



# Traffic Crash Report

|                       |   |                            |
|-----------------------|---|----------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                   |
| 1 6 0 6 5 4 3 5       | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

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

|          |                           |                 |               |             |
|----------|---------------------------|-----------------|---------------|-------------|
| County * | City, Village, Township * | Crash Date *    | Time of Crash | Day of Week |
| 0 9      | Fairfield                 | 0 9 0 9 2 0 1 6 | 1 8 2 0       | F R I       |

|                                      |           |                          |                     |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude           |
| 0 / /                                | 0 / /     | 3 9 . 3 1 0 3 9 7        | - 8 4 . 5 2 2 9 1 8 |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel   | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input checked="" type="checkbox"/> Divided<br><input type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound<br><input type="checkbox"/> E - Eastbound<br><input type="checkbox"/> S - Southbound<br><input type="checkbox"/> W - Westbound | 0 4                  | AL - Alley CR - Circle<br>AV - Avenue CT - Court<br>BL - Boulevard DR - Drive<br>HE - Heights MP - Milepost<br>HW - Highway PK - Parkway<br>LA - Lane PI - Pike<br>PL - Place RD - Road<br>ST - Street TE - Terrace<br>WA - Way TL - Trail |

|                                  |                       |            |                    |                                 |  |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| Location Route Type <sup>1</sup> | Location Route Number | Loc Prefix | Location Road Name | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>   |
|                                  |                       | N, S, E, W | South Gilmore      | R D                             | IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route<br>CR - Numbered County Route<br>TR - Numbered Township Route |

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

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| Reference Point Used                                  | Crash Location  | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 0 2<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

|   |  |   |
|---|--|---|
| Road Contour  | Road Conditions  | Weather   |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 0 1<br>01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice<br>05 - Sand, Mud, Dirt, Oil, Gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris*<br>09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

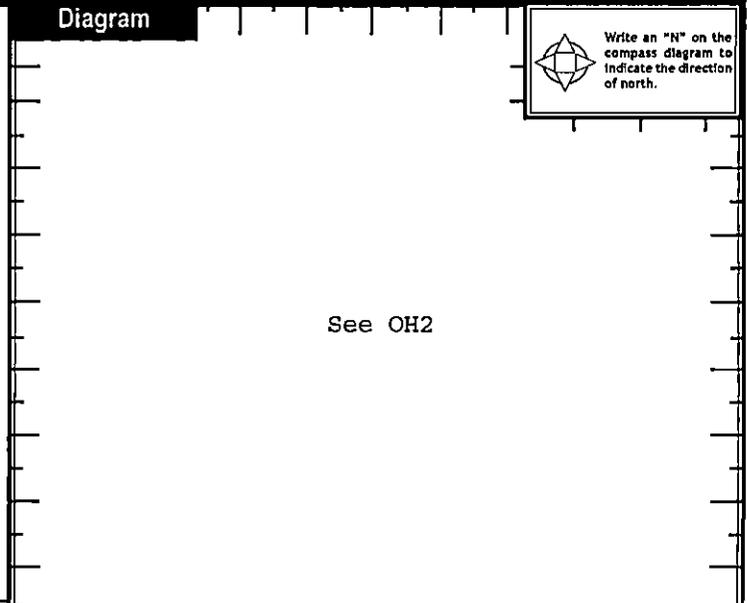
|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 2<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 2<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

|   |   |  |
|---|---|--|
| Road Surface  | Light Conditions  | School Bus Related   |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 1<br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><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)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/> 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |

**Narrative**

Unit 1 had a passenger that was suffering from a medical emergency. While en route to the hospital unit 1 was traveling east on Mack Road at South Gilmore Road when he failed to stop for the red traffic signal. As unit 1 proceeded through the intersection units 2 and 3 were south on South Gilmore Road traveling through the intersection of Mack Road. Unit 2 braked hard to avoid striking unit 1. Unit 3 struck unit 2 in the rear. Unit 1 continued onto Mercy Fairfield Hospital where he was located.



|  |  |                     |                     |               |              |              |                          |               |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By  | Supplement (Correction or Addition to an Existing Report Sent to ODPs) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/>   | 0 9 0 9 2 0 1 6     | 1 8 2 0             | 1 8 2 3       | 1 8 2 3      | 1 9 1 3      |                          | 5 0           |
| Officer's Name *   | Officer's Badge Number   | Checked By          | Page 1 of 7         |               |              |              |                          |               |
| Sgt. S. Sears  | 98   | Sgt SK Sears 98     |                     |               |              |              |                          |               |



