



# Traffic Crash Report

|                       |                                      |                            |
|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                       | Hit/Skip                   |
| 1 6 0 6 8 2 8 8       | 2 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-1-P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other |                           | <input type="checkbox"/> PDO Under State Reportable Dollar Amount<br><input type="checkbox"/> Private Property | 0 0 9 0 1               | Fairfield Police Department | 0 2           |
| County *  | City, Village, Township * | Crash Date *   | Time of Crash           | Day of Week                 |               |
| 0 9   | Fairfield                 | 0 9 2 1 2 0 1 6  | 0 7 0 0                 | W E D                       |               |

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

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

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

|                         |              |                        |                    |  |                                  |
|-------------------------|--------------|------------------------|--------------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 50 Miles                | S N,S,E,W    |                        |                    | Symmes                                   | 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 3<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout<br>06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access<br>11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <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 |

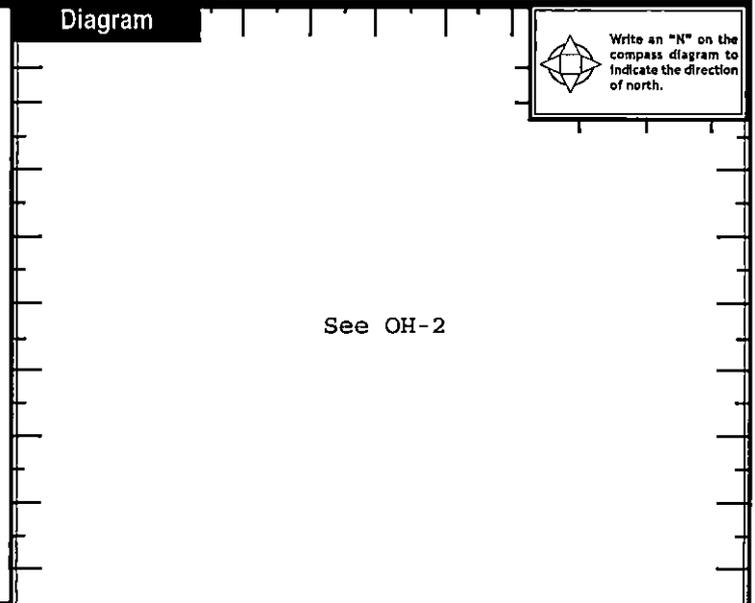
|   |  |  |
|---|--|--|
| Road Contour  | Road Conditions  | Weather  |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 0 1<br>01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice<br>05 - Sand, Mud, Dirt, Oil, Gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris*<br>09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | 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   |
| 3<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 | 1<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 | 2<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  | Type of Work Zone  | Location of Crash in Work Zone  |
| <input checked="" type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | 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**  
On 09-21-16 at about 7:00 a.m. unit #2 was northbound on Hicks Blvd. approaching Symmes Rd. Unit #1 was making a right turn from eastbound Symmes Rd. onto Hicks Blvd. The driver of unit #1 lost control of the vehicle and made a wide turn striking unit #2.

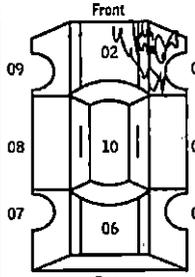


|   |   |                     |              |              |                          |               |
|---|---|---------------------|--------------|--------------|--------------------------|---------------|
| Report Taken By   | Supplement (Correction or Addition to an Existing Report Sent to ODPSS) |                     |              |              |                          |               |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist |   |                     |              |              |                          |               |
| Date Crash Reported   | Time Crash Reported   | Dispatch Time       | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 0 9 2 1 2 0 1 6   | 0 7 0 2   | 0 7 0 4             | 0 7 1 1      | 0 7 5 1      | 2 0                      | 6 0           |
| Officer's Name *  | Officer's Badge Number  | Checked By          | Page 1 of 5  |              |                          |               |
| P.O. E. Bausch  | 93  | Sgt. M. Rednour #53 |              |              |                          |               |



# Unit

Local Report Number  
**16068288**

|                          |  |  |                          |  |
|--------------------------|--|--|--------------------------|--|
| Unit Number<br><b>01</b> | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Lacy, Rusty H.</b> | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>(513) 283-2532</b> | Damage Scale<br><b>4</b> | Damaged Area<br>Front<br> |
|--------------------------|--|--|--------------------------|--|

Owner Address: City, State, Zip (  Same As Driver )  
**2004 Exiter St. Hamilton, OH 45015**

|                       |  |   |                          |
|-----------------------|--|---|--------------------------|
| LP State<br><b>OH</b> | License Plate Number<br><b>GKQ9988</b> | Vehicle Identification Number<br><b>1GCGS19Z6S8181091</b> | # Occupants<br><b>02</b> |
|-----------------------|--|---|--------------------------|

|                             |                              |                              |                             |
|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Vehicle Year<br><b>1995</b> | Vehicle Make<br><b>Chevy</b> | Vehicle Model<br><b>S-10</b> | Vehicle Color<br><b>Red</b> |
|-----------------------------|------------------------------|------------------------------|-----------------------------|

|   |                   |               |                            |
|---|-------------------|---------------|----------------------------|
| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | Towed By<br><b>Borimex</b> |
|---|-------------------|---------------|----------------------------|

