



# Traffic Crash Report

Local Report Number *	Crash Severity	HIV/Skip
1 6 0 7 6 3 4 6	2 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
	0 0 9 0 1	Fairfield Police Department	0 2	0 1 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	Fairfield	1 0 2 2 2 0 1 6	2 1 5 9	S A T

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	3 9 . 3 3 7 2 8 5	7 8 . 4 5 6 0 0 9 4

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound 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 <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
U S	1 2 7	N, S, E, W	PLEASANT	AV	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W			N, S, E, W	NILLES	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 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	<input checked="" type="checkbox"/>	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	Road Surface	Other Road Conditions
2 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	0 1 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

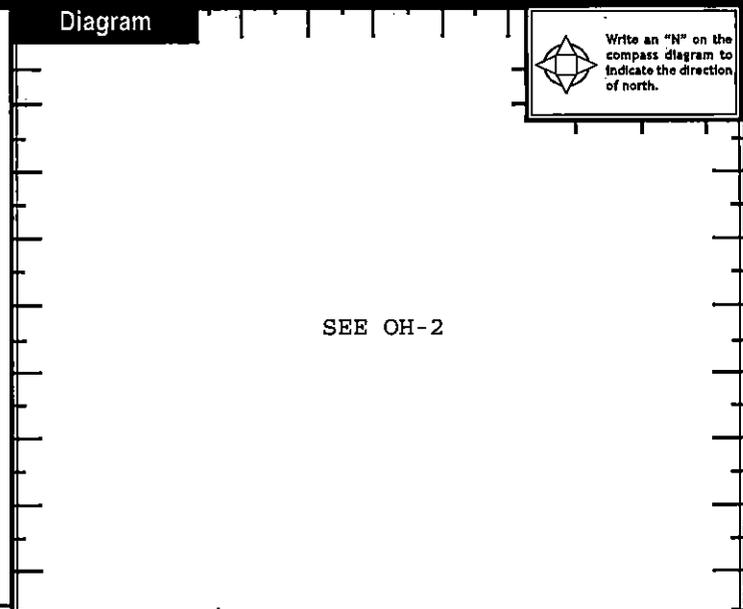
Manner of Crash Collision/Impact	Weather
6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	4 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 Bus Directly Involved <input type="checkbox"/> 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"/> 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**

On 10/22/2016 at 9:59 p.m. Unit 1 was traveling south on Pleasant Ave. and when at Nilles Rd. failed to obey the red traffic signal and in so doing collided with Unit 2 which was traveling east on Nilles Rd.



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 2 2 2 0 1 6	2 1 5 9	2 2 0 1	2 2 0 3	2 2 5 3	1 0	6 0

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 6
P.O. MOLLMANN	140	S. D. Ganett 57	



# Unit

Local Report Number  
**16076346**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>MCFINELY, NELLIE</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 869-3391</b>	Damage Scale <b>4</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>1105 CALIFORNIA AVE. CINCINNATI, OH 45237</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>GLN8741</b>	Vehicle Identification Number <b>1G1ND52MXY181523</b>	2 - Minor	
Vehicle Year <b>1998</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>MALIBU</b>	3 - Functional	
Insurance Company <b>FOX TOWING</b>		Policy Number	4 - Disabling	
Carrier Name, Address, City, State, Zip		Towed By <b>FOX TOWING</b>	9 - Unknown	
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>1</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
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number				

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 - Driveway 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 <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+ axle 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 19 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

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>04</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>4</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	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 Primary <b>03</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign	Motorist 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
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Sequence of Events 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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>30</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>25</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  
16076346

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Beck, Kevin</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 658-9990</b>	Damage Scale <b>4</b>	Damaged Area 
Owner-Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>5340 Lakeside Dr. Fairfield, Ohio 45014</b>	LP State <b>OH</b>	License Plate Number <b>GTU4148</b>	Vehicle Identification Number <b>5NPDH4AE7GH719433</b>	
Vehicle Year <b>2016</b>	Vehicle Make <b>Hyundai</b>	Vehicle Model <b>Elantra</b>	Vehicle Color <b>White</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>Pekin Insurance</b>	Policy Number <b>OOV393922</b>	Towed By <b>Marcells Towing</b>	
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>1</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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Sequence of Events 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 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
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Unit Speed <b>40</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</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>4</b> To <b>3</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 6 3 4 6

