



# Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
16082779	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit In error
			00901	Fairfield Police Department	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Fairfield	11162016	1020	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	39.327990	-84.540535

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	02	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

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

Distance From Reference	Dir. From Ref	Reference Route Type 1	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type 2
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Yards	<input type="checkbox"/> N,S <input type="checkbox"/> E,W				5555	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	01 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	<input type="checkbox"/>	1 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 01 Primary Secondary	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

Manner of Crash Collision/Impact	Weather
7 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

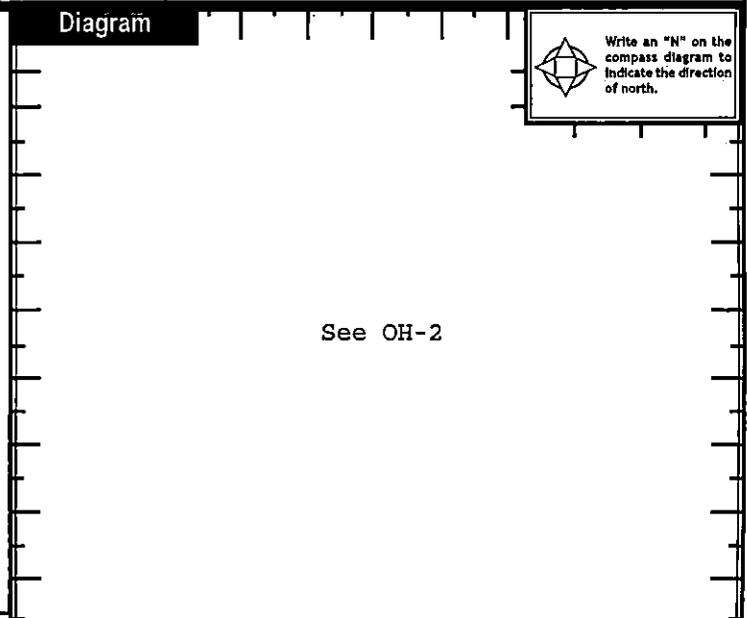
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<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	Workers Present	Type of Work Zone	Location of Crash In Work Zone
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	4 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

**Narrative**

On 11-16-16 at about 10:20 AM units #1 and #2 were southbound on Winton Rd. approaching a construction zone. The construction zone had the southbound lane closed and had signs and cones directing southbound traffic into the center turn lane. Additional cones separated southbound traffic from northbound traffic. Unit #2 entered the center turn lane through the construction zone as it should have. Unit #1 entered the northbound lanes while traveling southbound and began to pass unit #2. When oncoming northbound traffic approached unit #1 it drove through the cones separating the lanes and struck unit #2 at 5555 Winton Rd. Unit #1 then fled the scene.

Unit #1 was described as a full size white SUV being driven by a white female with blond hair in tight braids and a neck tattoo.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODDS)					
<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
11162016	1020	1024	1024	1106	18	60
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5			
P.O. E. Bausch	93	Sgt. M. Rednour #53				



# Unit

Local Report Number  
**16082779**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver )	Damage Scale <b>2</b>	Damaged Area
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Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )	LP State	License Plate Number	Vehicle Identification Number	# Occupants
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Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color <b>White</b>
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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US DOT	Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Description
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HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body Type/Not Applicable	09 - Pole	1 - Two-Way, Not Divided
HM Class Number		02 - Bus/Van (9-15 Seats, Inc Driver)	10 - Cargo Tank	2 - Two-Way, Not Divided, Continuous Left Turn Lane
		03 - Bus (16+ Seats, Inc Driver)	11 - Flat Bed	3 - Two-Way, Divided, Unprotected/Painted or Grass > 4 Ft. Median
		04 - Vehicle Towing Another Vehicle	12 - Dump	4 - Two-Way, Divided, Positive Median Barrier
		05 - Logging	13 - Concrete Mixer	5 - One-Way Trafficway
		06 - Intermodal Container Chassis	14 - Auto Transporter	<input checked="" type="checkbox"/> Hit / Skip Unit
		07 - Cargo Van/Enclosed Box	15 - Garbage/Refuse	
		08 - Grain, Chips, Gravel	99 - Other/Unknown	