# Unit

Local Report Number

1 6 0 6 5 4 3 5

|  |  |  |                                  |                  |
|--|--|--|----------------------------------|------------------|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver)<br><b>Fleming, Robert J II</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver)<br><b>(513) 302-6494</b> | Damage Scale<br><b>1</b>         | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver)<br><b>4248 Glendale Milford Road, Blue Ash, Ohio 45242</b> |  |  |                                  |                  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>GOJ1793</b>   | Vehicle Identification Number<br><b>4S3BK4350T7317998</b>  | # Occupants<br><b>03</b>         |                  |
| Vehicle Year<br><b>1996</b>  | Vehicle Make<br><b>Subaru</b>  | Vehicle Model<br><b>Legacy</b>   | Vehicle Color<br><b>Green</b>    |                  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>USAA</b>   | Policy Number<br><b>041083302G</b>   | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip  |  |  | Carrier Phone- Include area code |                  |

|                   |   |   |   |   |
|-------------------|---|---|---|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected/Painted or Grass > 4 Ft. Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>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<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>12</b><br>Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard  |   |   |   |  |

|  |   |   |  |   |              |  |
|--|---|---|--|---|--------------|--|
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>01</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | 99 - Unknown | Action<br><b>1</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|--|---|---|--|---|--------------|--|

|  |   |  |  |                                |
|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>01</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>99 - Unknown | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped In Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--|---|--|--|--------------------------------|

|  |  |   |   |
|--|--|---|---|
| Contributing Circumstances<br>Primary<br><b>03</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle In Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|---|---|

|  |   |  |  |
|--|---|--|--|
| Sequence of Events<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 99 - Unknown | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift                                       | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left   | 10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle In Transport   | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole |
| 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox   | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object  |  |  |

|                         |                           |   |  |   |  |
|-------------------------|---------------------------|---|--|---|--|
| Unit Speed<br><b>20</b> | Posted Speed<br><b>35</b> | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|-------------------------|---------------------------|---|--|---|--|



# Unit

Local Report Number

1 6 0 6 5 4 3 5

|  |   |   |                                  |                  |
|--|---|---|----------------------------------|------------------|
| Unit Number<br>02  | Owner Name: Last, First, Middle ( Same As Driver)<br>Best, Jennifer | Owner Phone Number - inc. area code ( Same As Driver)<br>(513) 240-1721 | Damage Scale<br>3                | Damaged Area<br> |
| Owner Address: City, State, Zip ( Same As Driver)<br>5081 Southview Drive, Fairfield, Ohio 45014 |   |   |                                  |                  |
| LP State<br>OH   | License Plate Number<br>GRJ2454                                     | Vehicle Identification Number<br>2HGEGJ6618XH541424                     | # Occupants<br>01                |                  |
| Vehicle Year<br>1999   | Vehicle Make<br>Honda   | Vehicle Model<br>Civic  | Vehicle Color<br>Green           |                  |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/>                                  | Insurance Company<br>State Farm                                     | Policy Number<br>901-6485-A19 35A                                       | Towed By                         |                  |
| Carrier Name, Address, City, State, Zip  |   |   | Carrier Phone- Include area code |                  |

|                   |  |   |   |   |
|-------------------|--|---|---|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - International Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released   | 01  |   | <input checked="" type="checkbox"/> Hit / Skip Unit   |
| HM Class Number   |  |   |   |   |

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| Non-Motorist Location Prior to Impact<br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br>02<br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
|   |   |   | <input type="checkbox"/> Has HM Placard   |   |  |

|   |   |   |  |  |  |              |   |
|---|---|---|--|--|--|--------------|---|
| Special Function<br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br>06<br>Impact Area<br>06 | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other | 99 - Unknown | Action<br>4<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|---|---|---|--|--|--|--------------|---|

|   |   |  |  |
|---|---|--|--|
| Pre-Crash Actions<br>11<br>99 - Unknown | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action |
|---|---|--|--|

|  |  |   |  |
|--|--|---|--|
| Contributing Circumstances<br>Primary<br>01<br>Secondary<br>99 - Unknown | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br>01<br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|---|--|

|   |   |
|---|---|
| Sequence of Events<br>1 20 3 4 5 6<br>First Harmful Event 1<br>Most Harmful Event 1<br>99 - Unknown   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line<br>12 - Downhill Runaway<br>13 - Other Non-Collision |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Bullding, Tunnel<br>52 - Other Fixed Object |   |

|   |                    |   |  |
|---|--------------------|---|--|
| Unit Speed<br>0<br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated | Posted Speed<br>35 | Traffic Control<br>04<br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From 1 To 2<br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|---|--------------------|---|--|



