



Traffic Crash Report

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

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|-------------------|-------------------------|-----------------------------|-----------------|------------------------------------|
| Local Information | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| | 0 0 9 0 1 | Fairfield Police Department | 0 1 | 0 1 98 - Animal 99 - Unknown |

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|----------|---------------------------|-----------------|---------------|-------------|
| County * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 0 9 | Fairfield | 1 0 2 7 2 0 1 6 | 0 3 4 6 | T H U |

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|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / / | 0 / / | 3 9 . 3 5 7 7 1 3 | - 8 4 . 5 6 6 5 4 0 |

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|---|--|----------------------|--|
| 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 | 0 2 | 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 |

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|----------------------------------|-----------------------|--------------------|--------------------|---------------------------------|---|
| Location Route Type ¹ | Location Route Number | Loc Prefix N,S,E,W | Location Road Name | Location Road Type ² | Route Types ¹ |
| | | | RIVER | R D | IR - Interstate Route (Inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route |

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|---|--|------------------------|--------------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | <input type="checkbox"/> N,S <input type="checkbox"/> E,W | | | 3977 | |

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| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 3 1 - Intersection 2 - Mile Post 3 - House Number | 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 | <input type="checkbox"/> | 4 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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| Road Contour | Road Conditions | Weather |
| 3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 0 2 Primary Secondary | 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 |

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| Manner of Crash Collision/Impact | Weather |
| 1 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 |

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| 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 Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

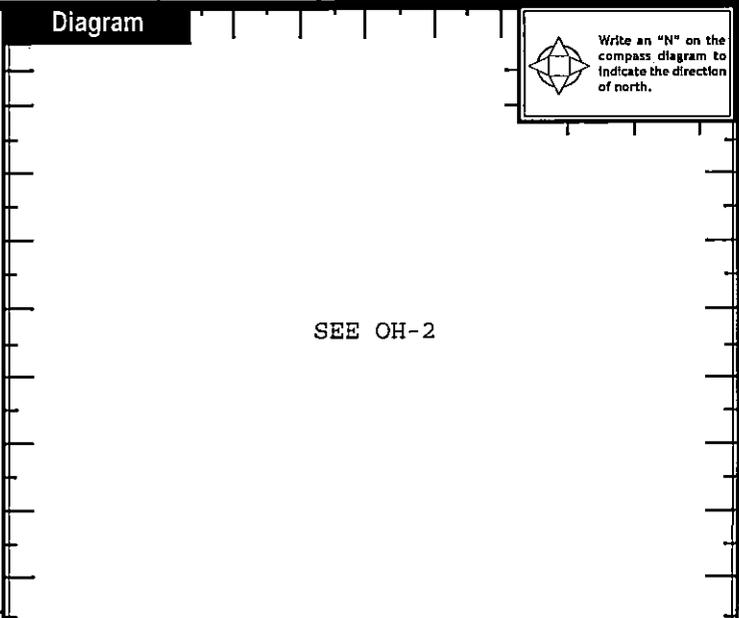
| | | | |
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| Work Zone Related | Workers Present | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure 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 10/27/16 AT ABOUT 0346 HOURS UNIT 1 WAS TRAVELING NORTH ON RIVER RD AT APPROXIMATELY 40 MPH AND WHEN AT 3977 RIVER RD APPARENTLY LOST CONTROL AND WENT OFF THE LEFT SIDE OF THE ROAD AND COLLIDED WITH A MAILBOX. UNIT 1 THEN CONTINUED NORTH AND STRUCK FOUR PINE TREES CAUSING SERIOUS DAMAGE TO THE TREES. THE DRIVER OF UNIT 1 FLED THE SCENE ON FOOT.

THE MAILBOX AND TREES ARE OWNED AND MAINTAINED BY DEBORAH A. ROSE, 3977 RIVER RD, FAIRFIELD, OH 45014 (513)485-8441.

UNIT 1 WAS ALSO CITED FOR OVI (4511.19A1A, 4511.19A1H), DRIVING UNDER OVI SUSPENSION (FCO 335.071A) AND FAILURE TO REPORT AN ACCIDENT (FCO 335.16A).



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

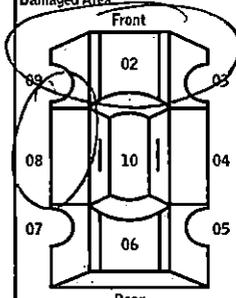
| | | | |
|------------------|------------------------|--------------------|------|
| Officer's Name * | Officer's Badge Number | Checked by | Page |
| B. CARNES | 139 | <i>[Signature]</i> | 94 |



Unit

Local Report Number

16077436

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| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) COLEMAN, ANTHONY JOSHUA | Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 851-5842 | Damage Scale 4 | Damaged Area  |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 3241 CREST RD, CINCINNATI, OH 45251 | | | | |
| LP State OH | License Plate Number GYA4457 | Vehicle Identification Number 2B3KA53H86H175039 | # Occupants 01 | |
| Vehicle Year 2006 | Vehicle Make DODGE | Vehicle Model CHARGER | Vehicle Color BLACK | |
| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | Towed By MARCELL'S | |

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| Carrier Name, Address, City, State, Zip | Carrier Phone- Include area code |
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| US DOT | Vehicle Weight GVWR/GCWR 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 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 1 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. | Hazardous Material Released <input type="checkbox"/> | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | <input type="checkbox"/> Hit / Skip Unit |

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| Non-Motorist Location Prior to Impact 01 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 04 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
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| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 09 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 | 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 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 17 Secondary 01 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 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 09 2 47 3 48 4 48 5 48 6 48 First Harmful Event 1 Most Harmful Event 3 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 Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision |
| 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 | 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 |

