



Traffic Crash Report

Local Report Number *

1 6 0 6 4 0 2 0

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

HIS/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 3

Unit In error

0 1 98 - Animal
99 - Unknown

County *

0 9

City *

 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 9 0 3 2 0 1 6

Time of Crash

2 0 1 4

Day of Week

S A T

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 9 3 2 4 5 0 2

Longitude

- 8 4 5 0 7 3 7 4

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound
 S - Southbound W - Westbound

Number of Thru Lanes

0 4

Road Types or Milepost 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

SR

Location Route Number

4

Loc Prefix

N, S, E, W

Location Road Name

Dixie

Location Road Type 2

H W

Route Types 1

IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

10

Dir From Ref

 Miles Feet Yards

Reference Route Type 1

N, S, E, W

Reference Route Number

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

Whitmore

Reference Road Type 2

L N

Reference Point Used

1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

0 1

01 - Not an Intersection 06 - Five-point, or more
02 - Four-way Intersection 07 - On Ramp 11 - Railway Grade Crossing
03 - T-Intersection 08 - Off Ramp 12 - Shared-Use Paths or Trails
04 - Y-Intersection 09 - Crossover 99 - Unknown
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

1

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

Road Contour

1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve Level

Road Conditions

Primary 0 1

Secondary

01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
02 - Wet 06 - Water (Standing, Moving) 10 - Other
03 - Snow 07 - Slush 99 - Unknown
04 - Ice 08 - Debris*

* Secondary Condition Only

Manner of Crash Collision/Impact

2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction
1 - Not Collision Between Two Motor Vehicles 3 - Head-On 6 - Angle
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown

Weather

1 - Clear 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

2 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - Other

Light Conditions

Primary 4

Secondary

1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
2 - Dawn 6 - Dark - Unknown Roadway Lighting
3 - Dusk 7 - Glare*
4 - Dark - Lighted Roadway 8 - Other

* Secondary Condition Only

School Bus Related

 School Zone Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

Work Zone Related

 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)

Type of Work Zone

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

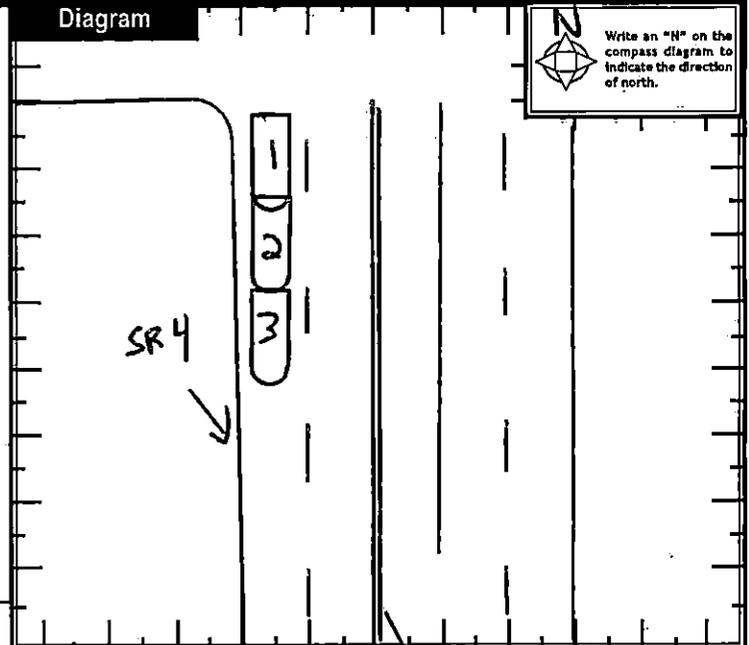
Location of Crash In Work Zone

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

Narrative

On 9-3-16 at about 8:14 pm units 2 and 3 were stopped in traffic on SR4, just south of Whitmore Lane, when unit 2 was struck from behind by unit 1. The force of the strike caused unit 2 to strike unit 3.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Report Taken By

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

Date Crash Reported

0 9 0 3 2 0 1 6

Time Crash Reported

2 0 1 5

Dispatch Time

2 0 1 5

Arrival Time

2 0 1 5

Time Cleared

2 0 5 8

Other Investigation Time

Total Minutes

4 3

Officer's Name *

T. Lucas

Officer's Badge Number

63

Checked By

Sgt Valandingham

Page 1 of 6



Unit

Local Report Number

16064020

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) City Transport	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 829-3330	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2120 Tuley Road Hamilton, Ohio 45015				
LP State OH	License Plate Number 239YCM	Vehicle Identification Number 2MEFM75W93X699850	# Occupants 01	
Vehicle Year 2003	Vehicle Make Mercury	Vehicle Model Grand Marquis	Vehicle Color Maroon	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company RLI	Policy Number CAP9503273	Towed By	

Carrier Name, Address, City, State, Zip City Transport 2120 Tuley Road Hamilton, Ohio 45015	Carrier Phone- Include area code (513) 829-3330
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US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - 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 - 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 - 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 - 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
<input type="checkbox"/> Has HM Placard					

Special Function 02 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 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 09 Secondary 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 - 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 20 2 3 4 5 6 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 - 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		