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. | HM Class Number | Hazardous Material Released<br><input type="checkbox"/> | Non-Motorist Location Prior to Impact<br><input type="checkbox"/> | 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>07</b><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 |
|-------------------|-----------------|---|---|---|--|---|---|--|

|  |   |  |  |   |              |  |
|--|---|--|--|---|--------------|--|
| 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 - Motorhomes<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>03</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>3</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>05</b><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 | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Stopping 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>17</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><input type="checkbox"/><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 <b>10</b> 2 <b>20</b> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <b>2</b> Most Harmful Event <b>2</b><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 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><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated | Posted Speed<br><b>25</b> | Traffic Control<br><b>01</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>2</b><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 |
|---|---------------------------|---|--|---|---|---|



# Unit

Local Report Number  
16068288

|   |   |   |                        |                  |
|---|---|---|------------------------|------------------|
| Unit Number<br>02   | Owner Name: Last, First, Middle ( Same As Driver)<br>Martin, Christopher B. | Owner Phone Number - Inc. area code ( Same As Driver)<br>(513) 213-3646 | Damage Scale<br>3      | Damaged Area<br> |
| Owner Address: City, State, Zip ( Same As Driver)<br>4851 Potomac Dr. Fairfield, OH 45014 |   |   |                        |                  |
| LP State<br>OH  | License Plate Number<br>GUM2624   | Vehicle Identification Number<br>1F M Z K 0 2 1 5 6 G A 1 2 1 9 4       | # Occupants<br>01      |                  |
| Vehicle Year<br>2006  | Vehicle Make<br>Ford  | Vehicle Model<br>Freesytle  | Vehicle Color<br>White |                  |
| Proof of Insurance Shown  | Insurance Company<br>State Farm   | Policy Number<br>9080433C2235   | 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<br>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. | Hazardous Material Released  | <input type="checkbox"/> Hit / Skip Unit  |  |

|   |   |  |   |
|---|---|--|---|
| 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>06<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<br>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<br>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<br>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.<br>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>03 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear<br>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<br>99 - Unknown | Action<br>4 - 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<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<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<br>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 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<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<br>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 - 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<br>2 -<br>3 -<br>4 -<br>5 -<br>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>Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision | 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<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, Building, Tunnel<br>52 - Other Fixed Object |
|--|---|--|

|   |                    |   |  |
|---|--------------------|---|--|
| Unit Speed<br>5<br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated | Posted Speed<br>25 | Traffic Control<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 2 To 1<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 |
|---|--------------------|---|--|



# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 6 8 2 8 8

Motorist/Non-Motorist

|                   |  |                           |           |                                    |
|-------------------|--|---------------------------|-----------|------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>Scott, William D. | Date of Birth<br>12181986 | Age<br>29 | Gender<br>M F - Female<br>M - Male |
|-------------------|--|---------------------------|-----------|------------------------------------|

|  |  |
|--|--|
| Address, City, State, Zip<br>1147 Shuler Ave. Hamilton, OH 45011 | Contact Phone- include area code<br>(513) 737-6809 |
|--|--|

|                |  |               |   |                                      |   |                             |                          |                        |                    |                       |                     |
|----------------|--|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By<br><input type="checkbox"/> | 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>SR007651          | 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 checked="" type="checkbox"/> Local Code )<br>331.34a | Offense Description<br>Fail to Control | Citation Number<br>230440 | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|---|--|---------------------------|--|---------------------------|

Motorist/Non-Motorist

|                   |   |                           |           |                                    |
|-------------------|---|---------------------------|-----------|------------------------------------|
| Unit Number<br>02 | Name: Last, First, Middle<br>Martin, Christopher B. | Date of Birth<br>04181959 | Age<br>57 | Gender<br>M F - Female<br>M - Male |
|-------------------|---|---------------------------|-----------|------------------------------------|

|   |  |
|---|--|
| Address, City, State, Zip<br>4851 Potomac Dr. Fairfield, OH 45014 | Contact Phone- include area code<br>(513) 213-3646 |
|---|--|

|                |  |               |   |                                      |   |                             |                          |                        |                    |                       |                     |
|----------------|--|---------------|---|--------------------------------------|---|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>2  | Injured Taken By<br><input type="checkbox"/> | 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>TJ335075          | 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 |
|---|---------------------|-----------------|--|---------------------------|

|   |  |  |  |
|---|--|--|--|
| <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><b>Motorist</b><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><b>99 - Unknown Safety Equipment</b><br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System- Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc) | <b>12 - Reflective Clothing</b><br>13 - Lighting<br>14 - Other |
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|--|---|
| <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 |
|--|---|

