



Traffic Crash Report

Local Report Number *

1 6 0 7 1 3 2 4

Crash Severity

3
1 - Fatal
2 - Injury
3 - PDO

HIU/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 2

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

1 5 0 4

Day of Week

M O N

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 . 3 4 0 2 3 9

Longitude

- 8 4 . 5 2 0 1 1 8

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

0 2

Road Types or Milepost ²
 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

GILMORE

 Location Road Type ²

R D

Route Types ¹
 IR - Interstate Route (Inc. turnpike) CR - Numbered County Route
 US - US Route TR - Numbered Township Route
 SR - State Route

Distance From Reference

30

Dir. From Ref

E, W

Reference Route Type ¹

E, W

Reference Route Number

Reference Name (Road, Milepost, House #)

8652

Ref Prefix

N, S, E, W

Reference Road Type ²

Reference Point Used

 1 - Intersection
 2 - Mile Post
 3 - House Number

Crash Location

 0 3
 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

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

Road Contour

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

Road Conditions

 0 1
 Primary
 Secondary

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

Weather

 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

 5
 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
 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

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

Light Conditions

 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

 School Zone 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
 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

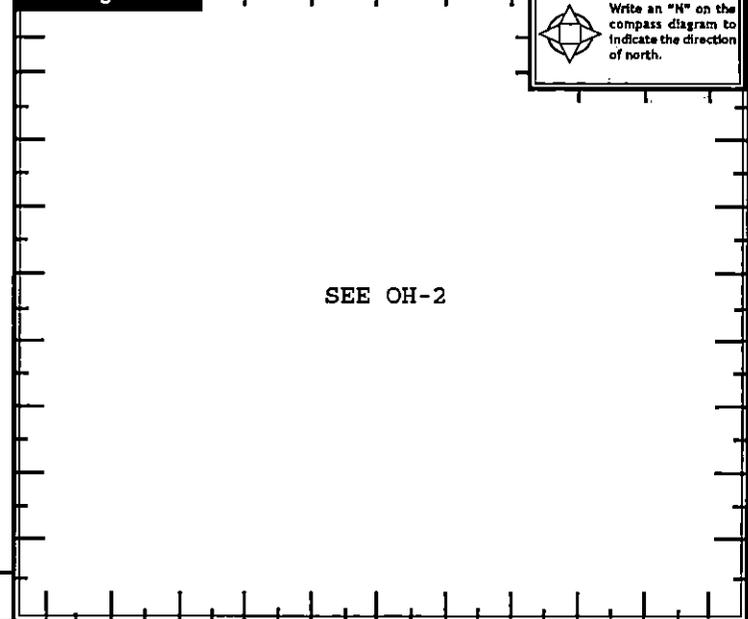
4 - Activity Area

 5 - Termination Area

Narrative

On 10/3/2016 at 3:04 p.m. the driver of Unit 1 facing west backed into the front end of Unit 2 who was also facing west after the driver of Unit 1 pulled too far into the roadway on North Gilmore Rd. The driver of Unit 1 then took off north on North Gilmore without stopping to exchange the required insurance information with the driver of Unit 2.

Diagram



Report Taken By

 Police Agency Motorist

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

Date Crash Reported

1 0 0 3 2 0 1 6

Time Crash Reported

1 5 0 4

Dispatch Time

1 5 1 6

Arrival Time

1 5 2 6

Time Cleared

1 5 4 6

Other Investigation Time

1 0

Total Minutes

3 0

Officer's Name *

P. O. MOLLMANN

Officer's Badge Number

140

Checked By

Sgt. #88

Page 1 of 5



Unit

Local Report Number

1 6 0 7 1 3 2 4

Unit Number 01	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 9	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)			1 - None	
LP State	License Plate Number	Vehicle Identification Number	2 - Minor	
			3 - Functional	
Vehicle Year	Vehicle Make	Vehicle Model	4 - Disabling	
			9 - Unknown	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

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

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

Special Function 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 Impact Area 06	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 02 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 - Driver/less	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 11 Secondary 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision with 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 5 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 0	Traffic Control 02 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
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Unit

Local Report Number

1 6 0 7 1 3 2 4

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Universal Transportation Services	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 218-2514	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 5284 Winton Rd. Fairfield, OH 45014				
LP State OH	License Plate Number 258xyf	Vehicle Identification Number 1D4GP24E16B653402	# Occupants 01	
Vehicle Year 2006	Vehicle Make DODGE	Vehicle Model GRAND CARAVAN	Vehicle Color BLUE	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company NATIONWIDE	Policy Number XPP2419380-11	Towed By	

Carrier Name, Address, City, State, Zip _____ Carrier Phone- Include area code _____

US DOT 01	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 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 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 7 1 3 2 4

