



Traffic Crash Report

Local Report Number *

1 6 0 6 5 6 6 5

Crash Severity

 1 - Fatal
 2 - Injury
 3 - PDO

Hit/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 2

Unit in error

 98 - Animal
 99 - Unknown

County *

0 9

 City *
 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 9 1 0 2 0 1 6

Time of Crash

1 6 3 2

Day of Week

S A T

Degrees / Minutes / Seconds Latitude

0 / /

Longitude

0 / /

Decimal Degrees Latitude

3 9 . 3 3 5 7 8 6

Longitude

- 8 4 . 5 0 2 4 8 1

Roadway Division

 Divided
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

0 7

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

 SR
 Location Route Type ¹

Location Route Number

4

 N,S
 E,W
 Loc Prefix

Location Road Name

BYPASS

 Location Road Type ²
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
 Miles
 Feet
 Yards

 Dir From Ref
 N,S
 E,W

 Reference Route Type ¹

Reference Route Number

 Ref Prefix
 N,S
 E,W

Reference Name (Road, Milepost, House #)

PORT UNION

 Reference Road Type ²

 Reference Point Used
 1 - Intersection
 2 - Mile Post
 3 - House Number

Crash Location

 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

 Intersection Related

Location of First Harmful Event

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

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

 Road Conditions
 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

* Secondary Condition Only

Manner of Crash Collision/Impact

 6 - 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

Weather

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

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

 Light Conditions
 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

 9 - Unknown
 School Zone Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

* Secondary Condition Only

 Work Zone Related

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

Type of Work Zone

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

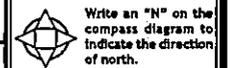
Location of Crash in Work Zone

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

Narrative

On 09-10-2016 at approximately 4:32 pm. the driver of unit 1 stated that he attempted to stop for a red light, but lost control of his vehicle due to a brake malfunction and struck unit 2. The brake pedal was checked and appeared to be functioning.

Diagram



SEE ATTACHED

Report Taken By

 Police Agency
 Motorist

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

Date Crash Reported

0 9 1 0 2 0 1 6

Time Crash Reported

1 6 3 3

Dispatch Time

1 6 3 6

Arrival Time

1 6 3 7

Time Cleared

1 7 2 0

Other Investigation Time

6 0

Total Minutes

1 0 3

Officer's Name *

P.O. Michelle Brettin

Officer's Badge Number

72

Checked By

Page 1 of 5



Unit

Local Report Number

1 6 0 6 5 6 6 5

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) RICHARDS, RODNEY	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 254-6383	Damage Scale 4	
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 4676 SANIBEL LN. HAMILTON, OHIO 45011	LP State OH	License Plate Number GHT8910	Vehicle Identification Number 1C3LC46K88N188922	
Vehicle Year 2008	Vehicle Make CHRYSLER	Vehicle Model SEBRING	Vehicle Color GRAY	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 9021357A2235	Towed By MARCELL'S	
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	

US DOT 01	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.	<input type="checkbox"/> Hazardous Material Released	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
HM Class Number			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 04	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
	<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard	

Special Function 01	01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 03	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action 3	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped In Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
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Contributing Circumstances Primary 17	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 (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed			Collision With Fixed Object			
14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	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 30	Posted Speed 50	Traffic Control 04	01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2	1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown
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Unit

Local Report Number
 1 6 0 6 5 6 6 5

Unit Number: **02** Owner Name: Last, First, Middle (Same As Driver) **TAYLOR, KIMBERLY A.** Owner Phone Number - Inc. area code (Same As Driver) **(513) 401-2012** Damage Scale: **4** Damaged Area:

Owner Address: City, State, Zip (Same As Driver)
6568 WILLOW BROOKE DR. HAMILTON, OHIO 45011

LP State: **OH** License Plate Number: **DBG9615** Vehicle Identification Number: **2B3KA53H76H234596** # Occupants: **01**

Vehicle Year: **2006** Vehicle Make: **DODGE** Vehicle Model: **CHARGER** Vehicle Color: **BLACK**

Proof of Insurance Shown: Insurance Company: **NATIONWIDE** Policy Number: **9234K353898** Towed By: **FOX TOWING**

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. Hazardous Material Released: Cargo Body Type: **01** 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

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** 1 - Personal 2 - Commercial 3 - Government In Emergency Response Unit Type: **04** 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 2+ Axles, 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/Pedalcycle 26 - Pedestrian/Skater 27 - Other Non-Motorist 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: **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 Action: **4** 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions: 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 **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 Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects

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

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



Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 6 5 6 6 5

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle RICHARDS, RANDALL	Date of Birth 12/07/1997	Age 18	Gender M F - Female M - Male
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Address, City, State, Zip 4676 SANIBEL LN. HAMILTON, OHIO 45011	Contact Phone- include area code (513) 850-0960
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Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number UF762730	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 1	Drug Test Status 1	Drug Test Type 1

