



# Traffic Crash Report

Local Report Number \*

1 6 0 8 4 2 3 4

Crash Severity

2 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved  
2 - Unsolved

Local Information

 Photos Taken  
 OH-2  OH-1P  
 OH-3  Other

 PDO Under State Reportable Dollar Amount  
 Private Property

Reporting Agency NCIC \*

0 0 9 0 1

Reporting Agency Name \*

Fairfield Police Department

Number of Units

0 2

Unit in error

0 1 98 - Animal  
99 - Unknown

County \*

0 9

City, Village, Township \*

 City \*  
 Village \*  
 Township \*

Fairfield

Crash Date \*

1 1 2 2 2 0 1 6

Time of Crash

1 2 0 5

Day of Week

T U E

Degrees / Minutes / Seconds Latitude

0 / 0 0 0 0 0 0 0 0

Longitude

0 / 0 0 0 0 0 0 0 0

Decimal Degrees Latitude

3 9 . 3 1 9 5 1 3

Longitude

- 8 4 . 4 9 7 5 8 0

Roadway Division

 Divided  
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound  
 S - Southbound W - Westbound

Number of Thru Lanes

0 4

Road Types or Milepost <sup>2</sup>
 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>

S R

Location Route Number

4

Loc Prefix

N, S, E, W

Location Road Name

Dixie

Location Road Type <sup>2</sup>

H W

Route Types <sup>1</sup>
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
 US - US Route SR - State Route  
 TR - Numbered Township Route

Distance From Reference

 Miles  
 Feet  
 Yards

Dir From Ref

N, S, E, W

Reference Route

Type <sup>1</sup>

Reference Route Number

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

6679

Reference Road

Type <sup>2</sup>

Reference Point Used

 1 - Intersection  
 2 - Mile Post  
 3 - House Number

Crash Location

0 1

 01 - Not an Intersection 06 - Five-point, or more 11 - Railway Grade Crossing  
 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails  
 03 - T-Intersection 08 - Off Ramp 99 - Unknown  
 04 - Y-Intersection 09 - Crossover  
 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

 Intersection Related

Location of First Harmful Event

 1 - On Roadway 5 - On Gore  
 2 - On Shoulder 6 - Outside Trafficway  
 3 - In Median 9 - Unknown  
 4 - On Roadside

Road Contour

 1 - Straight Level 4 - Curve Grade  
 2 - Straight Grade 9 - Unknown  
 3 - Curve Level

Road Conditions

 Primary  
 Secondary

 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement\*  
 02 - Wet 06 - Water (Standing, Moving) 10 - Other  
 03 - Snow 07 - Slush 99 - Unknown  
 04 - Ice 08 - Debris\*

\* Secondary Condition Only

Manner of Crash Collision/Impact

 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

Weather

 1 1 - Clear 4 - Rain 7 - Severe Crosswinds  
 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Silt, Dirt, Snow  
 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

 2 1 - Concrete 4 - Slag, Gravel, Stone  
 2 - Blacktop, Bituminous, Asphalt 5 - Dirt  
 3 - Brick/Block 6 - Other

Light Conditions

 Primary  
 Secondary

 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown  
 2 - Dawn 6 - Dark - Unknown Roadway Lighting  
 3 - Dusk 7 - Glare\*  
 4 - Dark - Lighted Roadway 8 - Other

\* Secondary Condition Only

School Bus Related

 School Bus Related  
 Yes, School Bus Directly Involved  
 Yes, School Bus Indirectly Involved

Work Zone Related

 Workers Present  
 Law Enforcement Present (Officer/Vehicle)  
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

 1 - Lane Closure 4 - Intermittent or Moving Work  
 2 - Lane Shift/Crossover 5 - Other  
 3 - Work on Shoulder or Median

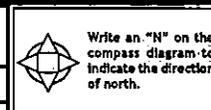
Location of Crash in Work Zone

 1 - Before the First Work Zone Warning Sign 4 - Activity Area  
 2 - Advance Warning Area 5 - Termination Area  
 3 - Transition Area

Narrative

On 11/22/2016 at about 12:05 P.M. unit 1 was in the left turn lane on northbound Dixie Hwy. when it failed to yield turning left, and in so doing, collided with unit 2 which was southbound on Dixie Hwy.