Unit Speed 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 50	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 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
16064020Unit Number: **02** Owner Name: Last, First, Middle (Same As Driver)
Jorges Family Cleaning Services Owner Phone Number - inc. area code (Same As Driver)
(513) 657-9506 Damage Scale: **2** Damaged Area: Owner Address: City, State, Zip (Same As Driver)
467 Dewdrop Circle Apt. B Cincinnati, Ohio 45240LP State: **OH** License Plate Number: **GSM8727** Vehicle Identification Number: **2C4GM68485R666727** # Occupants: **02**Vehicle Year: **2005** Vehicle Make: **Chrysler** Vehicle Model: **Pacifica** Vehicle Color: **Purple**Proof of Insurance Shown: Insurance Company: **Alfa** Policy Number: **1134008712161** Towed By: _____Carrier Name, Address, City, State, Zip: **Jorges Family Cleaning Services 467 Dewdrop Circle #B Cincinnati, OH** Carrier Phone- Include area code: **(513) 657-9506**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** Trafficway Description: **1**
HM Placard ID No.: _____ HM Class Number: _____ Hazardous Material Released: **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
 Hit / Skip UnitNon-Motorist Location Prior to Impact: 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: **2**
 1 - Personal
 2 - Commercial
 3 - Government In Emergency Response Unit Type: **06**
 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 Has HM PlacardSpecial Function: **01** 01 - None
02 - Taxi
03 - Rental Truck (Over 10k Lbs)
04 - Bus - School (Public or Private)
05 - Bus - Transit
06 - Bus - Charter
07 - Bus - Shuttle
08 - Bus - Other 09 - Ambulance
10 - Fire
11 - Highway/Maintenance
12 - Military
13 - Police
14 - Public Utility
15 - Other Government
16 - Construction Equip. 17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other (Explain in Narrative) Most Damaged Area: **06**
01 - None
02 - Center Front
03 - Right Front
04 - Right Side
05 - Right Rear
06 - Rear Center
07 - Left Rear 08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total (All Areas)
14 - Other 99 - Unknown Action: **5**
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - UnknownPre-Crash Actions: **11** 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 ActionContributing 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: 01 - Turn Signals
 02 - Head Lamps
 03 - Tail Lamps
 04 - Brakes
 05 - Steering
 06 - Tire Blowout
 07 - Worn or Slack tires
 08 - Trailer Equipment Defective
 09 - Motor Trouble
 10 - Disabled From Prior Accident
 11 - Other DefectsSequence of Events: 1 **20** 2 **20** 3 4 5 6
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 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 ObjectUnit Speed: **0** Posted Speed: **50** 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 **1** To **2**
1 - North
2 - South
3 - East
4 - West 5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest 9 - Unknown



Unit

Local Report Number
16064020

Unit Number 03	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Windham, Dayleesha	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 432-1069	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 4964 Charlemar Drive Cincinnati, Ohio 45227			1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	
LP State OH	License Plate Number FNJ8756	Vehicle Identification Number K N A F X 4 A 8 7 F 5 2 9 6 3 4 0	# Occupants 02	
Vehicle Year 2015	Vehicle Make Kia	Vehicle Model Forte	Vehicle Color Black	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company American Commercial	Policy Number ACPA001987526	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	

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, Chlps, 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
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HM Class Number			

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Pre-Crash Actions 11 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 01 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 20 2 01 3 01 4 01 5 01 6 01 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 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 50	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 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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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 6 4 0 2 0

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle Blair, Peggy	Date of Birth 05/15/1957	Age 59	Gender M - Male
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Address, City, State, Zip 1990 Grand Blvd Apt. B Hamilton, Ohio 45011	Contact Phone- include area code (513) 816-5264
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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 RS458720	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

Offense Charged (Local Code) 333.03A	Offense Description ACDA	Citation Number 230283	Hands-Free Device Used	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle Fuentes Merino, Jose DeJesus	Date of Birth 05/02/1994	Age 22	Gender M - Male
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Address, City, State, Zip 452 Glensprings Drive Apt. D Cincinnati, Ohio 45246	Contact Phone- include area code (513) 657-9506
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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 XX	Operator License Number 201006471	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

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

Unit Number 02	Name: Last, First, Middle Martinez, Maria	Date of Birth 12/30/1987	Age 28	Gender F - Female
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Address, City, State, Zip 90 Billy Circle Fairfield, Ohio 45014	Contact Phone- include area code (513) 675-9506
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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
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Occupant

Unit Number 03	Name: Last, First, Middle Windham, Dayleesha	Date of Birth 04/07/1993	Age 23	Gender F - Female
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Address, City, State, Zip 4964 Charlemar Drive Cincinnati, Ohio 45227	Contact Phone- include area code (513) 432-1069
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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
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 6 4 0 2 0

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number [03]	Name: Last, First, Middle Ross, Daniel	Date of Birth 07/18/1992	Age 24	Gender M F - Female M - Male
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Address, City, State, Zip 4964 Charlemar Drive Cincinnati, Ohio 45227	Contact Phone- include area code (513) 432-1069
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Injuries [1]	Injured Taken By []	EMS Agency []	Medical Facility Injured Taken To []	Safety Equipment Used [04]	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position [01]	Air Bag Usage [1]	Ejection [1]	Trapped [1]		
OL State [OH]	Operator License Number TU821823	OL Class [4]	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	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 (<input type="checkbox"/> Local Code) []	Offense Description []	Citation Number []	Hands-Free <input type="checkbox"/> Device Used	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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Injuries []	Injured Taken By []	EMS Agency []	Medical Facility Injured Taken To []	Safety Equipment Used []	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	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 []

Offense Charged (<input type="checkbox"/> Local Code) []	Offense Description []	Citation Number []	Hands-Free <input type="checkbox"/> Device Used	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 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 - 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 6 - Other Inside the Vehicle 7 - External Distraction
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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
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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 <input type="checkbox"/> Motorcycle Helmet	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 <input type="checkbox"/> Motorcycle Helmet	Seating Position []	Air Bag Usage []	Ejection []	Trapped []
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