



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 7 8 6 7 5	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 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, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	FAIRFIELD	1 0 3 1 2 0 1 6	1 8 1 5	M O N

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	3 9 . 3 1 1 6 1 3	- 8 4 . 5 0 9 2 9 0

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> E - Eastbound <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

Location Route Type ¹	Location Route Number	Loc. Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹	Reference Road Type ²
			DELCREST	D R	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 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			6113	

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"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

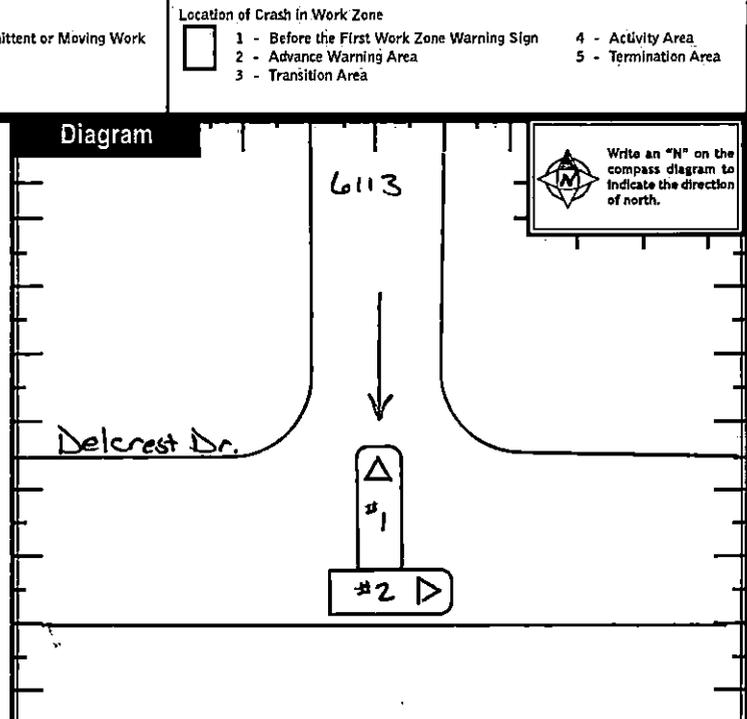
Road Contour	Road Conditions	Road Surface	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, 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	Light Conditions	School Bus Related
5 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 Primary Secondary	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, 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 October 31, 2016 at approximately 6:15 p.m. Unit #1 was backing out of the driveway of 6113 Delcrest Dr. when the brake line broke causing the vehicle to roll down the driveway and strike Unit #2 which was parked across the street. The driver of Unit 1 left the scene without being identified.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
1 0 3 1 2 0 1 6	1 8 1 8	1 8 2 0	1 8 4 7	1 8 5 3	1 5	2 1
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 5			
P.O. RYAN FLEENOR	117	Sgt. Dan Gamet #57				



Unit

Local Report Number

1 6 0 7 8 6 7 5

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) SCOTT, VERONICA L.	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 961-7938	Damage Scale 2	
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 3867 VINE ST. CINCINNATI, OH 45217			1 - None	
LP State OH	License Plate Number GWV-8078	Vehicle Identification Number 1GMDX03E6XD2551713	2 - Minor	
Vehicle Year 1999	Vehicle Make PONTIAC	Vehicle Model MONTANA	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company GEICO	Policy Number 4011626456	4 - Disabling	
Towed By AAA			9 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT 1	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. 1	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 01	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input checked="" type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 05	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"/> In Emergency Response			<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(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 02	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 01	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 04	01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slit tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 21 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	First Harmful Event 1	Most Harmful Event 1	99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (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 Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail End 31 - Guardrail Face 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object				

Unit Speed 15	Posted Speed 25	Traffic Control 01	01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number

1 6 0 7 8 6 7 5

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) WELTON, TERREN	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 748-0191	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 887 CLEARFIELD LN. CINCINNATI, OH 45240				
LP State OH	License Plate Number GYQ-1802	Vehicle Identification Number 1G1JC55B8C4210259	# Occupants 04	
Vehicle Year 2012	Vehicle Make CHEVROLET	Vehicle Model SONIC	Vehicle Color BLACK	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE AUTO	Policy Number AOH0237692	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GCWR 1 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	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 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 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
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Pre-Crash Actions 10 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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Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (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 - 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 00 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	Traffic Control 01 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 8 6 7 5

Motorist/Non-Motorist

Unit Number: 01 | Name: Last, First, Middle: GOLDEN, ANTONIO M. | Date of Birth: 12/16/1970 | Age: 45 | Gender: M (Male)

Address, City, State, Zip: 1962 NORTHCUT AVE. CINCINNATI, OH 45237 | Contact Phone- include area code:

Injuries: 1 | Injured Taken By: | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 99 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 1 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: PT436867 | OL Class: 4 | 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:

Motorist/Non-Motorist

Unit Number: 02 | Name: Last, First, Middle: WELTON, TERREN | Date of Birth: 11/08/1993 | Age: 22 | Gender: F (Female)

Address, City, State, Zip: 887 CLEARFIELD LN. CINCINNATI, OH 45240 | Contact Phone- include area code: (513) 748-0191

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: TY443756 | OL Class: 4 | No Valid OL: | M/C End: 1 | 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
 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
 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 (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

Occupant

Unit Number: 02 | Name: Last, First, Middle: SCOTT, RASHONE JR. | Date of Birth: 12/31/1993 | Age: 22 | Gender: M (Male)

Address, City, State, Zip: 887 CLEARFIELD LN. CINCINNATI, OH 45240 | Contact Phone- include area code:

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

Occupant

Unit Number: 02 | Name: Last, First, Middle: SCOTT, RYAN | Date of Birth: 06/21/2014 | Age: 2 | Gender: M (Male)

Address, City, State, Zip: 887 CLEARFIELD LN. CINCINNATI, OH 45240 | Contact Phone- include area code:

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



Occupant / Witness Addendum

Local Report Number

1 6 0 7 8 6 7 5

Unit Number 02	Name: Last, First, Middle SCOTT, ZAYDEN	Date of Birth 12242011	Age 4	Gender M F - Female M - Male
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Address, City, State, Zip 887 CLEARFIELD LN. CINCINNATI, OH 45240	Contact Phone- Include area code
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 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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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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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	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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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	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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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	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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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	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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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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