



Traffic Crash Report

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

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
Fairfield		00901	Fairfield Police Department	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	Fairfield	Fairfield	10162016	1015	SUN

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.333185	-84.492213

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
Undivided	N - Northbound E - Eastbound S - Southbound W - Westbound	02	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	Location Road Name	Location Road Type ²	Route Types ¹
			Port Union	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	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
					Seward	RD

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	02 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	1 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	01 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
6 1 - Not Collision Between 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

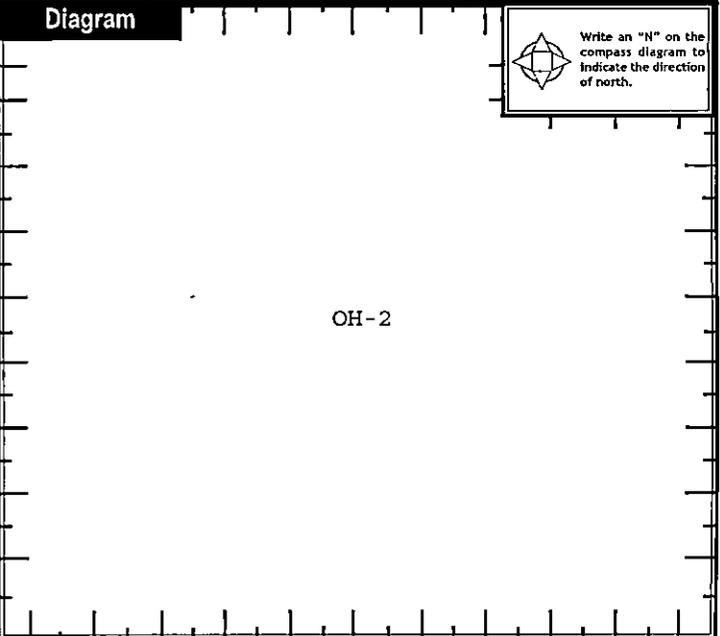
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	01 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	School Bus Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved

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

Narrative

Unit 1 was westbound on Port Union Rd. at the intersection of Port Union Rd. and Seward Rd. A witness stated that unit 1 entered the intersection against a red light and collided with unit 2, which was southbound on Seward Rd. and entered the intersection on a green light.

After it was struck, unit 1 exited the left side of the road and into the grass at AFC Industries, Inc. at 3795 Port Union Rd. The grass was damaged. The telephone number at AFC is (513) 874-7456. The company is located in Fairfield, OH 45014.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
Police Agency		10162016	1017	1020	1024	1110	50	96
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5					
Sgt. Valandingham	73	Sgt. Valandingham						



Unit

Local Report Number
16074737

Unit Number 01	Owner Name: Last, First, Middle (Same As Driver) Petit Jean, Ash	Owner Phone Number - inc. area code (Same As Driver) (513) 237-0332	Damage Scale 4	Damaged Area
LP State OH	License Plate Number GHR 7662	Vehicle Identification Number 1G1JC5SH7E4242269	# Occupants 01	
Vehicle Year 2014	Vehicle Make Chevrolet	Vehicle Model Sonic	Vehicle Color Black	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Allstate	Policy Number 992517839	Towed By FOX	
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 01 - Passenger Vehicles (less than 9 passengers) 02 - Sub-Compact 03 - Compact 04 - Mid Size 05 - Full Size 06 - Minivan 07 - Sport Utility Vehicle 08 - Pickup 09 - Van 10 - Motorcycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van Axle, 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 - Charter 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 - 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 4 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 03 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 09 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 (Blewn 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 - Pedacyclist 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 40 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 45	Traffic Control 04 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 3 To 4 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 4 7 3 7

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Nguyen, Duc C.	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 293-6670	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2010 Meadowlawn Way Apt. D Fairfield, OH 45014				
LP State OH	License Plate Number GUG 9043	Vehicle Identification Number 1G4HP54K814269411	# Occupants 02	
Vehicle Year 2001	Vehicle Make Buick	Vehicle Model LeSabre	Vehicle Color Silver	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Progressive	Policy Number 60336311	Towed By Marcell's	
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
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HM Class Number				

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Unit Speed 30 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 04 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 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 4 7 3 7

