



# Traffic Crash Report

Local Report Number \*

1 6 0 7 5 5 3 4

Crash Severity

3 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved

2 - Unsolved

Local Information

 Photos Taken  
 OH-2  OH-1P  
 OH-3  Other

 PDO Under State Reportable Dollar Amount  
 Private Property

Reporting Agency NCIC \*

0 0 9 0 1

Reporting Agency Name \*

Fairfield Police Department

Number of Units  
0 2Unit in error  
98 - Animal  
99 - Unknown  
0 1County \*  
0 9
 City \*  
 Village \*  
 Township \*

City, Village, Township \*

Fairfield

Crash Date \*

1 0 1 9 2 0 1 6

Time of Crash

0 9 3 5

Day of Week

W E D

Degrees / Minutes / Seconds  
Latitude

0 . . . . .

Longitude

0 . . . . .

Decimal Degrees  
Latitude

3 9 . 3 2 3 0 1 1

Longitude

- 8 4 . 5 0 4 6 4 7

Roadway Division  
 Divided  
 Undivided

Divided Lane Direction of Travel

S

N - Northbound

E - Eastbound

S - Southbound

Number of Thru Lanes

0 2

Road Types or Milepost 2:

AL - Alley CR - Circle

AV - Avenue CT - Court

BL - Boulevard DR - Drive

HE - Heights

MP - Milepost

PL - Place

ST - Street

WA - Way

PK - Parkway

RD - Road

TE - Terrace

PI - Pike

SQ - Square

TL - Trail

Location Route Type 1  
S RLocation Route Number  
4 BLoc Prefix  
N, S, E, W

Location Road Name

Location Road Type 2

Route Types 1

IR - Interstate Route (inc. turnpike)

US - US Route

SR - State Route

CR - Numbered County Route

TR - Numbered Township Route

Distance From Reference  
25 Miles  
Feet  
YardsDir From Ref  
N, S, E, WReference Route Type 1  
S RReference Route Number  
4Ref Prefix  
N, S, E, W

Reference Name (Road, Milepost, House #)

Dixie

Reference Road Type 2  
H WReference Point Used  
1 - Intersection  
2 - Mile Post  
3 - House Number  
1Crash Location  
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  
 11 - Railway Grade Crossing  
 12 - Shared-Use Paths or Trails  
 99 - Unknown

Intersection Related

Location of First Harmful Event

 1 - On Roadway  
 2 - On Shoulder  
 3 - In Median  
 4 - On Roadside  
 5 - On Gore  
 6 - Outside Trafficway  
 9 - Unknown
Road Contour  
1 - Straight Level  
2 - Straight Grade  
3 - Curve Level  
4 - Curve Grade  
9 - Unknown  
1Road Conditions  
Primary  
0 2
 Secondary  
 01 - Dry  
 02 - Wet  
 03 - Snow  
 04 - Ice  
 05 - Sand, Mud, Dirt, Oil, Gravel  
 06 - Water (Standing, Moving)  
 07 - Slush  
 08 - Debris\*  
 09 - Rut, Holes, Bumps, Uneven Pavement\*  
 10 - Other  
 99 - Unknown

\* Secondary Condition Only

Manner of Crash Collision/Impact  
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

Weather

1

 1 - Clear  
 2 - Cloudy  
 3 - Fog, Smog, Smoke  
 4 - Rain  
 5 - Sleet, Hail  
 6 - Snow  
 7 - Severe Crosswinds  
 8 - Blowing Sand, Soil, Dirt, Snow  
 9 - Other/Unknown
Road Surface  
2 1 - Concrete  
2 - Blacktop, Bituminous, Asphalt  
3 - Brick/Block  
4 - Slag, Gravel, Stone  
5 - Dirt  
6 - OtherLight Conditions  
Primary  
1
 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

\* Secondary Condition Only

School Bus Related  
 School Zone Related
 Yes, School Bus Directly Involved  
 Yes, School Bus Indirectly Involved
Work Zone Related  
 Work Zone Related
 Workers Present  
 Law Enforcement Present (Officer/Vehicle)  
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