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

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

Pre-Crash Actions	Motorist	Non-Motorist
03	01 - Straight Ahead	15 - Entering or Crossing Specified Location
	02 - Backing	16 - Walking, Running, Jogging, Playing, Cycling
	03 - Changing Lanes	17 - Working
	04 - Overtaking/Passing	18 - Pushing Vehicle
	05 - Making Right Turn	19 - Approaching or Leaving Vehicle
	06 - Making Left Turn	20 - Standing
	07 - Making U-Turn	21 - Other Non-Motorist Action
	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	

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

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 <b>20</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b>	01 - Overturn/Rollover	25 - Impact Attenuator/Crash Cushion
First Harmful Event	02 - Fire/Explosion	26 - Bridge Overhead Structure
Most Harmful Event	03 - Immersion	27 - Bridge Pier or Abutment
	04 - Jackknife	28 - Bridge Parapet
	05 - Cargo/Equipment Loss or Shift	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

Unit Speed	Posted Speed	Traffic Control	Unit Direction
<b>35</b>	<b>35</b>	01 - No Controls	From <b>1</b> To <b>2</b>
<input type="checkbox"/> Stated		02 - Stop Sign	1 - North
<input checked="" type="checkbox"/> Estimated		03 - Yield Sign	2 - South
		04 - Traffic Signal	3 - East
		05 - Traffic Flashers	4 - West
		06 - School Zone	5 - Northeast
		07 - Railroad Crossbucks	6 - Northwest
		08 - Railroad Flashers	7 - Southeast
		09 - Railroad Gates	8 - Southwest
		10 - Construction Barricade	9 - Unknown
		11 - Person (Flagger, Officer)	
		12 - Pavement Markings	
		13 - Crosswalk Lines	
		14 - Walk/Don't Walk	
		15 - Other	
		16 - Not Reported	



# Unit

Local Report Number

1 6 0 8 2 7 7 9

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Perez, Jesus Gonzalez</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 306-6460</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2378 Brickhouse Ln. Fairfield, OH 45014</b>				
LP State <b>OH</b>	License Plate Number <b>GWG9604</b>	Vehicle Identification Number <b>JTDJ923X85149506</b>	# Occupants <b>01</b>	
Vehicle Year <b>2008</b>	Vehicle Make <b>Toyota</b>	Vehicle Model <b>Yaris</b>	Vehicle Color <b>Blue</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Progressive</b>	Policy Number <b>07640285-05</b>	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- Include area code

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

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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 <b>01</b> 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 <b>08</b> 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 <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 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 Primary <b>01</b> 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	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 <input type="checkbox"/> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	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

Unit Speed <b>30</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>10</b> 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 <b>1</b> To <b>2</b> 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 7 7 9

Motorist/Non-Motorist

Unit Number 01	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 9 9	DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	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			

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Perdomo, Tania Liseth	Date of Birth 01131999	Age 17	Gender F - Female M - Male							
Address, City, State, Zip 4980 Dixie Hwy. Lot 10 Fairfield, OH 45014			Contact Phone- include area code (513) 413-1314								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class	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			

