



Traffic Crash Report

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|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity | HITSkip |
| 1 6 0 6 7 1 9 2 | 2 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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|---|--|---|---|-----------------|---------------------------------|
| Local Information | | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit In error |
| <input type="checkbox"/> Photos Taken <input 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 2 | 0 1 98 - Animal 99 - Unknown |
| County * | | Fairfield Police Department | | | |

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|--------|---------------------------|-----------------|---------------|-------------|
| City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 0 9 | Fairfield | 0 9 1 6 2 0 1 6 | 1 8 4 0 | F R I |

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|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / / | 0 / / | 3 9 . 3 2 0 6 7 2 | - 8 4 . 5 6 1 3 6 5 |

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

| | | |
|-----------------------|--------------------|---|
| Location Route Number | Location Road Name | Route Types ¹ |
| U S 1 2 7 | Pleasant | <input type="checkbox"/> IR - Interstate Route (Inc. turnpike) <input type="checkbox"/> US - US Route <input type="checkbox"/> SR - State Route |

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|---------------------------|--------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| 60 Miles Feet Yards | N, S, E, W | | N, S, E, W | 5874 | |

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|---|--|--|
| Reference Point Used | Crash Location | Location of First Harmful Event |
| <input checked="" type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> Intersection Related <input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown |

| | | |
|---|---|--|
| Road Contour | Road Conditions | Weather |
| <input checked="" type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown | <input checked="" type="checkbox"/> 0 2 Primary Secondary | <input checked="" type="checkbox"/> 2 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 |

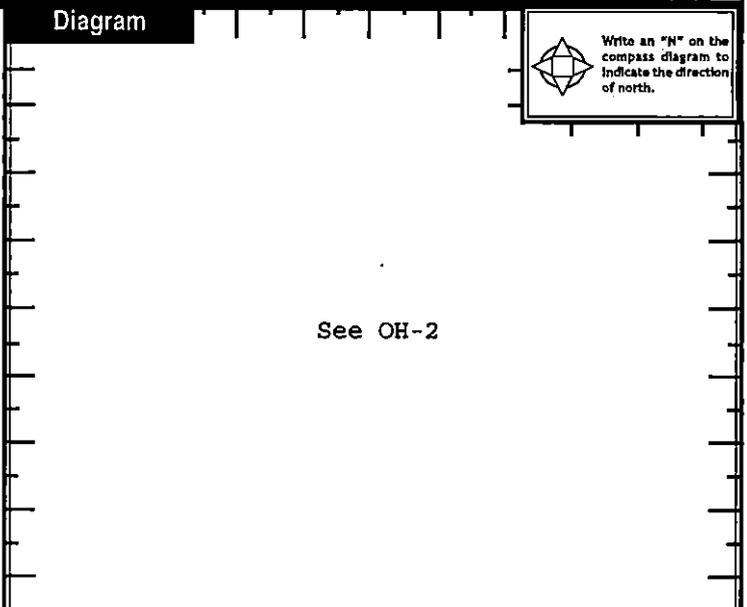
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|--|---|
| Manner of Crash Collision/Impact | Weather |
| <input checked="" type="checkbox"/> 6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction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

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| Road Surface | Light Conditions | School Bus Related |
| <input checked="" type="checkbox"/> 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | <input checked="" type="checkbox"/> 1 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 |

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| 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 09/16/2016 at about 6:40 P.M. Unit 1 was traveling north on Pleasant Ave. when, at about 60 ft north of the address of 5874, went left of center and struck unit 2 who was traveling south on Pleasant Ave. The driver of Unit 1 was also cited with DUS 335.07(a).