 1 - Lane Closure  
 2 - Lane Shift/Crossover  
 3 - Work on Shoulder or Median  
 4 - Intermittent or Moving Work  
 5 - Other

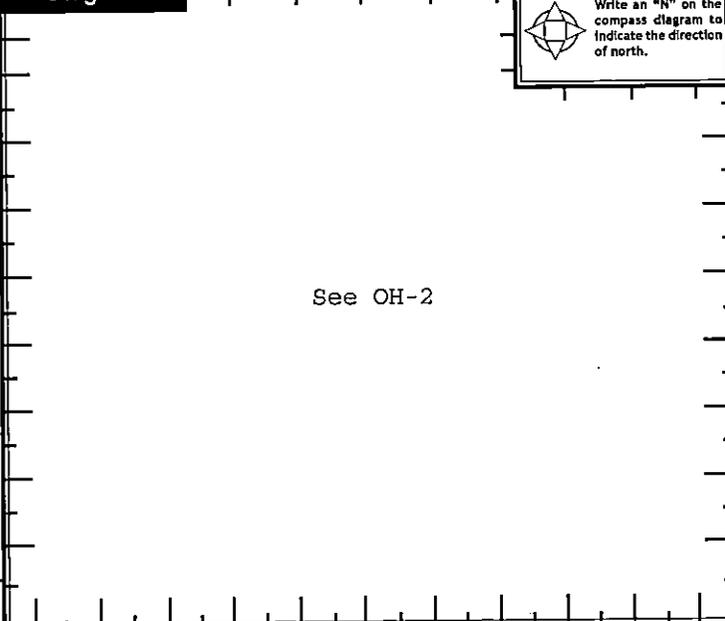
Location of Crash In Work Zone

 1 - Before the First Work Zone Warning Sign  
 2 - Advance Warning Area  
 3 - Transition Area  
 4 - Activity Area  
 5 - Termination Area

Narrative

On 10/19/16 at about 9:35 a.m. Unit 1 was traveling southbound in the left lane of Bypass 4 at approximately 25 m.p.h. and as approaching Dixie Hwy., failed to stop within the assured clear distance ahead and collided with Unit 2 which was stopped in the left lane. Brake lights on Unit 2 were inspected and were working properly.

Diagram



See OH-2

Report Taken By

 Police Agency  
 Motorist

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

Date Crash Reported

1 0 1 9 2 0 1 6

Time Crash Reported

0 9 3 8

Dispatch Time

0 9 4 0

Arrival Time

0 9 4 2

Time Cleared

1 0 0 5

Other Investigation Time

1 0

Total Minutes

3 3

Officer's Name \*

J Hamlin

Officer's Badge Number

90

Checked By

Sgt. M. Rednour #53

Page 1 of 5



# Unit

Local Report Number

1 6 0 7 5 5 3 4

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver) <b>Benson, Mauricia M</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver) <b>(513) 293-2220</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver) <b>1440 W Kemper Rd #202 Cincinnati, OH 45240</b>				
LP State <b>OH</b>	License Plate Number <b>GVE2626</b>	Vehicle Identification Number <b>1C3EJ46X9YN304882</b>	# Occupants <b>01</b>	
Vehicle Year <b>2000</b>	Vehicle Make <b>Chrysler</b>	Vehicle Model <b>Cirrus</b>	Vehicle Color <b>Gold</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Safe Auto</b>	Policy Number <b>OH01442755A</b>	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 <b>01</b> 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 <b>3</b> 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 <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 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
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Special Function <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 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 <b>09</b> 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 <b>01</b> 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 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 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 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		

Unit Speed <b>25</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>50</b>	Traffic Control <b>04</b> 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 <b>1</b> To <b>2</b> 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 5 5 3 4