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| Unit Speed 40 <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 2 To 1 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
16077436

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|--------------------------|---|----------------------------------|------------------|---|
| Unit Number 01 | Name: Last, First, Middle COLEMAN, ANTHONY JOSHUA | Date of Birth 08031979 | Age 37 | Gender M F - Female M - Male |
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| Address, City, State, Zip 3241 CREST RD, CINCINNATI, OH 45251 | Contact Phone- include area code (513) 851-5842 |
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Motorist/Non-Motorist

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| Injuries 2 | Injured Taken By 1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 01 | Air Bag Usage 2 | Ejection 1 | Trapped 1 | | |
| OL State OH | Operator License Number RU323079 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> | Condition 6 | Alcohol/Drug Suspected 2 | Alcohol Test Status 4 | Alcohol Test Type 4 | Alcohol Test Value 173 | Drug Test Status 1 | Drug Test Type 1 |

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| Offense Charged (<input type="checkbox"/> Local Code) 331.34A | Offense Description FAILURE TO CONTROL | Citation Number 230896 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |
|---|--|----------------------------------|--|----------------------------------|

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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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Motorist/Non-Motorist

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|----------|-------------------------|------------|---|--------------------------------------|---|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| 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 | | |
| OL State | Operator License Number | OL Class | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |

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| Offense Charged (<input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By |
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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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used | 99 - Unknown Safety Equipment | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) | 12 - Reflective Clothing 13 - Lighting 14 - Other |
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| Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown | Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |
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| Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - M/C/Moped Only | Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
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| Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other | Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction |
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|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

Occupant

| | | | | | | | | | |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

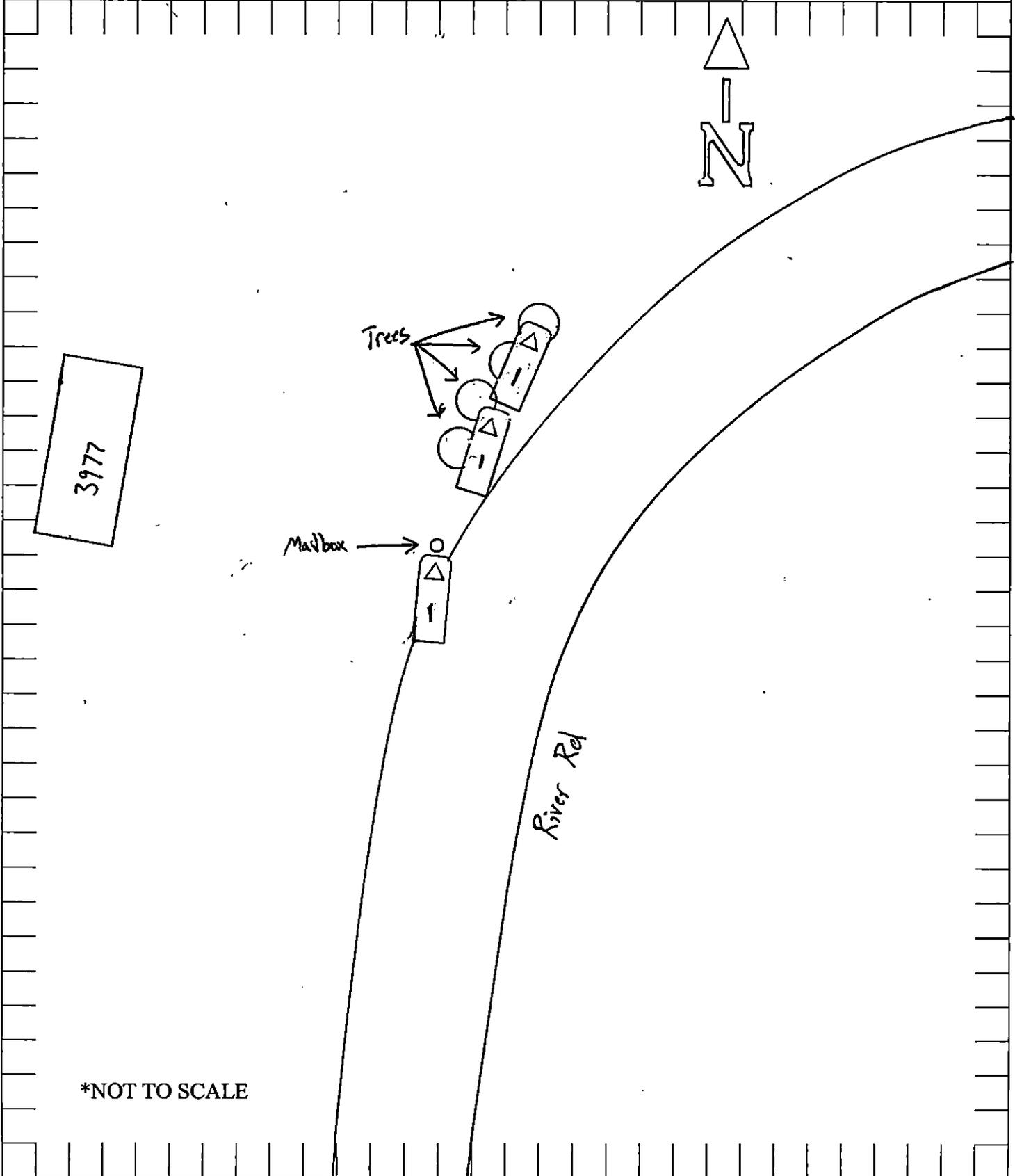
| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

Occupant

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|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

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| LOCAL REPORT NUMBER 16-077436 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 10/27/16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 3977 RIVER RD | |



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| OFFICER'S SIGNATURE B.CARNES | BADGE NO. 139 |
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