



Traffic Crash Report

Local Report Number *

1 6 0 7 0 3 3 1

Crash Severity

2 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 1Reporting Agency Name *
Fairfield Police DepartmentNumber of Units
0 2Unit in error
0 1 98 - Animal
99 - UnknownCounty *
0 9City *
Fairfield

City, Village, Township *

Crash Date *
0 9 2 9 2 0 1 6Time of Crash
1 3 4 5Day of Week
T H UDegrees / Minutes / Seconds
Latitude

Longitude

Longitude

Decimal Degrees
Latitude

Longitude

Longitude

Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
N - Northbound E - Eastbound
S - Southbound W - WestboundNumber of Thru Lanes
0 4Road Types or Milepost ²
AL - Alley CR - Circle
AV - Avenue CT - Court
BL - Boulevard DR - Drive
LA - LaneHE - Heights MP - Milepost PL - Place ST - Street WA - Way
HW - Highway PK - Parkway RD - Road TE - Terrace
LA - Lane PI - Pike SQ - Square TL - TrailLocation Route Type ¹
S RLocation Route Number
4Loc Prefix
N, S, E, WLocation Road Name
DixieLocation Road Type ²
H WRoute Types ¹
IR - Interstate Route (Inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State RouteDistance From Reference
 Miles
 Feet
 YardsDir From Ref
N, S, E, WReference Route Type ¹

Reference Route Number

Ref Prefix
N, S, E, WReference Name (Road, Milepost, House #)
MichaelReference Road Type ²
L AReference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 201 - Not an intersection 06 - Five-point, or more
02 - Four-way Intersection 07 - On Ramp
03 - T-Intersection 08 - Off Ramp
04 - Y-Intersection 09 - Crossover
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown

Intersection Related

Location of First Harmful Event
1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
1 - Straight Level
2 - Straight Grade
3 - Curve Level4 - Curve Grade
9 - UnknownRoad Conditions
Primary
0 1

Secondary

01 - Dry
02 - Wet
03 - Snow
04 - Ice05 - 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 1 - Not Collision Between Two Motor Vehicles In Transport
2 - Rear-End
3 - Head-On
4 - Rear-to-Rear5 - Backing
6 - Angle
7 - Slideswipe, Same Direction
8 - Slideswipe, Opposite Direction
9 - UnknownWeather
11 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke4 - Rain
5 - Sleet, Hail
6 - Snow7 - Severe Crosswinds
8 - Blowing Sand, Soil, Dirt, Snow
9 - Other/UnknownRoad Surface
2 1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block4 - Slag, Gravel, Stone
5 - Dirt
6 - OtherLight Conditions
Primary
1

Secondary

1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

9 - Unknown

School Bus Related
 School Zone Related Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

* Secondary Condition Only

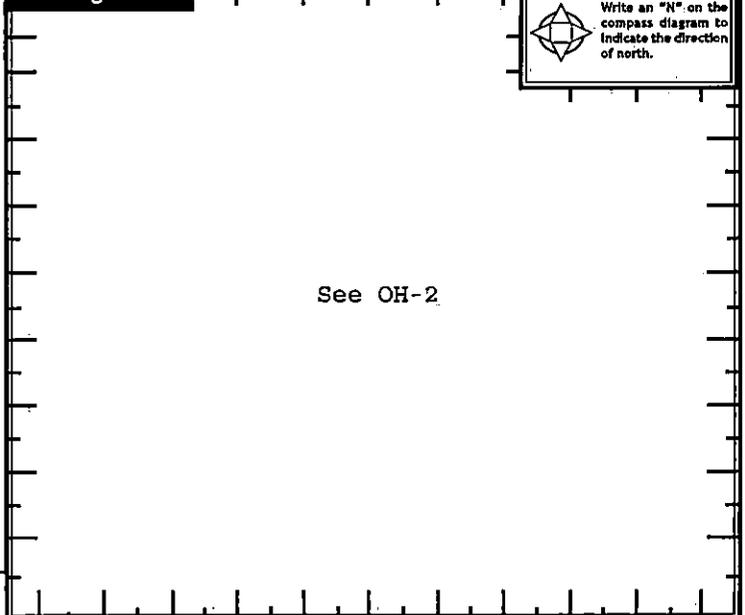
Work Zone Related
 Work Zone Related Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)Type of Work Zone
1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - OtherLocation of Crash in Work Zone
1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area
4 - Activity Area
5 - Termination Area

Narrative

On 09/29/16 at about 1:45 p.m. Unit 1 was traveling southeast on Dixie Hwy at approximately 10 m.p.h. and when at Michael Ln attempted to turn left and in so doing, failed to yield the right of way to oncoming traffic and collided with Unit 2 which was traveling northwest on Dixie Hwy at approximately 35 m.p.h.