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver) <b>Price, John T</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver) <b>(440) 876-3652</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver) <b>6815 Mill Pond Dr Hamilton, OH 45011</b>				
LP State <b>OH</b>	License Plate Number <b>FGP9840</b>	Vehicle Identification Number <b>1HGCP26828A038788</b>	# Occupants <b>01</b>	
Vehicle Year <b>2008</b>	Vehicle Make <b>Honda</b>	Vehicle Model <b>Accord</b>	Vehicle Color <b>Green</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>State Farm</b>	Policy Number <b>6992582F0435L</b>	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 <b>01</b> 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 <b>3</b> 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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Unit Speed <b>0</b>	Posted Speed <b>50</b>	Traffic Control <b>04</b> 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 <b>1</b> To <b>2</b> 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 5 3 4

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: Benson, Mauricia M | Date of Birth: 09/02/1959 | Age: 57 | Gender: F (Female)

Address, City, State, Zip: 1440 W Kemper Rd #202 Cincinnati, OH 45240 | Contact Phone- include area code: (513) 293-2220

Injuries: 1 | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet:  | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RG512441 | OL Class: 4 | No Valid OL:  | M/C End:  | Condition: 1 | Alcohol/Drug Suspected: 1 | Alcohol Test Status: 1 | Alcohol Test Type: 1 | Alcohol Test Value: | Drug Test Status: 1 | Drug Test Type: 1

Offense Charged (Local Code): 333.03A | Offense Description: ACDA | Citation Number: 230906 | Hands-Free Device Used:  | Driver Distracted By: 1

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: Price, Mary J | Date of Birth: 12/23/1952 | Age: 63 | Gender: F (Female)

Address, City, State, Zip: 6815 Mill Pond Rd Hamilton, OH 45011 | Contact Phone- include area code: (440) 876-3652

Injuries: 1 | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet:  | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: RF514523 | OL Class: 4 | No Valid OL:  | M/C End:  | Condition: 1 | Alcohol/Drug Suspected: 1 | Alcohol Test Status: 1 | Alcohol Test Type: 1 | Alcohol Test Value: | Drug Test Status: 1 | Drug Test Type: 1

Offense Charged (Local Code): | Offense Description: | Citation Number: | Hands-Free Device Used:  | Driver Distracted By: 1

Injuries Legend:  
 1 - No Injury / None Reported  
 2 - Possible  
 3 - Non-Incapacitating  
 4 - Incapacitating  
 5 - Fatal

Injured Taken By Legend:  
 1 - Not Transported / Treated at Scene  
 2 - EMS  
 3 - Police  
 4 - Other  
 9 - Unknown

Safety Equipment Used Legend:  
 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

Seating Position Legend:  
 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 Legend:  
 1 - Not Deployed  
 2 - Deployed Front  
 3 - Deployed Side  
 4 - Deployed Both Front/Side  
 5 - Not Applicable  
 9 - Deployment Unknown

Ejection Legend:  
 1 - Not Ejected  
 2 - Totally Ejected  
 3 - Partially Ejected  
 4 - Not Applicable

Trapped Legend:  
 1 - Not Trapped  
 2 - Extricated by Mechanical Means  
 3 - Extricated by Non-Mechanical Means

Operator License Class Legend:  
 1 - Class A  
 2 - Class B  
 3 - Class C  
 4 - Regular Class (Ohio is "D")  
 5 - M/C/Moped Only

Condition Legend:  
 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 Legend:  
 1 - None  
 2 - Yes - Alcohol Suspected  
 3 - Yes - HBD Not Impaired  
 4 - Yes - Drugs Suspected  
 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status Legend:  
 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 Legend:  
 1 - None  
 2 - Blood  
 3 - Urine  
 4 - Breath  
 5 - Other

Drug Test Status Legend:  
 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 Legend:  
 1 - None  
 2 - Blood  
 3 - Urine  
 4 - Other

Driver Distracted By Legend:  
 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)

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: |

Occupant

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

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: |



LOCAL REPORT NUMBER <b>16-075534</b>	REPORTING AGENCY <b>FAIRFIELD P.D.</b>	DATE OF CRASH <b>M 10   D 19   Y 16</b>
IN COUNTY OF <b>BUTLER</b>	CRASH LOCATION <b>DIXIE HWY AT ROSS RD &amp; BYPASS 4</b>	