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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | | | | | |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> | | | | | |
| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 0 9 1 7 2 0 1 6 | 1 8 4 1 | 1 8 4 5 | 1 8 4 9 | 1 9 5 6 | 0 | 6 7 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 5 | | | |
| Larsh, Sam | 134 | Sgt. Dan Gamst | | | | |



Unit

Local Report Number
16067192

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|---|---|---|---|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Demarcia, Michelle | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 509-0452 | Damage Scale 4 | Damaged Area |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 11061 Corona Rd., Forest Park, Ohio, 45240 | | | 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown | |
| LP State OH | License Plate Number 213YAF | Vehicle Identification Number JTBFB30G920054940 | # Occupants 01 | |
| Vehicle Year 2002 | Vehicle Make Lexus | Vehicle Model ES 300 | Vehicle Color Silver | |
| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | Towed By Fox | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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

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| Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 03 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 Axle, 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 | | | | | |

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|---|---|---|--|--|---|--------------|---|
| Special Function 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 Impact 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(Areas) 14 - Other | 99 - Unknown | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 01 99 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless | 13 - Negotiating a Curve 14 - Other Motorist Action | Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | 21 - Other Non-Motorist Action |
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| Contributing Circumstances Primary 08 Secondary 99 - Unknown | Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
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| Sequence of Events 1 2 3 4 5 6 2 0 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 12 - Downhill Runaway 13 - Other Non-Collision |
| Collision With Person, Vehicle or Object Not Fixed 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 | 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 | |

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| Unit Speed 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 1 2 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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Unit

Local Report Number

16067192

| | | | | |
|---|--|---|------------------------|----------------------------------|
| Unit Number 02 | Owner Name: Last, First, Middle (Same As Driver) Mullikin, Clinton | Owner Phone Number - Inc. area code (Same As Driver) (513) 446-3831 | Damage Scale 4 | Damaged Area |
| Owner Address: City, State, Zip (Same As Driver) 11635 Lumberjack Dr., Apt. 80, Cincinnati, Ohio, 45240 | | | | |
| LP State OH | License Plate Number 314YWM | Vehicle Identification Number KNAGM4A79F5614222 | # Occupants 02 | |
| Vehicle Year 2015 | Vehicle Make Kia | Vehicle Model Optima | Vehicle Color White | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company State Farm | Policy Number 9058614C0135 | Towed By Marcells | |
| 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. 1 | Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 01 | Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway 1 |
| HM Placard ID No. | Hazardous Material Released <input type="checkbox"/> | 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 |

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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 6 7 1 9 2

Motorist/Non-Motorist

| | | | | |
|---|---|-------------------------------|--|---------------------------------------|
| Unit Number 01 | Name: Last, First, Middle George, Gemell | Date of Birth 06/11/1990 | Age 26 | Gender M F - Female M - Male |
| Address, City, State, Zip 9655 Marino Dr., Cincinnati, Ohio, 45251 | | | Contact Phone- include area code (513) 509-0452 | |
| Injuries 3 | Injured Taken By 2 | EMS Agency Springfield TWP | Medical Facility Injured Taken To Mercy | Safety Equipment Used 99 |
| OL State OH | Operator License Number TE066626 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> |
| Offense Charged (Local Code) 331.01(a) | Offense Description Lane of Travel | Citation Number 230607 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |

Motorist/Non-Motorist

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|---|--|-----------------------------|--|---------------------------------------|
| Unit Number 02 | Name: Last, First, Middle Mullikin, Clinton | Date of Birth 06/26/1948 | Age 68 | Gender M F - Female M - Male |
| Address, City, State, Zip 11635 Lumberjack Dr., Apt. 80, Cincinnati, Ohio, 45240 | | | Contact Phone- include area code (513) 446-3831 | |
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 04 |
| OL State OH | Operator License Number RT184741 | OL Class 1 | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> |
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |

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| Injuries | Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment | Non-Motorist |
| 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used | 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 | Air Bag Usage |
| 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 | 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 | Trapped | Operator License Class | Condition | Alcohol/Drug Suspected |
| 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only | 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 | 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 | Alcohol Test Type | Drug Test Status | Drug Test Type | Driver Distracted By |
| 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Other | 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction |

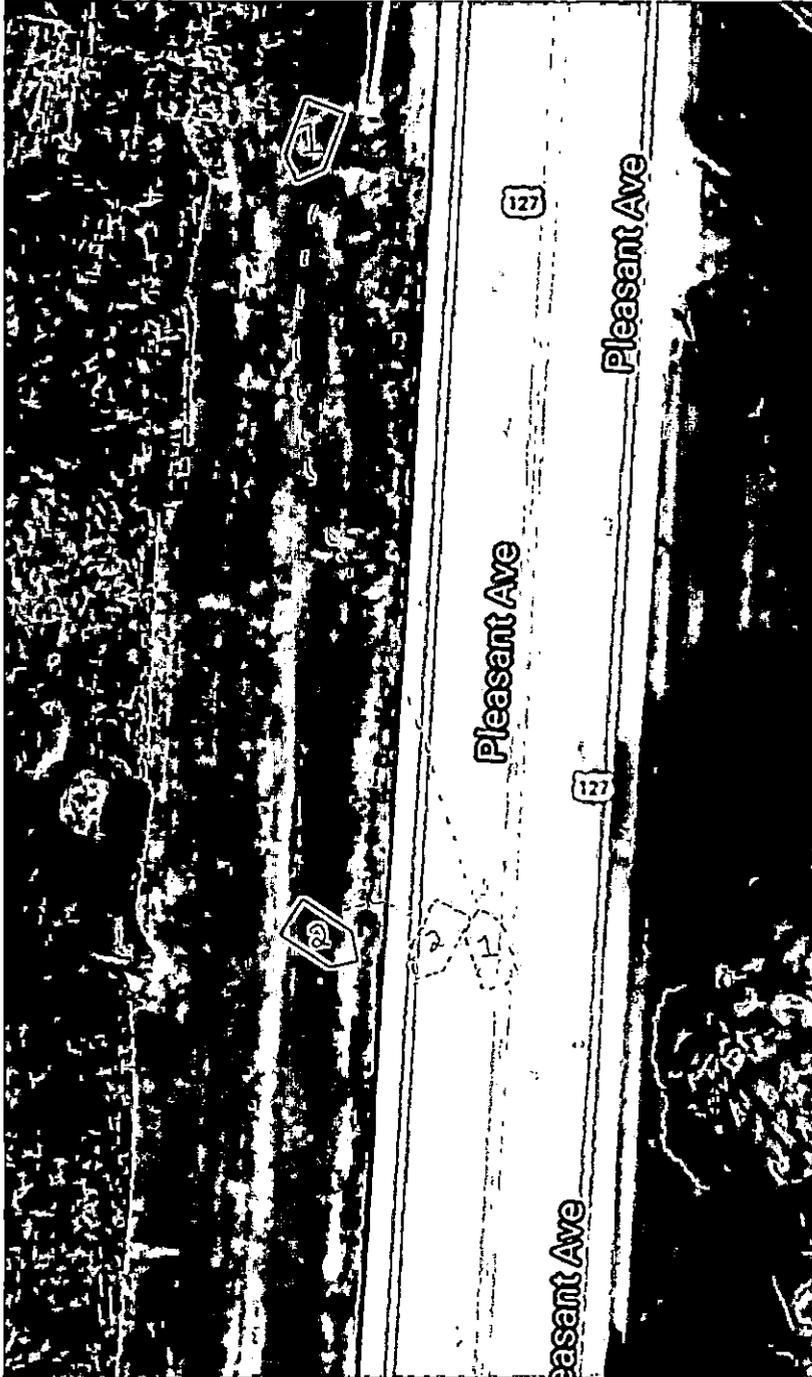
Occupant

| | | | | |
|---|--|-----------------------------|--|---------------------------------------|
| Unit Number 02 | Name: Last, First, Middle Mullikin, Beverly | Date of Birth 03/08/1951 | Age 65 | Gender F F - Female M - Male |
| Address, City, State, Zip 11635 Lumberjack Dr., Apt. 80, Cincinnati, Ohio, 45240 | | | Contact Phone- include area code (513) 446-3831 | |
| Injuries 4 | Injured Taken By 2 | EMS Agency Colerain | Medical Facility Injured Taken To Mercy | Safety Equipment Used 04 |
| OL State | Operator License Number | OL Class | No Valid OL <input type="checkbox"/> | M/C End. <input type="checkbox"/> |
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By |

Occupant

| | | | | | | | | | |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|
| 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 16-067192 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 09/17/2016 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 5874 Pleasant Ave. | |



A Not to Scale

| | |
|---|------------------|
| OFFICER'S SIGNATURE  | BADGE NO. 134 |
|---|------------------|