Diagram



SEE OH-2

Report Taken By

 Police Agency  Motorist

 Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

1 1 2 2 2 0 1 6

Time Crash Reported

1 2 0 6

Dispatch Time

1 2 1 1

Arrival Time

1 2 2 1

Time Cleared

1 2 5 0

Other Investigation Time

3 0

Total Minutes

5 9

Officer's Name \*

C. Singleton

Officer's Badge Number

89

Checked By

Page 1 of 5



# Unit

Local Report Number

1 6 0 8 4 2 3 4

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>Burdge, Jeremy</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 341-1440</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>6255 Firestone De. Fairfield, Ohio 45014</b>	LP State <b>OH</b>	License Plate Number <b>GVE2821</b>	Vehicle Identification Number <b>1HGCM56476A077512</b>	
Vehicle Year <b>2006</b>	Vehicle Make <b>Honda</b>	Vehicle Model <b>Accord</b>	Vehicle Color <b>Gray</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>USAA</b>	Policy Number <b>035606624R</b>	Towed By	

Carrier Name, Address, City, State, Zip	Carrier Phone- Include area code
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US DOT <b>01</b>	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 <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</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 19 - 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>02</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(AH Areas) 14 - Other	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>06</b> 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 <b>02</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 <b>01</b> 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 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> 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 (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 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>5</b>	Posted Speed <b>50</b>	Traffic Control <b>12</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>2</b> To <b>4</b> 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

1 6 0 8 4 2 3 4

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Dixie Imports Inc.</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 829-2777</b>	Damage Scale <b>4</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>4597 Dixie Hwy Fairfield, Ohio 45014</b>				
LP State <b>OH</b>	License Plate Number <b>4 9351</b>	Vehicle Identification Number <b>1J8FT48W38D711268</b>	# Occupants <b>01</b>	
Vehicle Year <b>2008</b>	Vehicle Make <b>Jeep</b>	Vehicle Model <b>Patriot</b>	Vehicle Color <b>Light Green</b>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By <b>FOX</b>	
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"/>	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>06</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
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Pre-Crash Actions <b>01</b> 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 <b>01</b> Secondary <input type="checkbox"/>	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 - 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 /Signal's/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>	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 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 <b>30</b>	Posted Speed <b>50</b>	Traffic Control <b>12</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 4 2 3 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Burdge, Jeremy	Date of Birth 01211997	Age 19	Gender M
Address, City, State, Zip 6255 Firestone Dr. Fairfield, Ohio 45014			Contact Phone- include area code (513) 341-1440	
Injuries 1	Injured Taken By [ ]	EMS Agency [ ]	Medical Facility Injured Taken To [ ]	Safety Equipment Used 04
OL State OH	Operator License Number UD518664	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 [ ]
Offense Charged (Local Code) 331.17A	Offense Description Right of Way-Turning Left	Citation Number 230363	Hands-Free Device Used [ ]	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Laghrissi, Rachid	Date of Birth 07121974	Age 42	Gender M
Address, City, State, Zip 3817 Fox Run Dr. #1233 Blue Ash, Ohio 45236			Contact Phone- include area code (513) 373-4538	
Injuries 2	Injured Taken By 2	EMS Agency Fairfield FD	Medical Facility Injured Taken To West Chester	Safety Equipment Used 04
OL State OH	Operator License Number UR587785	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 [ ]
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	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 is "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 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction	