Motorist/Non-Motorist

Unit Number: **01** Name: Last, First, Middle: **DEATON, LAURA, LEE** Date of Birth: **05/17/1973** Age: **43** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **12006 MARWOOD LN. CINCINNATI, OH 45246** Contact Phone- Include area code: **(513) 869-3391**

Injuries: **3** Injured Taken By: **2** EMS Agency: **FAIRFIELD MEDIC** Medical Facility Injured Taken To: **MERCY FAIRFIELD** Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet:  Seating Position: **01** Air Bag Usage: **4** Ejection: **1** Trapped: **1**

OL State: **OH** Operator License Number: **RF279139** 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: **1** Drug Test Status: **1** Drug Test Type: **1**

Offense Charged (Local Code): **313.01A** Offense Description: **FAILURE TO OBEY RED LIGHT** Citation Number: **231104** Hands-Free Device Used:  Driver Distracted By: **2**

Motorist/Non-Motorist

Unit Number: **02** Name: Last, First, Middle: **Beck, Brookelyn Michelle** Date of Birth: **03/23/2000** Age: **16** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **5340 Lakeside Dr. Fairfield, Ohio 45014** Contact Phone- Include area code: **(513) 748-2844**

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: **UN722198** 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: **1** 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**  
 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

**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

**Operator License Class**  
 1 - Class A  
 2 - Class B  
 3 - Class C  
 4 - Regular Class (OH 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**

Occupant

Unit Number: **01** Name: Last, First, Middle: **FISHER, MEGAN, MAJORIE** Date of Birth: **05/06/1998** Age: **18** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **1170 NW WASHINGTON BLVD, APT. 7 HAMILTON, OH 45013** Contact Phone- Include area code: **(513) 869-3391**

Injuries: **3** Injured Taken By: **2** EMS Agency: **FAIRFIELD MEDIC** Medical Facility Injured Taken To: **MERCY FAIRFIELD** Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet:  Seating Position: **04** Air Bag Usage: **5** Ejection: **1** Trapped: **1**

Unit Number: **01** Name: Last, First, Middle: **ABBOTT, DANIELLE, JADE** Date of Birth: **10/30/1999** Age: **16** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **6124 DRYDEN AVE. CINCINNATI, OH 45213** Contact Phone- Include area code: **(513) 373-1111**

Injuries: **1** Injured Taken By: **1** EMS Agency:  Medical Facility Injured Taken To:  Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet:  Seating Position: **05** Air Bag Usage: **5** Ejection: **1** Trapped: **1**