Both drivers stated the traffic signal was yellow when the collision occurred.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

See OH-2

Report Taken By
 Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)Date Crash Reported
0 9 2 9 2 0 1 6Time Crash Reported
1 3 4 8Dispatch Time
1 3 4 9Arrival Time
1 3 5 5Time Cleared
1 4 2 8Other Investigation Time
1 0Total Minutes
4 3Officer's Name *
J HamlinOfficer's Badge Number
90Checked By
SGT. VALANDINGHAM

Page 1 of 5



Unit

Local Report Number

16070331

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Hogue, Linda	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 460-3601	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 6032 Winton Meadows Ct Fairfield, OH 45014				
LP State OH	License Plate Number FKG6593	Vehicle Identification Number 19XFB2F99CE012634	# Occupants 01	
Vehicle Year 2012	Vehicle Make Honda	Vehicle Model Civic	Vehicle Color Grey	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company State Farm	Policy Number 3292416D3035M	Towed By Marcell's	
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.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	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 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<input type="checkbox"/> Hit / Sklp Unit

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

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 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	99 - Unknown	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 02 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	Motorist 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 00 3 00 4 00 5 00 6 00 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 Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Post 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 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 6 To 5 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
16070331

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Murphy, Michael E	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 668-8268	Damage Scale 3	Damaged Area
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Owner Address: City, State, Zip (Same As Driver)
1323 Hunter Ct Fairfield, OH 45014

LP State OH	License Plate Number 224YCV	Vehicle Identification Number 5TFDV58128X043092	# Occupants 02
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Vehicle Year 2008	Vehicle Make Toyota	Vehicle Model Tundra	Vehicle Color Red
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Pekin	Policy Number 00V376868	Towed By
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Carrier Name, Address, City, State, Zip
Carrier Phone- Include area code

US DOT	Vehicle Weight GVWR/GCWR 01 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 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 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 <input type="checkbox"/> Hit / Skip Unit
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Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 7 0 3 3 1

Motorist/Non-Motorist

Unit Number: **01** Name: Last, First, Middle: **Hogue, Linda** Date of Birth: **03/08/1949** Age: **67** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **6032 Winton Meadows Ct Fairfield, OH 45014** Contact Phone-Include area code: **(513) 460-3601**

Injuries: **3** Injured Taken By: **2** EMS Agency: **CFFD** Medical Facility Injured Taken To: **Mercy Fairfield** Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **01** Air Bag Usage: **2** Ejection: **1** Trapped: **1**

OL State: **OH** Operator License Number: **RU212117** OL Class: **4** No Valid OL: M/C End.: Condition: **1** Alcohol/Drug Suspected: **1** Alcohol Test Status: **1** Alcohol Test Type: **1** Alcohol Test Value: **1** Drug Test Status: **1** Drug Test Type: **1**

Offense Charged (Local Code): **331.17A** Offense Description: **FTY - Left Turn** Citation Number: **230902** Hands-Free Device Used: Driver Distracted By: **1**

Motorist/Non-Motorist

Unit Number: **02** Name: Last, First, Middle: **Murphy, Michael E** Date of Birth: **11/01/1975** Age: **40** Gender: **M** (F - Female, M - Male)

Address, City, State, Zip: **1323 Hunter Ct Fairfield, OH 45014** Contact Phone-Include area code: **(513) 668-8268**

Injuries: **1** Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **01** Air Bag Usage: **1** Ejection: **1** Trapped: **1**

OL State: **OH** Operator License Number: **TK518217** OL Class: **4** No Valid OL: M/C End.: Condition: **1** Alcohol/Drug Suspected: **1** Alcohol Test Status: **1** Alcohol Test Type: **1** Alcohol Test Value: **1** Drug Test Status: **1** Drug Test Type: **1**

Offense Charged (Local Code): Offense Description: Citation Number: Hands-Free Device Used: Driver Distracted By: **1**

Occupant

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: **99 - Unknown Safety Equipment**

Motorist:
 01 - None Used - Vehicle Occupant
 02 - Shoulder Belt Only Used
 03 - Lap Belt Only Used
 04 - Shoulder and Lap Belt Used

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

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

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 - MC/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

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

Occupant

Unit Number: **02** Name: Last, First, Middle: **Murphy, Cassandra** Date of Birth: **11/15/2000** Age: **15** Gender: **F** (F - Female, M - Male)

Address, City, State, Zip: **1323 Hunter Ct Fairfield, OH 45014** Contact Phone-Include area code: **(513) 668-8268**

Injuries: **1** Injured Taken By: EMS Agency: Medical Facility Injured Taken To: Safety Equipment Used: **04** DOT Compliant Motorcycle Helmet: Seating Position: **03** Air Bag Usage: **1** Ejection: **1** Trapped: **1**

Unit Number: Name: Last, First, Middle: Date of Birth: Age: Gender: (F - Female, 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:

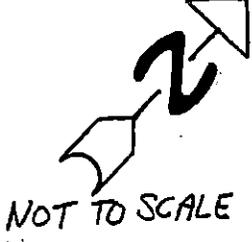
LOCAL REPORT NUMBER 16-070331

REPORTING AGENCY FAIRFIELD P.D. 00901

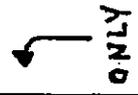
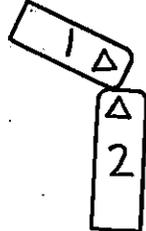
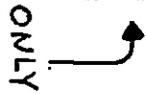
DATE OF ACCIDENT M 9 | D 29 | Y 16

IN COUNTY OF BUTLER

ACCIDENT LOCATION



CAMELOT DRIVE



DIXIE HIGHWAY (STATE RTE-4)



MICHAEL LANE

OFFICERS SIGNATURE J Hamlin

BADGE NO. 90