



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 6 4 4 9 1	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDD Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	0 0 9 0 1	Fairfield Police Department	0 1 98 - Animal 99 - Unknown

County *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	Fairfield	0 9 0 4 2 0 1 6	2 2 0 0	S U N

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

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	N - Northbound E - Eastbound 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 ¹	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
S R	4		DIXIE	H W	IR - Interstate Route (Inc. Turnpike) US - US Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N,S,E,W		N,S,E,W	7051	

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

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

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, Hall 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

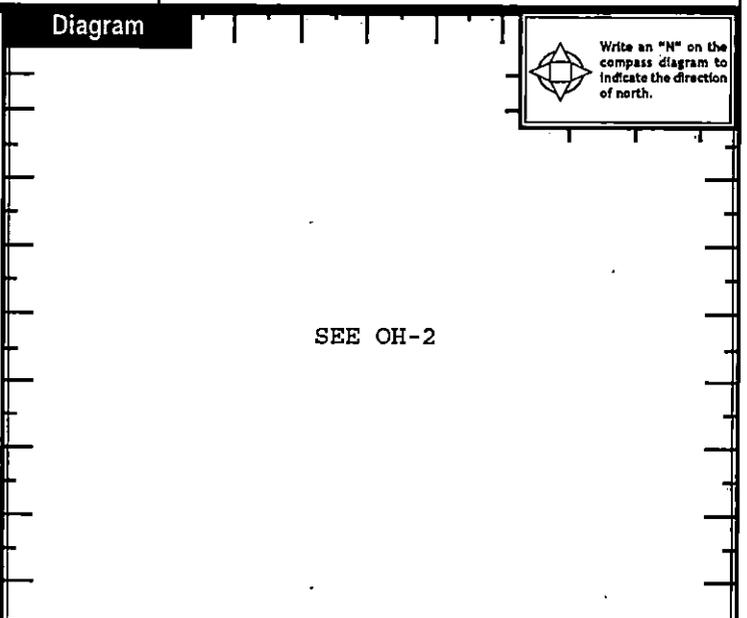
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <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 09/04/16 at about 10:00pm Unit 1 was traveling northbound on Dixie Hwy when at 7051 Dixie, unit 1 ran off of the left side of the roadway and collided with a sign in the median.

Sign belongs to:
City of Fairfield
5350 Pleasant Ave.
Fairfield, Oh 45014
513-867-5300



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPDS)					
<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
0 9 0 5 2 0 1 6	2 0 0 3	2 0 0 8	2 0 1 9	2 0 5 6	2 0	5 7
Officer's Name *	Officer's Badge Number	Checked By	Page			
P. O. M. KELLUM	143	<i>[Signature]</i>	1 of 4			



Unit

Local Report Number

1 6 0 6 4 4 9 1

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) MEYER, BERNARD	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 341-0326	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 5385 WEST DALTON DR, FAIRFIELD, OHIO, 45014				
LP State OH	License Plate Number FWQ9548	Vehicle Identification Number 2G1WF55K0Y9192272	# Occupants 01	
Vehicle Year 2000	Vehicle Make CHEVROLET	Vehicle Model IMPALA	Vehicle Color GREY	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 7987674D0635A	Towed By	

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 4 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	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

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
<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 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 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

Contributing Circumstances Primary 17 Secondary 00 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 00 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 37 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 2 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 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 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	

Unit Speed 35 <input checked="" type="checkbox"/> Stated <input 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 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
1 6 0 6 4 4 9 1

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle MEYER, BERNARD, G	Date of Birth 12/22/1925	Age 90	Gender M
Address, City, State, Zip 5385 WEST DALTON DR, FAIRFIELD, OHIO, 45014			Contact Phone- include area code (513) 341-0326	
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 RM125150	OL Class 4	No Valid OL	M/C End.
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value
Drug Test Status 1	Drug Test Type 1	Offense Charged (Local Code) 331.34B	Offense Description FAILURE TO CONTROL	Citation Number 230315
Hands-Free Device Used	Driver Distracted By			