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|--|---|--|---|--|
| <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 "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>Smith, Jordan | Date of Birth<br>08141997 | Age<br>19 | Gender<br>M F - Female<br>M - Male |
|-------------------|--|---------------------------|-----------|------------------------------------|

|   |  |
|---|--|
| Address, City, State, Zip<br>1050 Shuler Av. Hamilton, OH 45011 | Contact Phone- include area code<br>(513) 714-8233 |
|---|--|

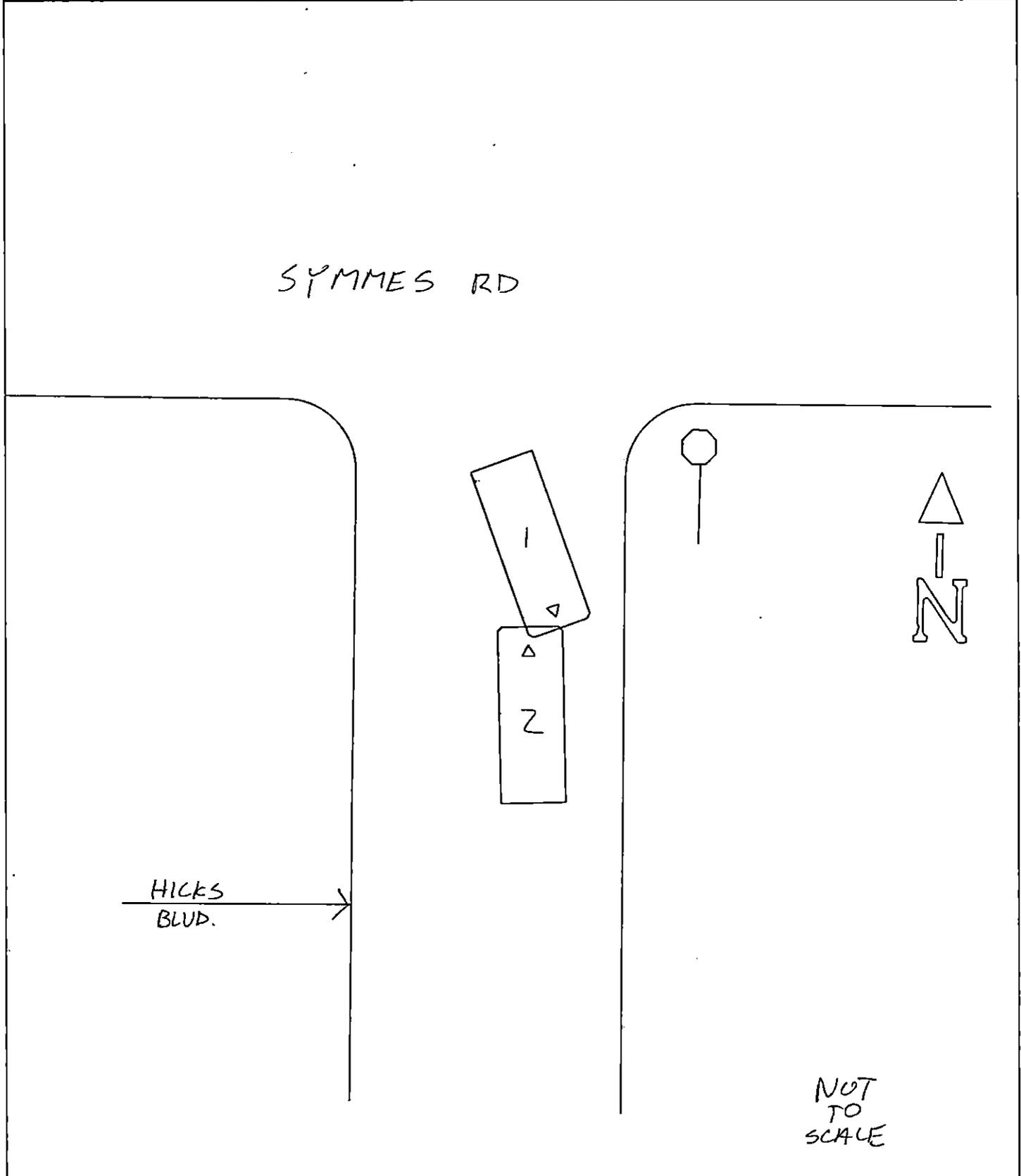
|               |  |            |                                   |                             |   |                        |                    |               |              |
|---------------|--|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>03 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|--|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

|                                  |   |                              |
|----------------------------------|---|------------------------------|
| LOCAL REPORT NUMBER<br>16-068288 | REPORTING AGENCY<br>Fairfield Police Department | DATE OF ACCIDENT<br>09-21-16 |
| IN COUNTY OF<br>Butler           | ACCIDENT LOCATION<br>Hicks Blve. at Symmes Rd.  |                              |



|                                       |                 |
|---------------------------------------|-----------------|
| OFFICER'S SIGNATURE<br>P.O. E. Bausch | BADGE NO.<br>93 |
|---------------------------------------|-----------------|