# Occupant / Witness Addendum

Local Report Number  
 1 6 0 7 6 3 4 6

Unit Number [ ] [ ] [ ]	Name: Last, First, Middle GERBUS, WALTER, P	Date of Birth 0 2 1 7 1 9 6 3	Age 53	Gender M F - Female M - Male
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Address, City, State, Zip 362 HALLMARK CT. FAIRFIELD, OH 45014	Contact Phone- include area code (513) 829-5044
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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 <input type="checkbox"/> Motorcycle Helmet	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 <input type="checkbox"/> Motorcycle Helmet	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 <input type="checkbox"/> Motorcycle Helmet	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 <input type="checkbox"/> Motorcycle Helmet	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 <input type="checkbox"/> Motorcycle Helmet	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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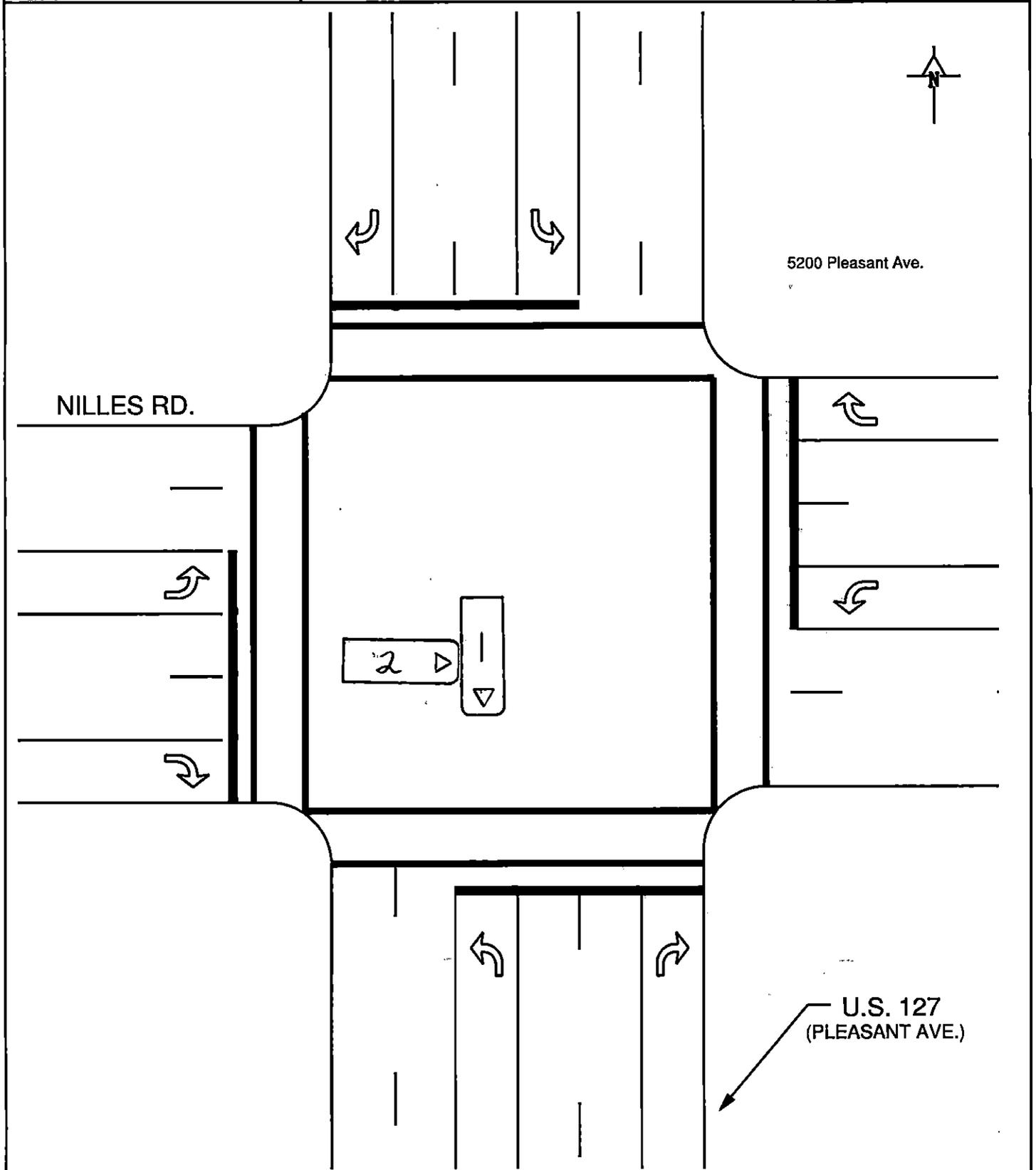
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	<b>99 - Unknown Safety Equipment</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc.) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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)	<b>11 - Passenger in Other Enclosed Cargo Area</b> (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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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LOCAL REPORT NUMBER <b>PD-16076346</b>	REPORTING AGENCY <b>Fairfield Police Department</b>	DATE OF CRASH <b>M 10   D 22   Y 16</b>
IN COUNTY OF <b>Butler</b>	CRASH LOCATION <b>PLEASANT &amp; NILLES</b>	



\* NOT TO SCALE

OFFICER'S SIGNATURE <b>P.O. MOLLMANN</b>	BADGE NUMBER <b>140</b>
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