



Traffic Crash Report

| | | |
|-----------------------|---|--|
| Local Report Number * | Crash Severity | Hit/Skip |
| 1 6 0 7 2 3 2 5 | 3 1 - Fatal 2 - Injury 3 - PDO | <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved |

| | | | | | |
|--|---|---|-------------------------|-----------------------------|---------------|
| Local Information | | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| <input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | 0 0 9 0 1 | Fairfield Police Department | 0 2 |
| County * | | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 0 9 | | Fairfield | 1 0 0 7 2 0 1 6 | 0 8 3 8 | F R I |

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

| | | | |
|---|--|----------------------|--|
| 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 | 0 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 | Location Road Type 2 | Route Types 1 |
| | | | Symes | RD | IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State 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 |
| 10 | W | S R | 4 | | Dixie | H W |

| | | | |
|---|--|-------------------------------------|---|
| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 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 | <input checked="" type="checkbox"/> | 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

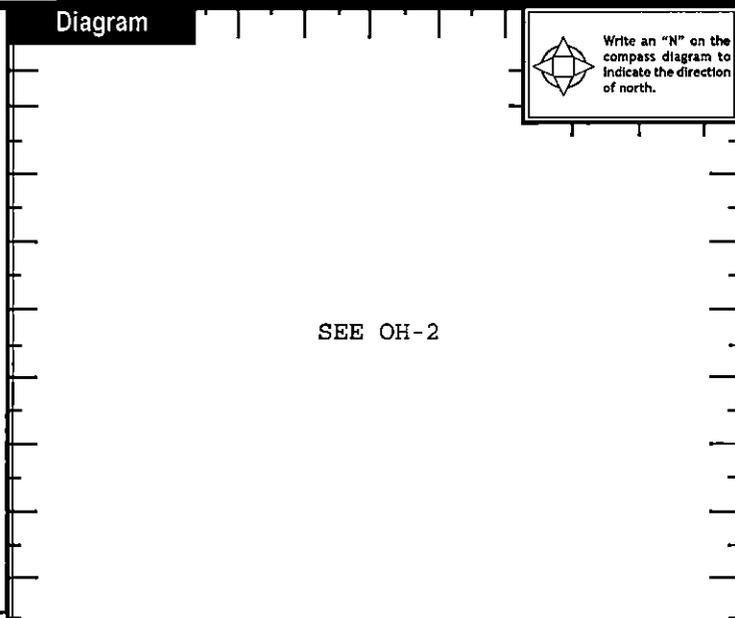
| | | |
|---|-----------------------------|--|
| Road Contour | Road Conditions | Weather |
| 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 0 1 Primary Secondary | 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown |

| | |
|--|---|
| Manner of Crash Collision/Impact | Weather |
| 2 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 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 Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

| | | |
|---|---|--|
| Work Zone Related | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other | <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area |

Narrative
SEE OH-2



| | | | | | | | | |
|---|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to DDPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> | 1 0 0 7 2 0 1 6 | 0 8 3 8 | 0 8 3 9 | 0 8 4 3 | 0 9 1 5 | 0 | 3 2 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 6 | | | | | |
| P. O. T. Wolf | 97 | Sgt. M. Rednour #53 | | | | | | |



Unit

Local Report Number

1 6 0 7 2 3 2 5

| | | | | |
|--|---|---|---|--|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Bryant, Arthur | Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 857-5671 | Damage Scale 1 | |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 964 Haverhill Dr Hamilton, Ohio 45013 | | | 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown | |
| LP State OH | License Plate Number 565 YHZ | Vehicle Identification Number 2FAFP74W74X130335 | # Occupants 01 | |
| Vehicle Year 2004 | Vehicle Make Ford | Vehicle Model Crown Victoria | Vehicle Color White | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company Nationwide | Policy Number 10539447 | 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 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 |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |

| | | | | | |
|--|--|--|---|---|--|
| Non-Motorist Location Prior to Impact 01 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 1 - Personal 2 - Commercial 3 - Government <input checked="" type="checkbox"/> In Emergency Response | Unit Type 04 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 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 01 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 |
|--|---|--|--|---|--|

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

| | | | | |
|--|--|--|---|---|
| Contributing Circumstances Primary 09 Secondary 00 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 00 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 |
|--|--|--|---|---|

| | | | |
|---|---|---|--|
| Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00 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 - 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 | Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Railing 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 | Posted Speed 35 | Traffic Control 12 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 |
|------------------------|---------------------------|---|--|---|---|---|