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Petit Jean, Betsy Lauren	Date of Birth 09/12/1989	Age 27	Gender F - Female M - Male
Address, City, State, Zip 7053 Hunter Moon Ct. Hamilton, OH 45011			Contact Phone- include area code (513) 237-0332	
Injuries 3	Injured Taken By 2	EMS Agency FFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04
OL State OH	Operator License Number SZ280172	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 -
Offense Charged (Local Code) 313.03 C1	Offense Description Red Light	Citation Number 230205	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Martinez-Lopez, Joel Adolfo	Date of Birth 05/10/1977	Age 39	Gender M - Male F - Female
Address, City, State, Zip 15 Dusk Ct. Fairfield, OH 45014			Contact Phone- include area code (513) 233-8512	
Injuries 2	Injured Taken By 2	EMS Agency FFFD	Medical Facility Injured Taken To Mercy Fairfield	Safety Equipment Used 04
OL State	Operator License Number	OL Class	No Valid OL <input checked="" 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 -
Offense Charged (Local Code) 335.01 A1	Offense Description No Driver's License	Citation Number 230204	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	1 - Not Transported / Treated at Scene	Motorist	05 - Child Restraint System-Forward Facing	09 - None Used
2 - Possible	2 - EMS	01 - None Used - Vehicle Occupant	06 - Child Restraint System-Rear Facing	10 - Helmet Used
3 - Non-Incapacitating	3 - Police	02 - Shoulder Belt Only Used	07 - Booster Seat	11 - Protective Pads Used (Elbows, Knees, Etc)
4 - Incapacitating	4 - Other	03 - Lap Belt Only Used	08 - Helmet Used	12 - Reflective Clothing
5 - Fatal	9 - Unknown	04 - Shoulder and Lap Belt Used		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)	08 - Third - Middle	13 - Trailing Unit	1 - Not Deployed
02 - Front - Middle	09 - Third - Right Side	14 - Riding on Vehicle Exterior (Non-Trailing Unit)	2 - Deployed Front
03 - Front - Right Side	10 - Sleeper Section of Cab (Truck)	15 - Non-Motorist	3 - Deployed Side
04 - Second - Left Side (Motorcycle Passenger)	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	16 - Other	4 - Deployed Both Front/Side
05 - Second - Middle		99 - Unknown	5 - Not Applicable
06 - Second - Right Side			9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected	1 - Not Trapped	1 - Class A	1 - Apparently Normal	1 - None
2 - Totally Ejected	2 - Extricated by Mechanical Means	2 - Class B	2 - Physical Impairment	2 - Yes - Alcohol Suspected
3 - Partially Ejected	3 - Extricated by Non-Mechanical Means	3 - Class C	3 - Emotional (Depressed, Angry, Disturbed)	3 - Yes - HBD Not Impaired
4 - Not Applicable		4 - Regular Class (Ohio is "D")	4 - Illness	4 - Yes - Drugs Suspected
		5 - MC/Moped Only	5 - Fell Asleep, Fainted, Fatigued	5 - Yes - Alcohol and Drugs Suspected
			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	1 - None	1 - None Given	1 - None	1 - No Distraction Reported
2 - Test Refused	2 - Blood	2 - Test Refused	2 - Blood	2 - Phone
3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Test Given, Contaminated Sample/Unusable	3 - Urine	3 - Texting/E-mailing
4 - Test Given, Results Known	4 - Breath	4 - Test Given, Results Known	4 - Other	4 - Electronic Communication Device
5 - Test Given, Results Unknown	5 - Other	5 - Test Given, Results Unknown		5 - Other Electronic Device (Navigation Device, Radio, DVD)
				6 - Other Inside the Vehicle
				7 - External Distraction

Occupant

Unit Number 02	Name: Last, First, Middle Martinez, Jordan	Date of Birth 07/18/2012	Age 4	Gender M - Male F - Female
Address, City, State, Zip 15 Dusk Ct. Fairfield, OH 45014			Contact Phone- include area code (513) 233-8512	

Injuries 2	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 05
DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 06	Air Bag Usage 5	Ejection 1	Trapped 1