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
Address, City, State, Zip			Contact Phone- include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
OL State	Operator License Number	OL Class	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			

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|-------------------------------|--|---------------------------------|--|--|
| Injuries | Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment | Non-Motorist |
| 1 - No Injury / None Reported | 1 - Not Transported / Treated at Scene | Motorist | 01 - None Used - Vehicle Occupant | 09 - None Used |
| 2 - Possible | 2 - EMS | 02 - Shoulder Belt Only Used | 05 - Child Restraint System-Forward Facing | 10 - Helmet Used |
| 3 - Non-Incapacitating | 3 - Police | 03 - Lap Belt Only Used | 06 - Child Restraint System- Rear Facing | 11 - Protective Pads Used (Elbows, Knees, Etc) |
| 4 - Incapacitating | 4 - Other | 04 - Shoulder and Lap Belt Used | 07 - Booster Seat | 12 - Reflective Clothing |
| 5 - Fatal | 9 - Unknown | | 08 - Helmet Used | 13 - Lighting |
| | | | | 14 - Other |

- | | |
|---|-------------------------------|
| Seating Position | Air Bag Usage |
| 01 - Front - Left Side (Motorcycle Driver) | 01 - Not Deployed |
| 02 - Front - Middle | 02 - Deployed Front |
| 03 - Front - Right Side | 03 - Deployed Side |
| 04 - Second - Left Side (Motorcycle Passenger) | 04 - Deployed Both Front/Side |
| 05 - Second - Middle | 05 - Not Applicable |
| 06 - Second - Right Side | 09 - Deployment Unknown |
| 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 | |

- | | | | | |
|-----------------------|--|---------------------------------|--|---------------------------------------|
| Ejection | Trapped | Operator License Class | Condition | Alcohol/Drug Suspected |
| 1 - Not Ejected | 1 - Not Trapped | 1 - Class A | 1 - Apparently Normal | 1 - None |
| 2 - Totally Ejected | 2 - Extricated by Mechanical Means | 2 - Class B | 2 - Physical Impairment | 2 - Yes - Alcohol Suspected |
| 3 - Partially Ejected | 3 - Extricated by Non-Mechanical Means | 3 - Class C | 3 - Emotional (Depressed, Angry, Disturbed) | 3 - Yes - HBD Not Impaired |
| 4 - Not Applicable | | 4 - Regular Class (Ohio is "D") | 4 - Illness | 4 - Yes - Drugs Suspected |
| | | 5 - MC/Moped Only | | 5 - Yes - Alcohol and Drugs Suspected |
| | | | 5 - Fell Asleep, Fainted, Fatigued | |
| | | | 6 - Under The Influence of Medications, Drugs, Alcohol | |
| | | | 7 - Other | |

- | | | | | |
|--|--------------------------|--|-----------------------|---|
| Alcohol Test Status | Alcohol Test Type | Drug Test Status | Drug Test Type | Driver Distracted By |
| 1 - None Given | 1 - None | 1 - None Given | 1 - None | 1 - No Distraction Reported |
| 2 - Test Refused | 2 - Blood | 2 - Test Refused | 2 - Blood | 2 - Phone |
| 3 - Test Given, Contaminated Sample/Unusable | 3 - Urine | 3 - Test Given, Contaminated Sample/Unusable | 3 - Urine | 3 - Texting/E-mailing |
| 4 - Test Given, Results Known | 4 - Breath | 4 - Test Given, Results Known | 4 - Other | 4 - Electronic Communication Device |
| 5 - Test Given, Results Unknown | 5 - Other | 5 - Test Given, Results Unknown | | 5 - Other Electronic Device (Navigation Device, Radio, DVD) |
| | | | | 6 - Other Inside the Vehicle |
| | | | | 7 - External Distraction |