<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> 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
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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) 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	<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
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<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	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio's "D") 5 - M/C/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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
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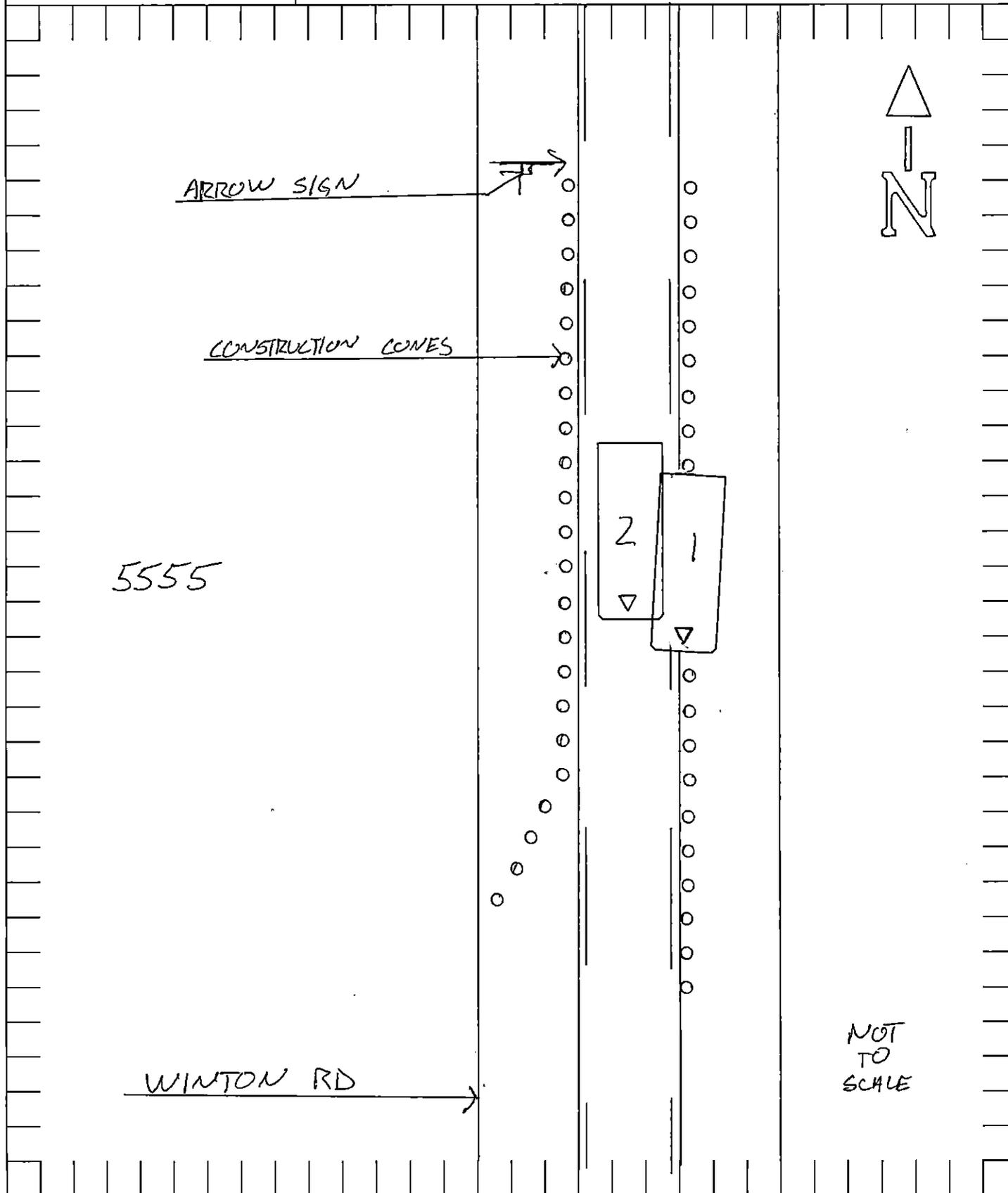
Occupant

Unit Number	Name: Last, First, Middle Smith, Doug	Date of Birth 05091963	Age 53	Gender M - Male					
Address, City, State, Zip 5350 Pleasant Ave. Fairfield, OH 45014			Contact Phone- include area code (513) 867-5300						
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 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

LOCAL REPORT NUMBER 16-082779	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 11-16-16
IN COUNTY OF Butler	ACCIDENT LOCATION 5555 Winton Rd. Fairfield, OH 45014	



OFFICER'S SIGNATURE P.O. E. Bausch	BADGE NO. 93
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