# Unit

Local Report Number

1 6 0 6 5 4 3 5

|  |   |   |                       |                                  |
|--|---|---|-----------------------|----------------------------------|
| Unit Number<br>03  | Owner Name: Last, First, Middle ( Same As Driver)<br>Ndiaye, Saidou | Owner Phone Number - Inc. area code ( Same As Driver)<br>(513) 362-0464 | Damage Scale<br>3     | Damaged Area<br>                 |
| Owner Address: City, State, Zip ( Same As Driver)<br>11440 Kentbrook Court, Cincinnati, Ohio 45240 |   |   |                       |                                  |
| LP State<br>OH   | License Plate Number<br>EFL9960                                     | Vehicle Identification Number<br>1G1ZT54884F1934871                     | # Occupants<br>1      |                                  |
| Vehicle Year<br>2004   | Vehicle Make<br>Chevrolet   | Vehicle Model<br>Malibu   | Vehicle Color<br>Gray |                                  |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/>                                    | Insurance Company<br>Progressive                                    | Policy Number<br>38740568   | Towed By              |                                  |
| Carrier Name, Address, City, State, Zip  |   |   |                       | Carrier Phone- include area code |

|                   |  |  |   |   |
|-------------------|--|--|---|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| HM Class Number   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| Non-Motorist Location Prior to Impact<br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br>02<br>99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard   |   |   |   |   |  |

|                        |   |   |   |  |  |   |              |   |
|------------------------|---|---|---|--|--|---|--------------|---|
| Special Function<br>01 | 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br>02<br>Impact Area<br>02 | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | 99 - Unknown | Action<br>3<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|------------------------|---|---|---|--|--|---|--------------|---|

|                         |  |   |  |  |                                |
|-------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br>01 | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|-------------------------|--|---|--|--|--------------------------------|

|  |  |  |   |  |
|--|--|--|---|--|
| Contributing Circumstances<br>Primary<br>01<br>Secondary<br><br>99 - Unknown | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|--|--|--|---|--|

|   |   |   |  |
|---|---|---|--|
| Sequence of Events<br>1 20 2 3 4 5 6<br>First Harmful Event 1<br>Most Harmful Event 1<br>99 - Unknown   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift                                       | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left  | 10 - Cross Median<br>11 - Cross Center Line<br>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail End<br>31 - Guardrail End<br>32 - Portable Barrier | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole |
| 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox  | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object  |   |  |

|  |                    |  |  |   |   |   |
|--|--------------------|--|--|---|---|---|
| Unit Speed<br>30<br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated | Posted Speed<br>35 | Traffic Control<br>04<br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From 1 To 2<br>1 - North<br>2 - South<br>3 - East<br>4 - West | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|--|--------------------|--|--|---|---|---|



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 6 5 4 3 5

Motorist/Non-Motorist

|                   |   |                             |           |                                    |
|-------------------|---|-----------------------------|-----------|------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>Fleming, Robert J II | Date of Birth<br>06/30/1987 | Age<br>29 | Gender<br>M F - Female<br>M - Male |
|-------------------|---|-----------------------------|-----------|------------------------------------|

|   |  |
|---|--|
| Address, City, State, Zip<br>4248 Glendale Milford Road, Blue Ash, Ohio 45242 | Contact Phone- include area code<br>(513) 302-6494 |
|---|--|

|                |                                     |               |   |                                      |   |                             |                          |                        |                         |                       |                     |
|----------------|-------------------------------------|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By<br>0               | EMS Agency    | Medical Facility Injured Taken To       | Safety Equipment Used<br>04          | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1            |                       |                     |
| OL State<br>OH | Operator License Number<br>SS099344 | OL Class<br>4 | No Valid OL<br><input type="checkbox"/> | M/C End.<br><input type="checkbox"/> | Condition<br>3  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value<br>- | Drug Test Status<br>1 | Drug Test Type<br>1 |

|   |  |                           |  |                           |
|---|--|---------------------------|--|---------------------------|
| Offense Charged ( <input checked="" type="checkbox"/> Local Code )<br>313.01a | Offense Description<br>Red Light Violation | Citation Number<br>229614 | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>6 |
|---|--|---------------------------|--|---------------------------|

