State<br>OH   | License Plate Number<br>GKB9345  | Vehicle Identification Number<br>1G1ZC5E06CF207068                      | # Occupants<br>01                |                  |
| Vehicle Year<br>2012   | Vehicle Make<br>Chevrolet  | Vehicle Model<br>Malibu   | Vehicle Color<br>Silver          |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company<br>Safe Co   | Policy Number<br>K2922811   | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip                      |  |   | Carrier Phone- Include area code |                  |

|                   |  |  |   |  |
|-------------------|--|--|---|--|
| US DOT            | 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>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>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>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 | Type of Use<br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br>03<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   |  |  |

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| Special Function<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>06<br>Impact Area<br>06 | 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>4<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|---|---|---|--|---|---|

|   |   |  |  |
|---|---|--|--|
| Pre-Crash Actions<br>11<br>99 - Unknown | 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<br>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<br>21 - Other Non-Motorist Action |
|---|---|--|--|

|  |  |  |   |  |
|--|--|--|---|--|
| Contributing Circumstances<br>Primary<br>01<br>Secondary<br>99 - Unknown | 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>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 20 3 4 5 6<br>First Harmful Event 1<br>Most Harmful Event 1<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 (Blown Tire, Brake Failure, etc)<br>07 - Bridge Pier or Abutment<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 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<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 |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<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 |  |  |

|   |                    |   |  |
|---|--------------------|---|--|
| Unit Speed<br>0<br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated | Posted Speed<br>35 | Traffic Control<br>12<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 4 To 3<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 |
|---|--------------------|---|--|



# Motorist / Non-Motorist / Occupant

Local Report Number  
 1 6 0 8 2 9 2 3

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: Monroe, R. Kenneth | Date of Birth: 01/15/1959 | Age: 57 | Gender: M (Male)

Address, City, State, Zip: 11468 Ravensburg Ct. Cincinnati, Ohio 45240 | Contact Phone- include area code: (513) 742-9628

Injuries: 1 | Injured Taken By: | 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: RM189281 | 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): 331.13a | Offense Description: Improper Start | Citation Number: 231427 | Hands-Free Device Used:  | Driver Distracted By: 6

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: Johnson, Nichole M. | Date of Birth: 12/27/1971 | Age: 44 | Gender: F (Female)

Address, City, State, Zip: 1561 Forester Dr. Cincinnati, Ohio 45240 | Contact Phone- include area code: (513) 851-7278

Injuries: 1 | Injured Taken By: | 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: RQ570597 | 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

**Injured Taken By**  
 1 - Not Transported / Treated at Scene  
 2 - EMS  
 3 - Police  
 4 - Other  
 9 - Unknown

**Safety Equipment Used**  
 Motorist  
 01 - None Used - Vehicle Occupant  
 02 - Shoulder Belt Only Used  
 03 - Lap Belt Only Used  
 04 - Shoulder and Lap Belt Used

99 - Unknown Safety Equipment

**Non-Motorist**  
 09 - None Used  
 10 - Helmet Used  
 11 - Protective Pads Used (Elbows, Knees, Etc)

12 - Reflective Clothing  
 13 - Lighting  
 14 - Other

**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

**Ejection**  
 1 - Not Ejected  
 2 - Totally Ejected  
 3 - Partially Ejected  
 4 - Not Applicable

**Trapped**  
 1 - Not Trapped  
 2 - Extricated by Mechanical Means  
 3 - Extricated by Non-Mechanical Means

**Operator License Class**  
 1 - Class A  
 2 - Class B  
 3 - Class C  
 4 - Regular Class (Ohio is "D")  
 5 - MC/Moped Only

**Condition**  
 1 - Apparently Normal  
 2 - Physical Impairment  
 3 - Emotional (Depressed, Angry, Disturbed)  
 4 - Illness

5 - Fell Asleep, Fainted, Fatigued  
 6 - Under The Influence of Medications, Drugs, Alcohol  
 7 - Other

**Alcohol/Drug Suspected**  
 1 - None  
 2 - Yes - Alcohol Suspected  
 3 - Yes - HBD Not Impaired  
 4 - Yes - Drugs Suspected  
 5 - Yes - Alcohol and Drugs Suspected

**Alcohol Test Status**  
 1 - None Given  
 2 - Test Refused  
 3 - Test Given, Contaminated Sample/Unusable  
 4 - Test Given, Results Known  
 5 - Test Given, Results Unknown

**Alcohol Test Type**  
 1 - None  
 2 - Blood  
 3 - Urine  
 4 - Breath  
 5 - Other

**Drug Test Status**  
 1 - None Given  
 2 - Test Refused  
 3 - Test Given, Contaminated Sample/Unusable  
 4 - Test Given, Results Known  
 5 - Test Given, Results Unknown

**Drug Test Type**  
 1 - None  
 2 - Blood  
 3 - Urine  
 4 - Other

**Driver Distracted By**  
 1 - No Distraction Reported  
 2 - Phone  
 3 - Texting/E-mailing  
 4 - Electronic Communication Device  
 5 - Other Electronic Device (Navigation Device, Radio, DVD)

6 - Other Inside the Vehicle  
 7 - External Distraction

Occupant

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

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

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

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: |