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle	Date of Birth	Age	Gender M - Male							
Address, City, State, Zip			Contact Phone- include area code								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 99	DOT Compliant Motorcycle Helmet	Seating Position 01	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	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type
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 WATSON, LORI, S	Date of Birth 12131978	Age 37	Gender F - Female							
Address, City, State, Zip 512 WILLIAMS AVE, HAMILTON, OH 45015			Contact Phone- include area code (513) 545-5070								
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 RS425516	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
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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet 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
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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
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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
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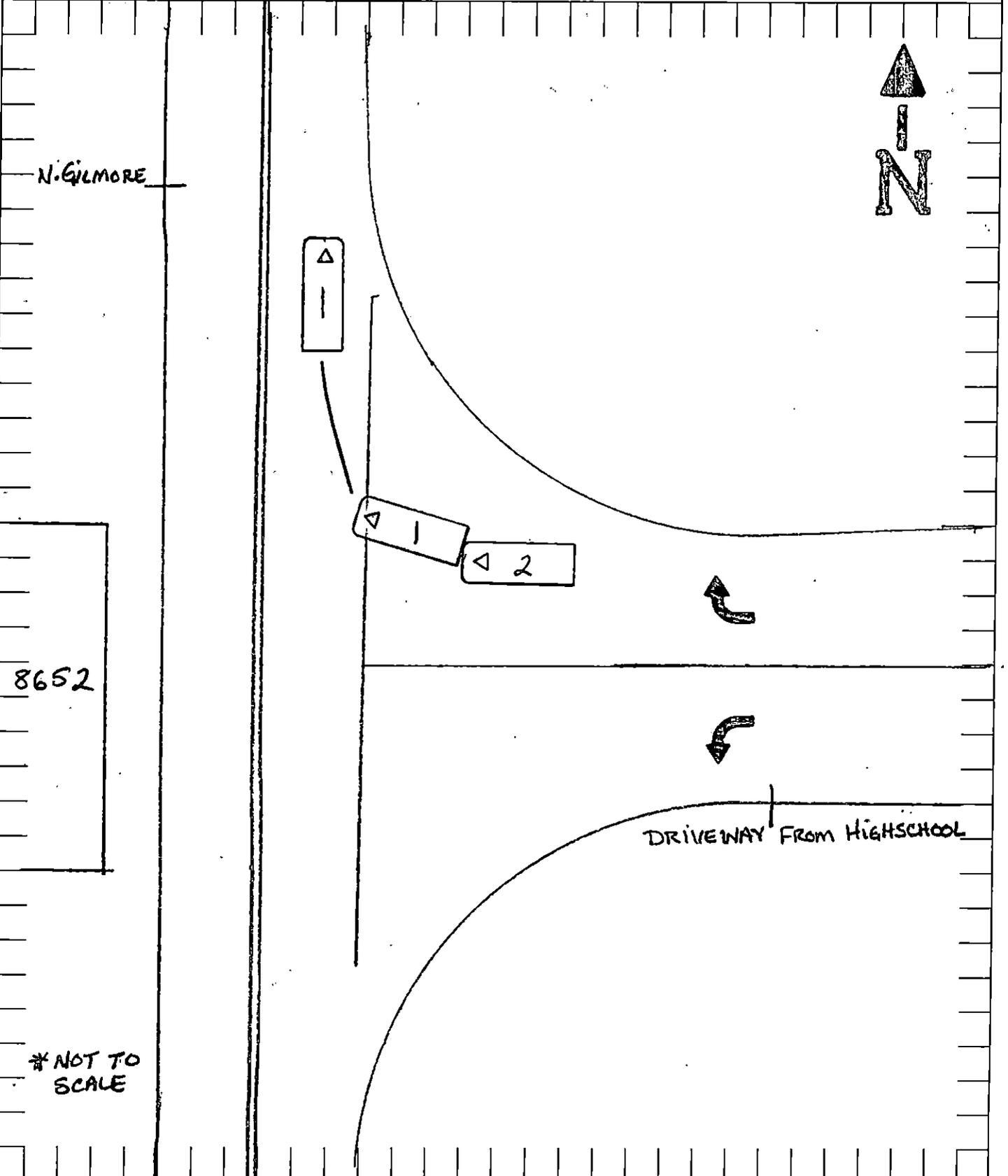
Occupant

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 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 99	DOT Compliant Motorcycle Helmet	Seating Position 99	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

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 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 99	DOT Compliant Motorcycle Helmet	Seating Position 99	Air Bag Usage 1	Ejection 1	Trapped 1

LOCAL REPORT NUMBER 16071324	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 10/3/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 8652 N. GILMORE RD.	



*NOT TO SCALE

OFFICER'S SIGNATURE P.O. MOLLMANN	BADGE NO. 140
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