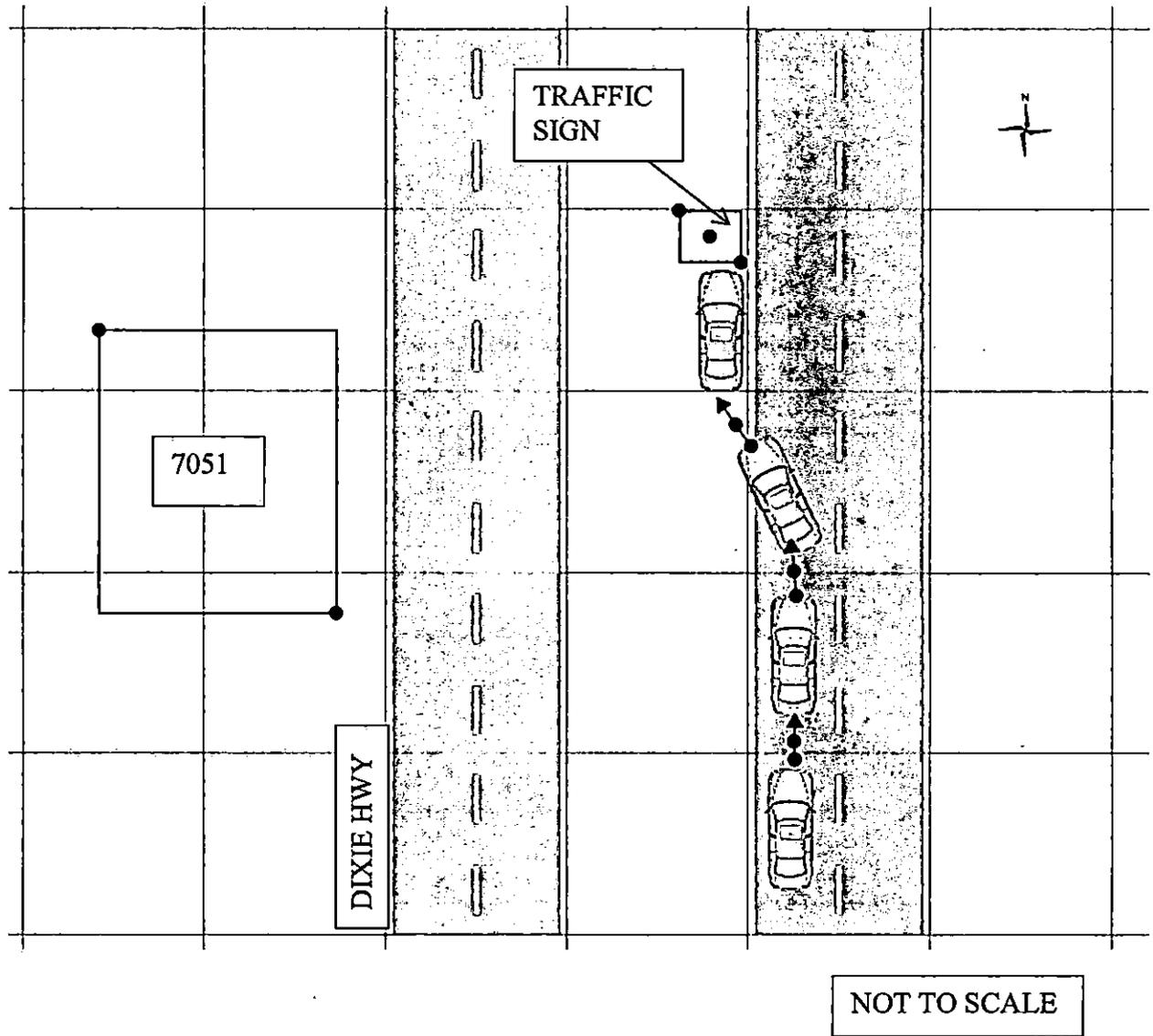
Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
Address, City, State, Zip			Contact Phone- include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
Address, City, State, Zip			Contact Phone- include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used
DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

LOCAL REPORT NUMBER 16064491	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 09/04/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 7051 Dixie Hwy	



OFFICER'S SIGNATURE P.O. M. KELLUM	BADGE NO. 143
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