



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 7 3 6 0 4	3 1 - Fatal 2 - Injury 3 - PDD	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit In error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		0 0 9 0 1	Fairfield Police Department	0 2	9 9 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	1 0 1 2 2 0 1 6	0 9 1 7	W E D

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

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 <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	0 4	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 ²
			Nilles	R D	IR - Interstate Route (Inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

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

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 2 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

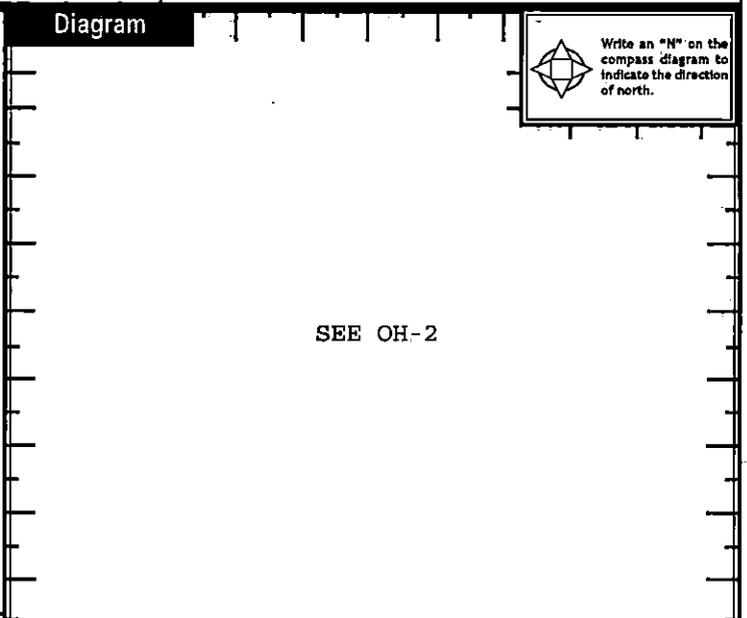
Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 0 1 Secondary	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hall 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
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	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hall 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	<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	Workers Present	Type of Work Zone	Location of Crash In Work Zone
<input type="checkbox"/>	<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 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative
SEE OH-2



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSS)	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 1 2 2 0 1 6	0 9 1 7	0 9 2 0	0 9 2 2	0 9 5 4	0	3 2

Officer's Name *	Officer's Badge Number	Checked By:	Page 1 of 6
P.O. T. Wolf	97	Sgt. Valandingham	



Unit

Local Report Number
16073604

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Smith, Matthew D.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 510-5451	Damage Scale 4	Damaged Area
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Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 5 Walnut Ave Cincinnati, Ohio 45215	1 - None	09	02	03
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LP State OH	License Plate Number DMT 1364	Vehicle Identification Number JTKK1624150117301	# Occupants 01
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Vehicle Year 2005	Vehicle Make Scion	Vehicle Model XA	Vehicle Color White
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company American Family	Policy Number 217252570261FPPAOH	Towed By Marcell's
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Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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US DOT	Vehicle Weight GVWR/GCWR <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	Trafficway Description 1
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HM Placard ID No.	HM Class Number	<input type="checkbox"/> Hazardous Material Released	<table border="1"> <tr> <td>01 - No Cargo Body Type/Not Applicable</td> <td>09 - Pole</td> </tr> <tr> <td>02 - Bus/Van (9-15 Seats, Inc Driver)</td> <td>10 - Cargo Tank</td> </tr> <tr> <td>03 - Bus (16+ Seats, Inc Driver)</td> <td>11 - Flat Bed</td> </tr> <tr> <td>04 - Vehicle Towing Another Vehicle</td> <td>12 - Dump</td> </tr> <tr> <td>05 - Logging</td> <td>13 - Concrete Mixer</td> </tr> <tr> <td>06 - Intermodal Container Chassis</td> <td>14 - Auto Transporter</td> </tr> <tr> <td>07 - Cargo Van/Enclosed Box</td> <td>15 - Garbage/Refuse</td> </tr> <tr> <td>08 - Grain, Chips, Gravel</td> <td>99 - Other/Unknown</td> </tr> </table>	01 - No Cargo Body Type/Not Applicable	09 - Pole	02 - Bus/Van (9-15 Seats, Inc Driver)	10 - Cargo Tank	03 - Bus (16+ Seats, Inc Driver)	11 - Flat Bed	04 - Vehicle Towing Another Vehicle	12 - Dump	05 - Logging	13 - Concrete Mixer	06 - Intermodal Container Chassis	14 - Auto Transporter	07 - Cargo Van/Enclosed Box	15 - Garbage/Refuse	08 - Grain, Chips, Gravel	99 - Other/Unknown
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Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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Special Function 01	Most Damaged Area 03	Impact Area 03	Action 9
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Pre-Crash Actions 01	Motorist	Non-Motorist	Vehicle Defects 01
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Contributing Circumstances 99	Sequence of Events 20	Non-Collision Events	Collision With Fixed Object
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Unit Speed 30	Posted Speed 35	Traffic Control 04	Unit Direction From 3 To 4
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Unit

Local Report Number
1 6 0 7 3 6 0 4

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) Street, Alfred W.	Owner Phone Number - Inc. area code (Same As Driver) (513) 551-9518	Damage Scale 4	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
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Owner Address: City, State, Zip (Same As Driver)
1173 Saint Clair Ave Hamilton, Ohio 45015

LP State OH	License Plate Number FBK 9084	Vehicle Identification Number WBANF33577C540357	# Occupants 01
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Vehicle Year 2007	Vehicle Make BMW	Vehicle Model 528Xi	Vehicle Color Grey
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Proof of Insurance Shown	Insurance Company State Farm	Policy Number 4501169F0135C	Towed By Marcell's
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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	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
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HM Placard ID No.	HM Class Number	Hazardous Material Released	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
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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 09 Impact 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	99 - Unknown Action 9 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 99 Secondary 99	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
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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 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 Direction From 1 To 2 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 7 3 6 0 4

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle Smith, Matthew D.	Date of Birth 01241977	Age 39	Gender M F - Female M - Male
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Address, City, State, Zip 5 Walnut Ave Cincinnati, Ohio 45215	Contact Phone- include area code (513) 510-5451
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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 2	Ejection 1	Trapped 1		
OL State OH	Operator License Number SY255032	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							

Unit Number 02	Name: Last, First, Middle Street, Alfred W.	Date of Birth 01281940	Age 76	Gender M F - Female M - Male
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Address, City, State, Zip 1173 Saint Clair Ave Hamilton, Ohio 45015	Contact Phone- include area code (513) 551-9518
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Injuries 3	Injured Taken By 1	EMS Agency FFFD	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 3	Ejection 1	Trapped 1		
OL State OH	Operator License Number RM181440	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 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
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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 - M/C/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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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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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
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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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
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LOCAL REPORT NUMBER 16073604	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 10-12-16
IN COUNTY OF Butler	ACCIDENT LOCATION Nilles Rd @ Winton Rd	
<p>On 10-12-16 at approximately 9:17 a.m., Unit 1 was traveling westbound on Nilles Rd at Winton Rd and entered the intersection. Unit 2 was traveling southbound on Winton Rd at Nilles Rd and entered the intersection. Unit 1 and Unit 2 collided in the intersection. Both drivers stated they had a green traffic signal.</p>		
	OFFICER'S SIGNATURE P.O. T. Wolf	BADGE NO. 97