Unit

Local Report Number

1 6 0 7 2 3 2 5

| | | | | | |
|---|--|--|---|--|--|
| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Korb, Aaron S. | Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 737-4843 | Damage Scale 2 | Damaged Area | |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 329 Fairview Ave Hamilton, Ohio 45015 | | | | | |
| LP State OH | License Plate Number ASE 99 | Vehicle Identification Number 1HD1FR4137Y717139 | # Occupants 01 | | |
| Vehicle Year 2007 | Vehicle Make Harley Davidson | Vehicle Model FLHRC | Vehicle Color Black | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company Nationwide | Policy Number MSNA0059153907 | 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 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 | 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 <input type="checkbox"/> Hit / Skip Unit | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | | | | |
| HM Class Number | | | | | |
| Non-Motorist Location Prior to Impact <input type="checkbox"/> | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 09 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 | | |
| 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 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 |
| | | | | Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| Pre-Crash Actions 11 | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | 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 | |
| Contributing Circumstances Primary 01 | 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 | | |
| Sequence of Events 1 20 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 | | |
| Collision with Person, Vehicle or Object Not Fixed | | | Collision With Fixed Object | | |
| 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 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 0 | Posted Speed 35 | Traffic Control 12 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 2 3 2 5

Motorist/Non-Motorist

| | | | | |
|--|---|-----------------------------|--|--|
| Unit Number 01 | Name: Last, First, Middle Bryant, Susan K. | Date of Birth 06/02/1969 | Age 47 | Gender F - Female M - Male |
| Address, City, State, Zip 964 Haverhill Dr Hamilton, Ohio 45013 | | | Contact Phone- include area code (513) 816-3645 | |
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position 01 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | |
| OL State OH | Operator License Number RR532207 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> |
| 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) 333.03A | Offense Description ACDA | Citation Number 231029 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |

Motorist/Non-Motorist

| | | | | |
|--|---|-----------------------------|--|---|
| Unit Number 02 | Name: Last, First, Middle Korb, Aaron S. | Date of Birth 01/28/1972 | Age 43 | Gender M - Male F - Female |
| Address, City, State, Zip 329 Fairview Ave Hamilton, Ohio 45015 | | | Contact Phone- include area code (513) 737-4843 | |
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 08 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position 01 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | |
| OL State OH | Operator License Number RQ684575 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> |
| 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 <input type="checkbox"/> | Driver Distracted By 1 |

| | | | | |
|--|---|---|---|--|
| Injuries | Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment | Non-Motorist |
| 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used | 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 |

| | | | |
|--|--|--|---|
| Seating Position | 07 - Third - Left Side (Motorcycle Side Car) | 12 - Passenger in Unenclosed Cargo Area | Air Bag Usage |
| 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 | 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) | 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown | 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |

| | | | | |
|---|---|---|--|---|
| Ejection | Trapped | Operator License Class | Condition | Alcohol/Drug Suspected |
| 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only | 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness | 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
| | | | 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | |

| | | | | |
|--|---|--|---|---|
| Alcohol Test Status | Alcohol Test Type | Drug Test Status | Drug Test Type | Driver Distracted By |
| 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Other | 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 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position | Air Bag Usage | Ejection | Trapped | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position | Air Bag Usage | Ejection | Trapped | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