Motorist/Non-Motorist

|                   |  |                             |           |                                    |
|-------------------|--|-----------------------------|-----------|------------------------------------|
| Unit Number<br>02 | Name: Last, First, Middle<br>Best, Jennifer L. | Date of Birth<br>12/27/1974 | Age<br>41 | Gender<br>F F - Female<br>M - Male |
|-------------------|--|-----------------------------|-----------|------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>5081 Southview Drive, Fairfield, Ohio 45014 | Contact Phone- include area code<br>(513) 240-1721 |
|--|--|

|                |                                     |               |   |                                      |   |                             |                          |                        |                         |                       |                     |
|----------------|-------------------------------------|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By<br>1               | EMS Agency    | Medical Facility Injured Taken To       | Safety Equipment Used<br>04          | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1            |                       |                     |
| OL State<br>OH | Operator License Number<br>RS463998 | OL Class<br>4 | No Valid OL<br><input type="checkbox"/> | M/C End.<br><input type="checkbox"/> | Condition<br>1  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value<br>- | Drug Test Status<br>1 | Drug Test Type<br>1 |

|   |                     |                 |  |                           |
|---|---------------------|-----------------|--|---------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code ) | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|---|---------------------|-----------------|--|---------------------------|

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

|  |   |
|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger In Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)<br>12 - Passenger In Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

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

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

Occupant

|                   |  |                             |          |                                    |
|-------------------|--|-----------------------------|----------|------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>Fleming, Shania | Date of Birth<br>11/03/2007 | Age<br>9 | Gender<br>F F - Female<br>M - Male |
|-------------------|--|-----------------------------|----------|------------------------------------|

|   |  |
|---|--|
| Address, City, State, Zip<br>4248 Glendale Milford Road, Blue Ash, Ohio 45242 | Contact Phone- include area code<br>(513) 302-6494 |
|---|--|

|               |                       |            |                                   |                             |   |                        |                    |               |              |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By<br>1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>04 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

|                   |  |                             |          |                                    |
|-------------------|--|-----------------------------|----------|------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>Fleming, Robert J III | Date of Birth<br>07/21/2011 | Age<br>6 | Gender<br>M F - Female<br>M - Male |
|-------------------|--|-----------------------------|----------|------------------------------------|

|   |  |
|---|--|
| Address, City, State, Zip<br>4248 Glendale Milford Road, Blue Ash, Ohio 45242 | Contact Phone- include area code<br>(513) 302-6494 |
|---|--|

|               |                       |            |                                   |                             |   |                        |                    |               |              |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By<br>1 | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>06 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 6 5 4 3 5

Motorist/Non-Motorist

|                   |   |                             |           |                                    |
|-------------------|---|-----------------------------|-----------|------------------------------------|
| Unit Number<br>03 | Name: Last, First, Middle<br>Ndiaye, Saidou | Date of Birth<br>05/10/1980 | Age<br>36 | Gender<br>M F - Female<br>M - Male |
|-------------------|---|-----------------------------|-----------|------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>11440 Kentbrook Court, Cincinnati, Ohio 45240 | Contact Phone- include area code<br>(513) 362-0464 |
|--|--|

|                |                                     |               |   |                                      |   |                             |                          |                        |                    |                       |                     |
|----------------|-------------------------------------|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By<br>1               | EMS Agency    | Medical Facility Injured Taken To       | Safety Equipment Used<br>04          | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH | Operator License Number<br>TG019082 | OL Class<br>4 | No Valid OL<br><input type="checkbox"/> | M/C End.<br><input type="checkbox"/> | Condition<br>1  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |

|  |                     |                 |  |                           |
|--|---------------------|-----------------|--|---------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|--|---------------------|-----------------|--|---------------------------|

Motorist/Non-Motorist

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

|                           |                                  |
|---------------------------|----------------------------------|
| 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<br><input type="checkbox"/> | Seating Position       | Air Bag Usage       | Ejection          | Trapped            |                  |                |
| OL State | Operator License Number | OL Class   | No Valid OL<br><input type="checkbox"/> | M/C End.<br><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 Device Used<br><input type="checkbox"/> | Driver Distracted By |
|--|---------------------|-----------------|--|----------------------|