Occupant

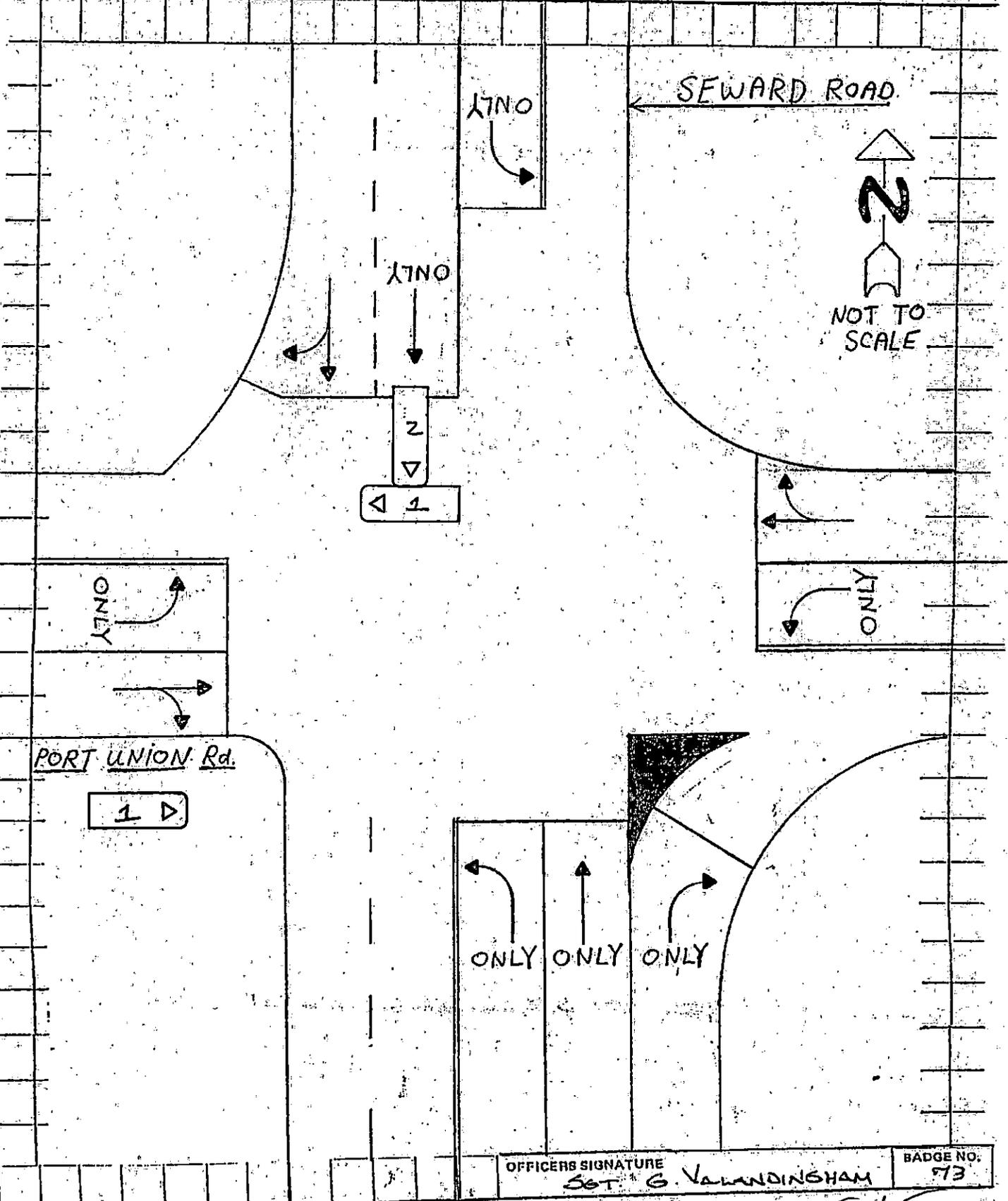
Unit Number	Name: Last, First, Middle Vassolo, Alexander M.	Date of Birth 09/19/1988	Age 28	Gender M - Male F - Female
Address, City, State, Zip 2985 Foxhound Dr. Hamilton, OH 45011			Contact Phone- include area code (513) 490-7857	

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped

OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 16074737	REPORTING AGENCY FAIRFIELD PD.	DATE OF CRASH M 10 10 16 11 16
N. COUNTY OF BUTLER	CRASH LOCATION PORT UNION RD / SEWARD RD	



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