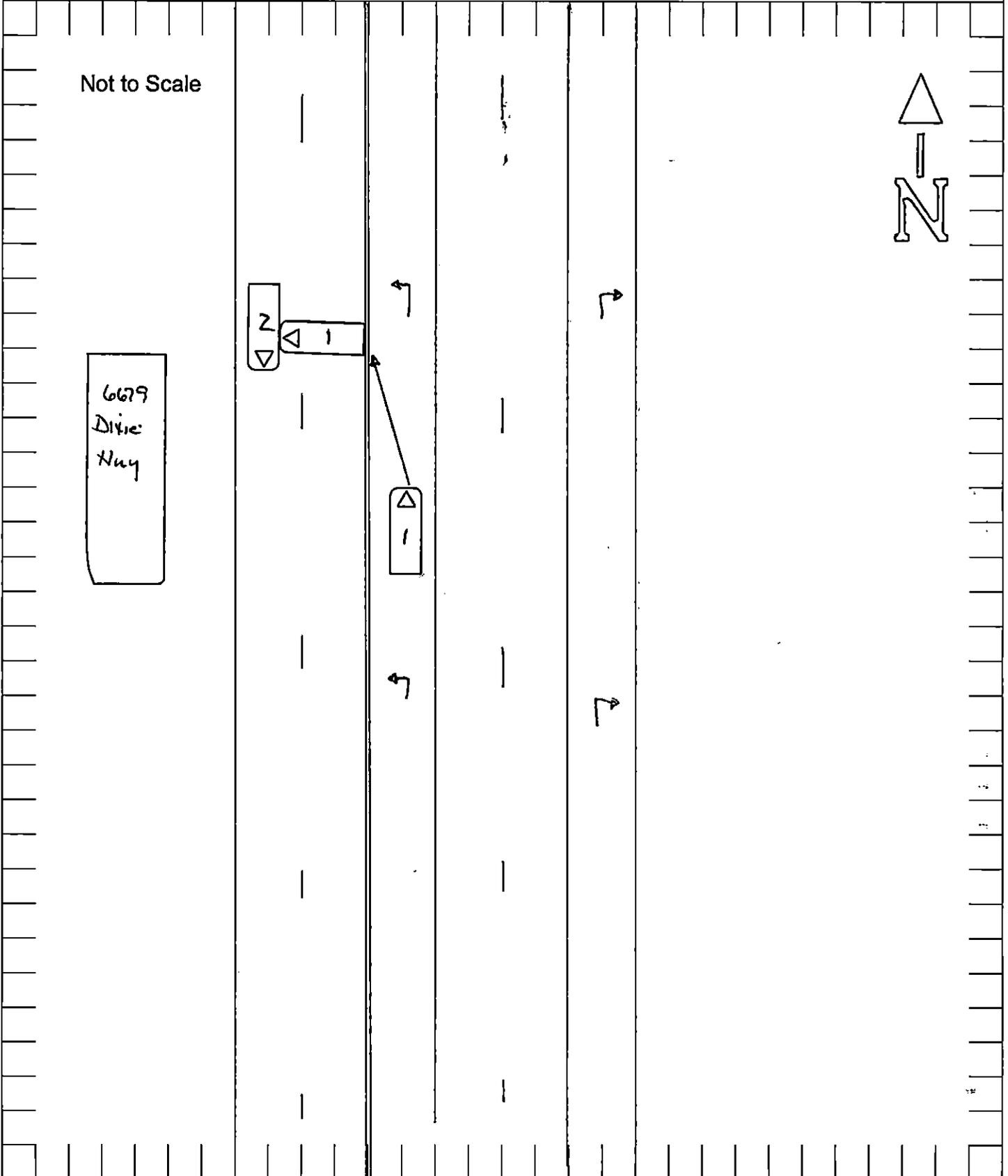
Occupant

Unit Number [ ]	Name: Last, First, Middle [ ]	Date of Birth [ ]	Age [ ]	Gender [ ]
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 [ ]
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 16-084234	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 11/22/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 6679 Dixie Hwy	



OFFICER'S SIGNATURE C. Singleton	BADGE NO. 89
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