



Traffic Crash Report

Local Report Number *

1 6 0 7 1 2 3 5

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

HIS/Skip

2 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 1

Unit in error

0 1 98 - Animal
99 - Unknown

County *

0 9

City *

 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

1 0 0 3 2 0 1 6

Time of Crash

0 7 3 4

Day of Week

M O N

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 . 3 2 8 2 3 7

Longitude

- 8 4 . 5 5 3 6 6 8

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

/ /

Road Types or Milepost ²
 AL - Alley CR - Circle
 AV - Avenue CT - Court
 BL - Boulevard DR - Drive
 HE - Heights HW - Highway
 LA - Lane MP - Milepost
 PL - Place RD - Road
 ST - Street TE - Terrace
 WA - Way SQ - Square
 TL - Trail
Location Route Type ¹

Location Route Number

Loc Prefix N,S,E,W

Location Road Name

DIXIE

Location Route Type ²

H W

Route Types ¹
 IR - Interstate Route (Inc. Turnpike)
 US - US Route
 SR - State Route

 CR - Numbered County Route
 TR - Numbered Township Route

Distance From Reference

 Miles
 Feet
 Yards

Dir From Ref

 N,S,E,W
 F
Reference Route Type ¹

Reference Route Number

/ / / / / /

Ref Prefix N,S,E,W

Reference Name (Road, Milepost, House #)

6625

Reference Road Type ²

/ /

Reference Point Used

 1 - Intersection
 2 - Mile Post
 3 - House Number

Crash Location

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

 Intersection Related

Location of First Harmful Event

6

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

Road Contour

 1 - Straight Level
 2 - Straight Grade
 3 - Curve Level

4 - Curve Grade

 9 - Unknown

Road Conditions

 Primary
 Secondary

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

* Secondary Condition Only

Manner of Crash Collision/Impact

 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 - 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

 1 - Concrete
 2 - Blacktop, Bituminous, Asphalt
 3 - Brick/Block

4 - Slag, Gravel, Stone

 5 - Dirt
 6 - Other

Light Conditions

 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

 School Zone Related
 School Bus Directly Involved
 School Bus Indirectly Involved

* Secondary Condition Only

 Work Zone Related

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

Type of Work Zone

 1 - Lane Closure
 2 - Lane Shift/Crossover
 3 - Work on Shoulder or Median

4 - Intermittent or Moving Work

 5 - Other

Location of Crash In Work Zone

 1 - Before the First Work Zone Warning Sign
 2 - Advance Warning Area
 3 - Transition Area

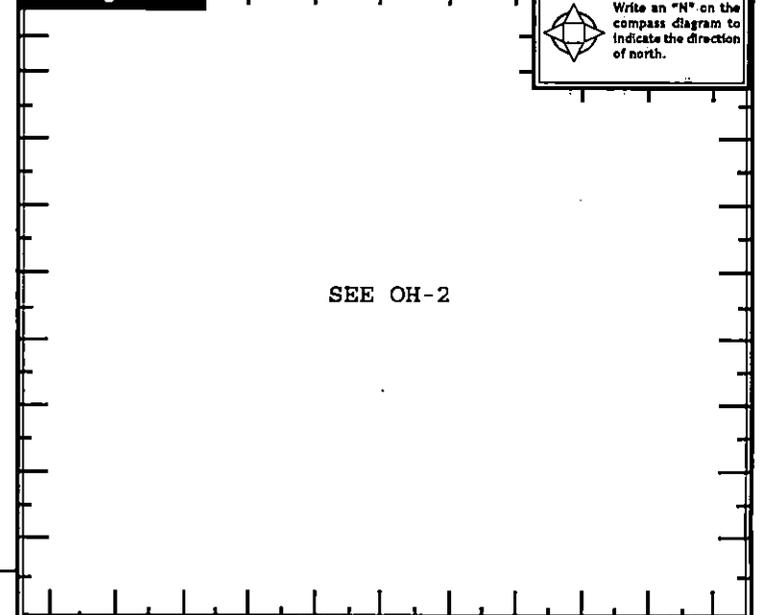
4 - Activity Area

 5 - Termination Area

Narrative

On 01-03-16 at 7:34 a.m., Unit 1 was traveling east in the parking lot located at 6625 Dixie Hwy. The driver of Unit 1 lost control of the vehicle and struck the support pillar of the building. The driver of Unit 1 left the scene without notifying the owner of the damage or calling the police.

Diagram



Report Taken By

 Police Agency Motorist

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

Date Crash Reported

1 0 0 3 2 0 1 6

Time Crash Reported

0 9 3 5

Dispatch Time

0 7 3 8

Arrival Time

0 7 3 9

Time Cleared

0 7 5 5

Other Investigation Time

/ / / /

Total Minutes

1 6

Officer's Name *

P.O. J. DRAKE

Officer's Badge Number

88

Checked By

SGT. VALANDINGHAM

Page 1 of 4



Unit

Local Report Number

1 6 0 7 1 2 3 5

| | | | | |
|---|--|--|----------------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) RENDON, LORENA | Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 903-4467 | Damage Scale 3 | Damaged Area |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5259 ASTER PARK DR APT.#2905 HAMILTON, OHIO 45011 | | | | 1 - None |
| LP State OH | License Plate Number GBG9648 | Vehicle Identification Number 1D4GP24R96B717706 | # Occupants 01 | 2 - Minor |
| Vehicle Year 2006 | Vehicle Make DODGE | Vehicle Model GRAND CARAVAN | Vehicle Color BLUE | 3 - Functional |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company ALFA | Policy Number 1134007143548 | Towed By | 4 - Disabling |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- Include area code | 9 - Unknown |

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

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|--|---|---|---|--|
| 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 05 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 | | | | |