Offense Charged (<input checked="" type="checkbox"/> Local Code) 331.34A	Offense Description FAILURE TO CONTROL	Citation Number 230021	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle TAYLOR, KIMBERLY A.	Date of Birth 10/12/1981	Age 35	Gender F F - Female M - Male
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Address, City, State, Zip 6568 WILLOW BROOKE DR. HAMILTON, OHIO 45011	Contact Phone- include area code (513) 401-2012
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Injuries 2	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input checked="" type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RX416895	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 1	Drug Test Status 1	Drug Test Type 1

Offense Charged (<input type="checkbox"/> Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	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 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 - M/C/Moped Only	Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued... 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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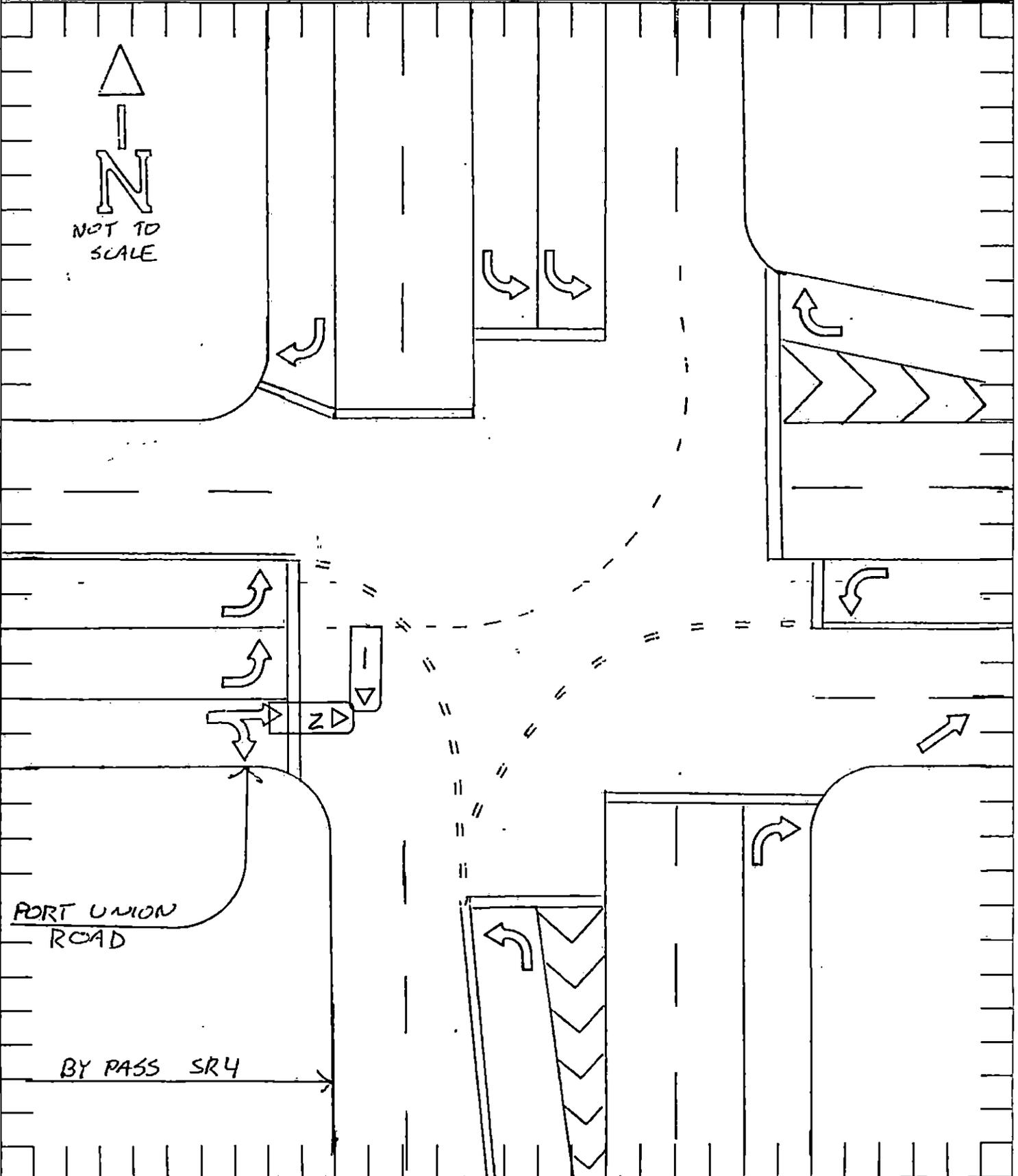
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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LOCAL REPORT NUMBER 16-065665	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 9/10/16
IN COUNTY OF Butler	ACCIDENT LOCATION S.R. 4 Bypass at Port Union Rd.	



OFFICER'S SIGNATURE <i>P.O. Michelle Beuth</i>	BADGE NO. 72
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