



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
1 6 0 7 5 3 9 5	3 1 - Fatal 2 - Injury 3 - PDO	0 1 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit In error
<input checked="" type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	100901	Fairfield Police Department	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
09	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	FAIRFIELD	10182016	2250	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.360542	-84.527116

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	02	AL - Alley CR - Circle AV - Avenue CT - Court BL - Boulevard DR - Drive HE - Heights HW - Highway LA - Lane LA - Lane MP - Milepost PK - Parkway PL - Place RD - Road ST - Street TE - Terrace WA - Way SQ - Square TL - Trail

Location Route Type ¹	Location Route Number	Loc Prefix	Location Road Name	Location Road Type ²	Route Types ¹
		N,S,E,W	Bobmeyer	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 Number	Ref Prefix	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,E,W		E	Airport	R,D

Reference Point Used	Crash Location	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 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	6 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	02 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	4 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
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	4 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

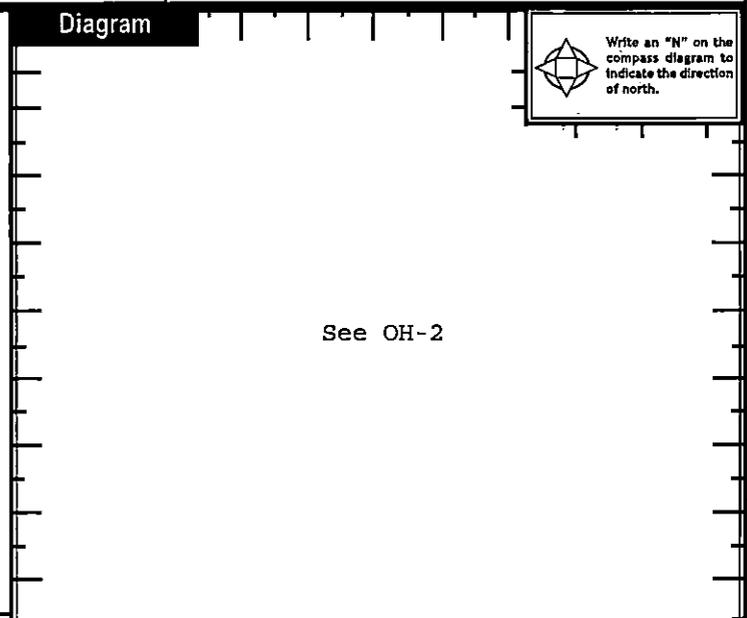
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	5 Primary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare*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

Workers Present	Type of Work Zone	Location of Crash In Work Zone
<input type="checkbox"/> Work Zone Related <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

On 10/18/2016 at approximately 10:50 P.M. Unit 1 was traveling east on Bobmeyer Rd. when at E. Airport Rd., failed to control the vehicle and left the roadway right striking a stop sign and then coming to rest in a ditch.

Stop Sign belongs to The City of Fairfield
5350 Pleasant Ave. (513)-867-5318.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		22516	2341	30	75
Date Crash Reported	Time Crash Reported	Dispatch Time	Officer's Name *	Officer's Badge Number	Checked By
10182016	2251	2253	J. Hauer	137	Sgt. J. Sprague #84



Unit

Local Report Number

16075395

Unit Number 101	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Cajiga-Colin, Salvador	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (832) 886-3458	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 3937 Bonita Dr. Middletown, OH 45044				
LP State OH	License Plate Number GWJ5113	Vehicle Identification Number 2HGFG11657H521639	# Occupants 02	
Vehicle Year 2007	Vehicle Make Honda	Vehicle Model Civic	Vehicle Color Silver	
<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 <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 <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveaway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 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 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 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 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 17 Primary 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	Motorist 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 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 08 2 37 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event 2 Most Harmful Event 2 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision	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
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		

Unit Speed 35 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	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
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Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 7 5 3 9 5

Unit Number: 01 Name: Last, First, Middle: Cajiga-Colin, Salvador Date of Birth: 09/09/1993 Age: 23 Gender: M (Male)

Address, City, State, Zip: 3937 Bonita Dr. Middletown, OH 45044 Contact Phone- Include area code: (832) 886-3458

Injuries: 1 Injured Taken By: 1 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: M[X] Operator License Number: 448579 OL Class: D No Valid OL: M/C End.: Condition: 1 Alcohol/Drug Suspected: 1 Alcohol Test Status: 1 Alcohol Test Type: 1 Alcohol Test Value: Drug Test Status: 1 Drug Test Type: 1

Offense Charged (Local Code): 331.34 (a) Offense Description: Failure to Control Citation Number: 230861 Hands-Free Device Used: Driver Distracted By: 1

Unit Number: Name: Last, First, Middle: Date of Birth: Age: Gender: (Female/Male)

Address, City, State, Zip: Contact Phone- Include area code:

Injuries: Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: DOT Compliant Motorcycle Helmet: Seating Position: Air Bag Usage: Ejection: Trapped:
 OL State: Operator License Number: OL Class: No Valid OL: M/C End.: Condition: Alcohol/Drug Suspected: Alcohol Test Status: Alcohol Test Type: Alcohol Test Value: Drug Test Status: Drug Test Type:

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

Injuries: 1 - No Injury / None Reported, 2 - Possible, 3 - Non-Incapacitating, 4 - Incapacitating, 5 - Fatal
 Injured Taken By: 1 - Not Transported / Treated at Scene, 2 - EMS, 3 - Police, 4 - Other, 9 - Unknown
 Safety Equipment Used: Motorist (01-04), Non-Motorist (05-08)
 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