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|--|---|---|--|--|--|
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 09 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 3 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 17 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 /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 41 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 (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 - 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 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 or Support 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 15 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed <input type="checkbox"/> | Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|---|--|--|--|



Motorist / Non-Motorist / Occupant

Local Report Number: 1 6 0 7 1 2 3 5

Motorist/Non-Motorist

Unit Number: 01 Name: Last, First, Middle: RENDON, CLAUDIA Date of Birth: 06/01/1995 Age: 21 Gender: F (Female)

Address, City, State, Zip: 5259 ASTER PARK DR APT.#2905 HAMILTON, OHIO 45011 Contact Phone- include area code: (513) 903-4466

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: UR337560 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): 331.34A Offense Description: FAILURE TO CONTROL Citation Number: 227870 Hands-Free Device Used: Driver Distracted By: 1

Motorist/Non-Motorist

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:

OL State: Operator License Number: OL Class: No Valid OL: M/C End: Condition: Alcohol/Drug Suspected: Alcohol Test Status: Alcohol Test Type: Alcohol Test Value: Drug Test Status: Drug Test Type:

Offense Charged (Local Code): Offense Description: Citation Number: Hands-Free Device Used: Driver Distracted By:

- | | | | |
|---|--|---|---|
| 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 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows,Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other |
|---|--|---|---|

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|--|--|---|---|
| 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 | 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 |
|--|---|--|--|---|--|

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|--|---|---|--|--|
| 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:

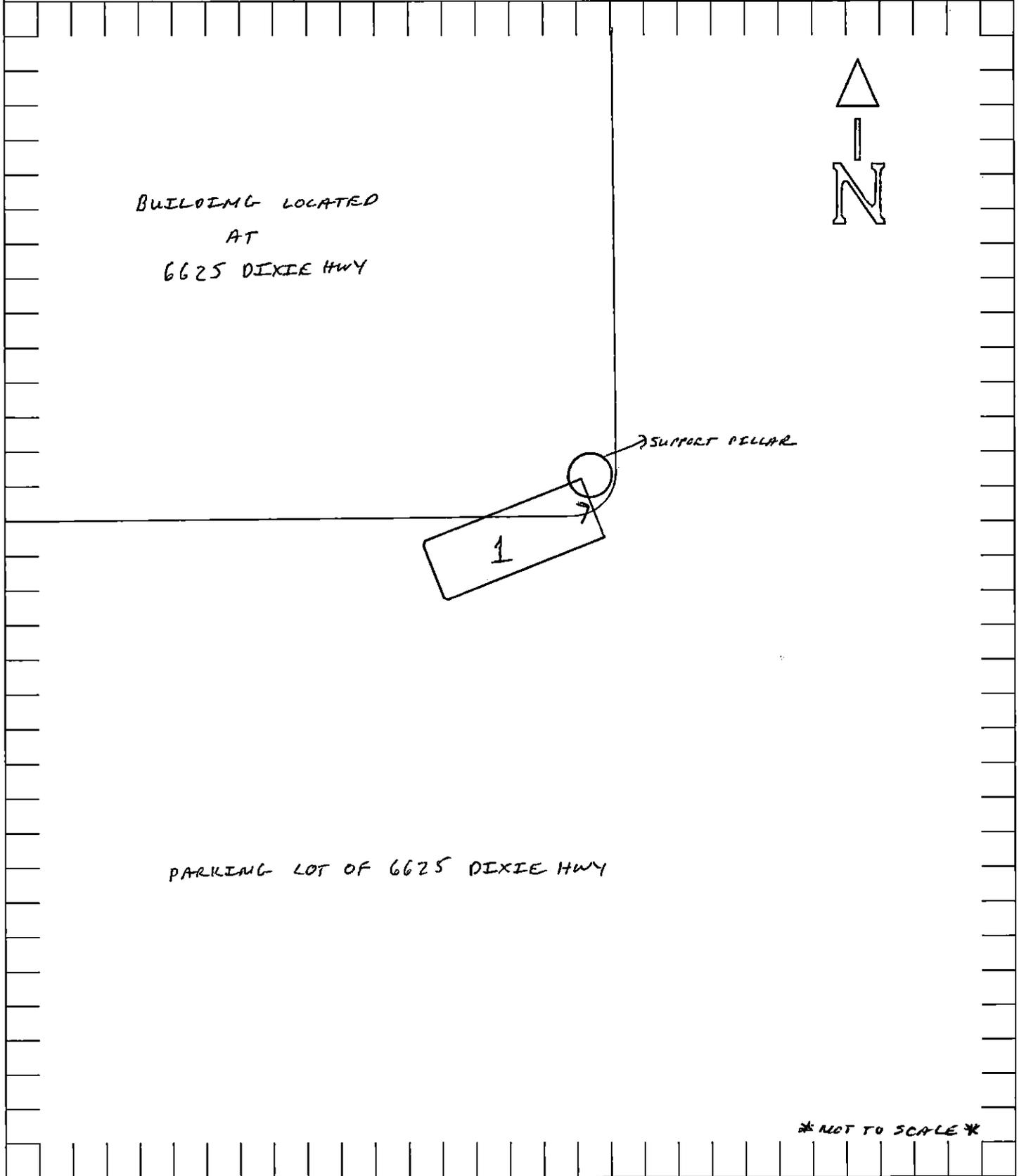
Occupant

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:

| | | |
|----------------------------------|--|------------------------------|
| LOCAL REPORT NUMBER 16-071235 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 10-03-16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Parking lot of 6625 Dixie Hwy | |



| | |
|--------------------------------------|-----------------|
| OFFICER'S SIGNATURE P.O. J. Drake | BADGE NO. 88 |
|--------------------------------------|-----------------|