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

|  |   |
|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

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

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

Occupant

|             |  |                             |           |                                    |
|-------------|--|-----------------------------|-----------|------------------------------------|
| Unit Number | Name: Last, First, Middle<br>Sebastian, Jill | Date of Birth<br>10/19/1967 | Age<br>48 | Gender<br>F F - Female<br>M - Male |
|-------------|--|-----------------------------|-----------|------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>2702 Tylersville Road, Hamilton, Ohio 45015 | Contact Phone- include area code<br>(513) 314-4040 |
|--|--|

|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

Occupant

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

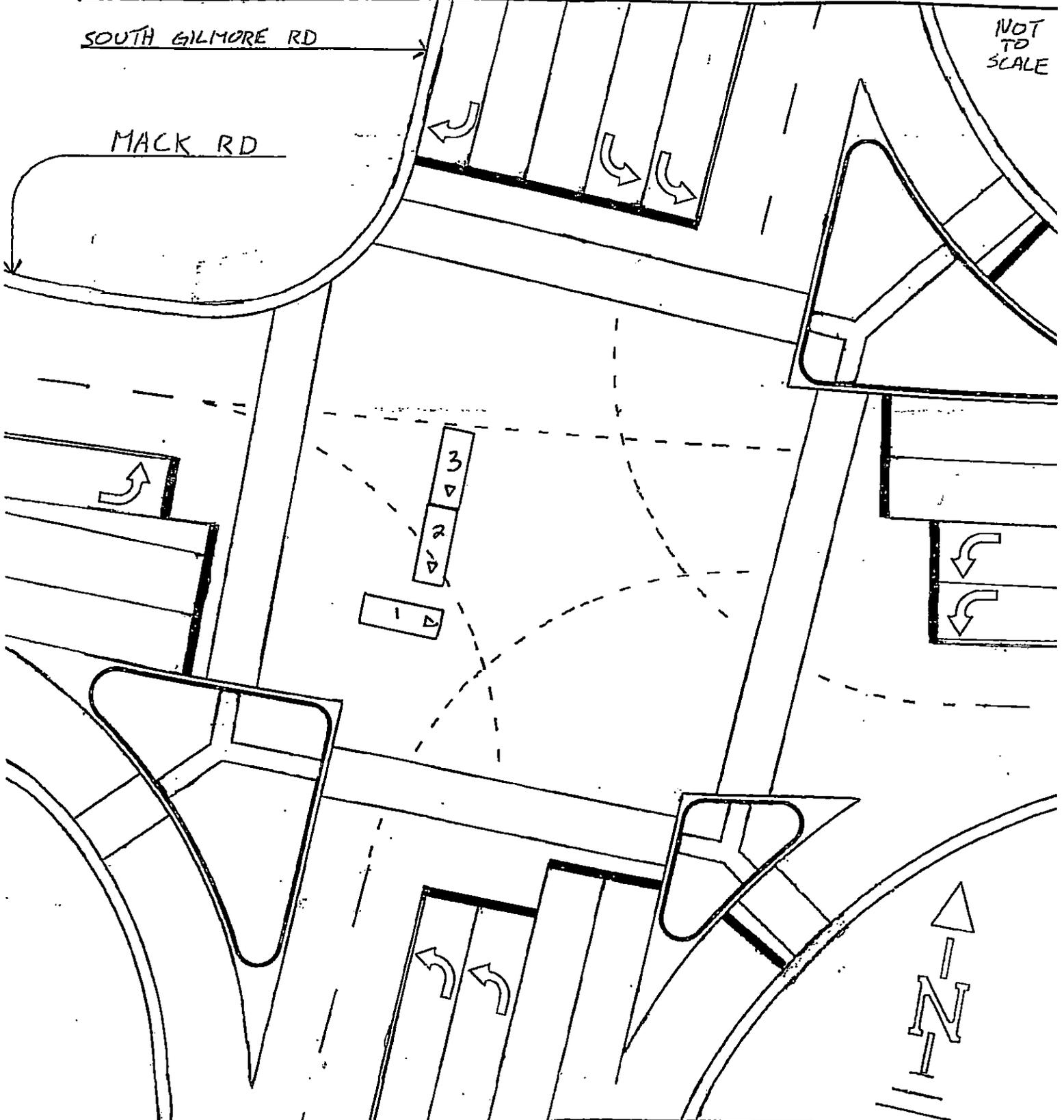
|                           |                                  |
|---------------------------|----------------------------------|
| Address, City, State, Zip | Contact Phone- include area code |
|---------------------------|----------------------------------|

|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH -

|                                  |   |                                      |
|----------------------------------|---|--------------------------------------|
| LOCAL REPORT NUMBER<br>16-065435 | REPORTING AGENCY<br>Fairfield PD                  | DATE OF ACCIDENT<br>M 09 10 14 11 16 |
| IN COUNTY OF<br>BUTLER           | ACCIDENT LOCATION<br>S. Gilmore Road at Mack Road |                                      |



NOT TO SCALE

|  |                    |
|--|--------------------|
| OFFICER'S SIGNATURE<br>X Sgt. SK Seave | BADGE NUMBER<br>98 |
|--|--------------------|

HSY 7002 1/82