Seating Position: 01-06, 07-11, 12-15, 16-19, 99 - Unknown
 Air Bag Usage: 1 - Not Deployed, 2 - Deployed Front, 3 - Deployed Side, 4 - Deployed Both Front/Side, 5 - Not Applicable, 9 - Deployment Unknown

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

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

Unit Number: 01 Name: Last, First, Middle: Luna, Andrea Date of Birth: 06/13/1998 Age: 18 Gender: F (Female)

Address, City, State, Zip: 1737 Glen Farms Dr. West Chester, OH 45069 Contact Phone- Include area code: (513) 926-9046

Injuries: 2 Injured Taken By: 1 EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: 04 DOT Compliant Motorcycle Helmet: Seating Position: 03 Air Bag Usage: 3 Ejection: 1 Trapped: 1

Unit Number: Name: Last, First, Middle: Fritsch, Kayla, M Date of Birth: 03/11/1997 Age: 19 Gender: F (Female)

Address, City, State, Zip: 1154 Southern Hills Bv. Hamilton, OH 45013 Contact Phone- Include area code: (513) 884-2858

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



Occupant / Witness Addendum

Local Report Number
 1 6 0 7 5 3 9 5

Unit Number [] [] []	Name: Last, First, Middle Campbell, Dylan, J	Date of Birth 0 3 0 4 1 9 9 7	Age 19	Gender M F - Female M - Male
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Address, City, State, Zip 1154 Southern Hills Bv. Hamilton, OH 45013	Contact Phone- include area code (513) 400-1869
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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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 <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Address, City, State, Zip	Contact Phone- include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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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 <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Unit Number [] [] []	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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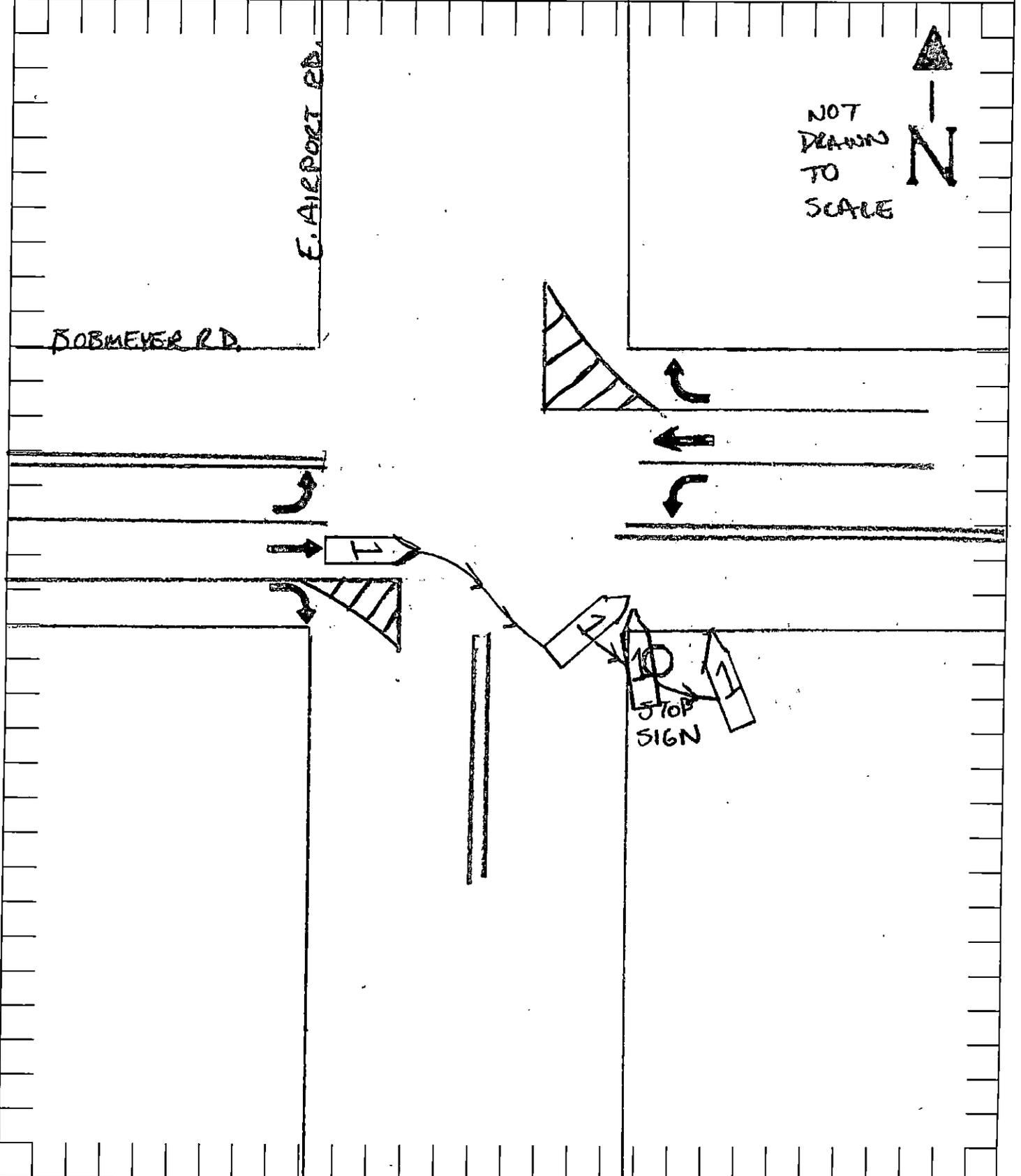
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck)	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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LOCAL REPORT NUMBER 16-075395	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 10/18/2016
IN COUNTY OF Butler	ACCIDENT LOCATION Bobmeyer Rd. & E. Airport Rd.	



OFFICER'S SIGNATURE

P.O. *[Signature]* #137

BADGE NO.

137