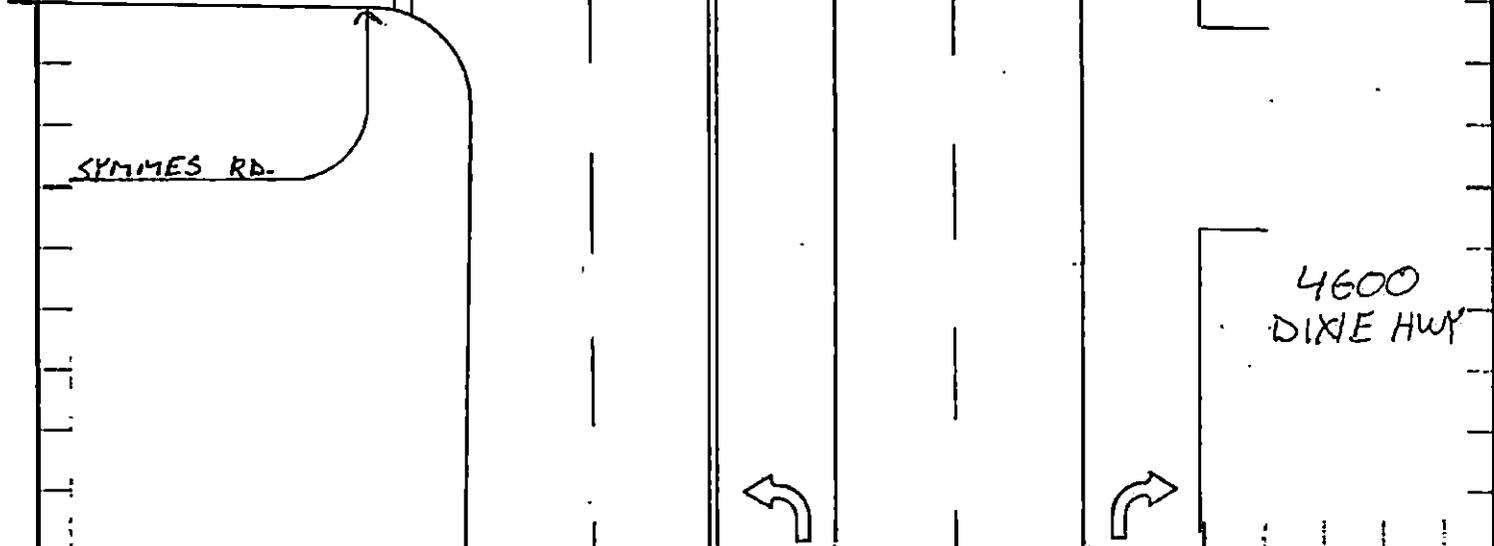
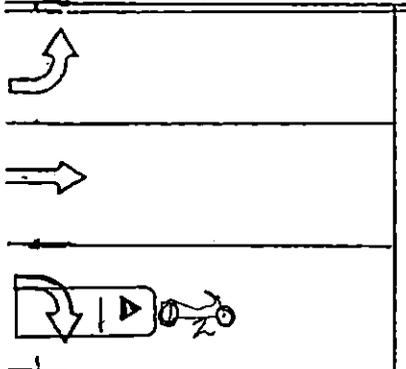
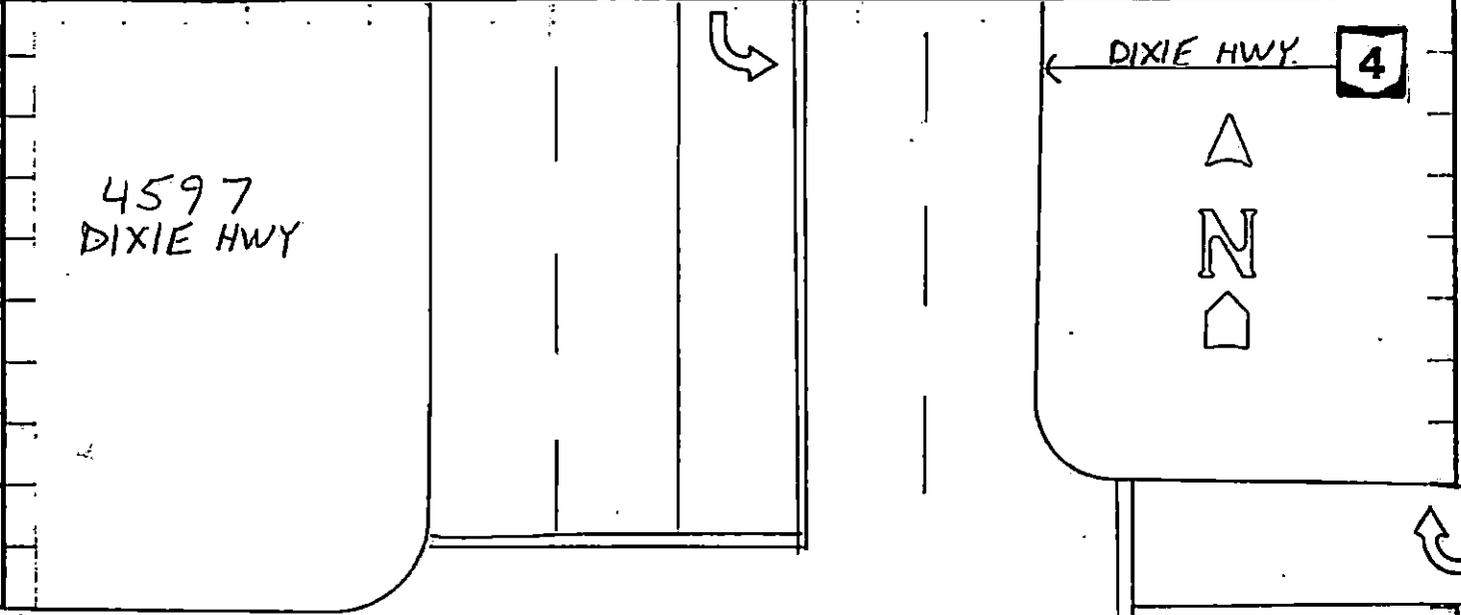
| | | |
|--|---|------------------------------|
| LOCAL REPORT NUMBER 16072325 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 10-07-16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION Symmes Rd @ Dixie Hwy | |
| <p>On 10-07-16 at about 8:38 a.m. Unit 1 was traveling eastbound on Symmes Rd at approximately 5 m.p.h. and when at Dixie Hwy failed to stop within the assured clear distance ahead and collided with Unit 2 which was also eastbound and was stopped in traffic at Dixie Hwy. Brake lights on Unit 2 were inspected and were working properly.</p> | | |
| | OFFICER'S SIGNATURE P.O. T. Wolf | BADGE NO. 97 |

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

| | | |
|----------------------------------|------------------------------------|--|
| LOCAL REPORT NUMBER 16-072325 | REPORTING AGENCY FAIRFIELD P.D. | DATE OF ACCIDENT M 10 10 07 11 Y 16 |
|----------------------------------|------------------------------------|--|

| | |
|------------------------|--|
| IN COUNTY OF BUTLER | ACCIDENT LOCATION SYMMES RD @ DIXIE HWY |
|------------------------|--|



| | |
|---------------------------------------|--------------------|
| OFFICER'S SIGNATURE IX PO. T. WOLF | BADGE NUMBER 97 |
|---------------------------------------|--------------------|