



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
1 6 0 7 0 3 5 3	2 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			0 0 9 0 1	Fairfield Police Department	0 1	0 1 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
0 9	<input type="checkbox"/> Village * <input type="checkbox"/> Township *	FAIRFIELD	0 9 2 9 2 0 1 6	1 6 1 0	T H U

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

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 E - Eastbound <input type="checkbox"/> S - Southbound 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 Type ¹	Location Route Number	Loc Prefix	Location Road Name	Location Road Type ²	Route Types ¹
		N, S, E, W	Seward	R D	IR - Interstate Route (Inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W			N, S, E, W	8655	

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Intersection Related	Location of First Harmful Event
3 1 - Intersection 2 - Mile Post 3 - House Number	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 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	8655	<input type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Road Surface	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 1 Primary Secondary	2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 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

Manner of Crash Collision/Impact	Light Conditions	School Bus Related
1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Slideswipe, Same Direction 8 - Slideswipe, Opposite Direction 9 - Unknown	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

Work Zone Related	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 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

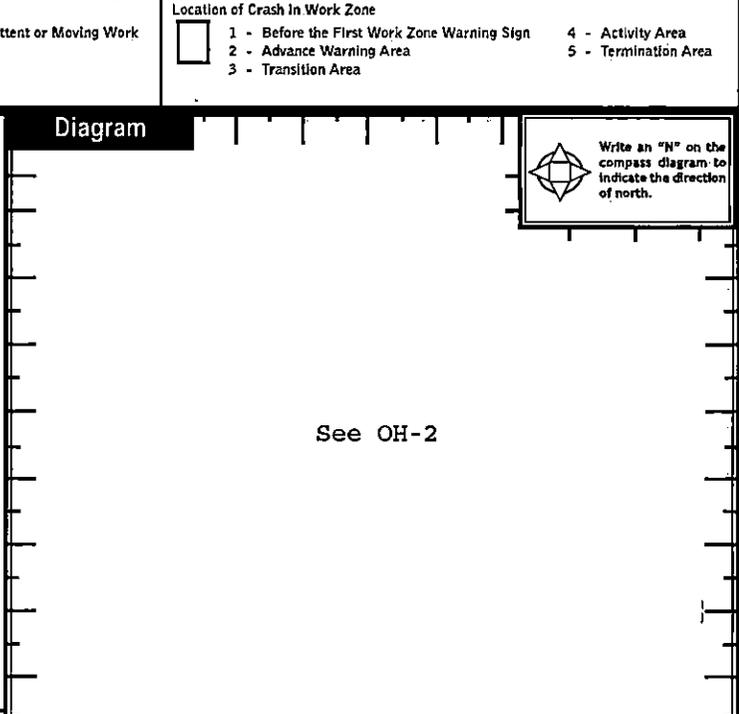
Narrative

On 09/29/2016 at about 4:10 P.M. Unit 1 was traveling southbound on Seward Rd. and when at 8655 Seward Rd. Unit 1 went off the right side of the roadway and collided with a gas pipe and continued straight and collided with a street sign and then collided with a concrete culvert. The vehicle came to final rest in the driveway at 8675 Seward Rd.

The gas pipe is owned by Duke Energy located at 1199 Nilles Rd. Fairfield, OH 45014 513-421-9500.

The street sign is owned by The City of Fairfield located at 5350 Pleasant Ave. Fairfield, OH 45014 513-867-5300.

The culvert is owned by G&W Products located at 8675 Seward Rd. Fairfield, OH 45014 513-860-4050.



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 9 2 0 1 6	1 6 1 1	1 6 1 2	1 6 1 7	1 7 1 9	0	6 2

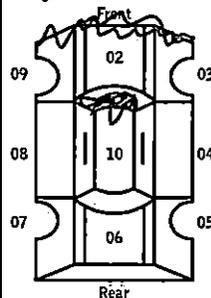
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4
P.O. C. Moore	136	<i>Soler</i> # 87	



Unit

Local Report Number

16070353

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Howard, Nicholas Antvan	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (513) 570-7684	Damage Scale 4	Damaged Area 
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 9382 Coogan Dr. Cincinnati, OH 45231				
LP State OH	License Plate Number GTC1894	Vehicle Identification Number 2G1WT57K991196438	# Occupants 01	
Vehicle Year 2009	Vehicle Make Chevrolet	Vehicle Model Impala	Vehicle Color Red	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Safe Auto	Policy Number OH1457096	Towed By FOX	
Carrier Name, Address, City, State, Zip			Carrier Phone- Include area code	

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 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	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.	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
HM Class Number			

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 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"/> 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 11 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 2 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	---	--	---	--------------	--

Pre-Crash Actions 01 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 17 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
--	--	---	---

Sequence of Events 1 08 2 52 3 37 4 42 5 00 6 00 First Harmful Event 2 Most Harmful Event 4 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
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		

Unit Speed 45 <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 1 To 2 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 7 0 3 5 3

Motorist/Non-Motorist

Unit Number: Name: Last, First, Middle: Howard, Nicholas Antvan
 Date of Birth: Age: 19 Gender: M - Male
 Address, City, State, Zip: 9382 Coogan Dr. Cincinnati, OH 45231
 Contact Phone- Include area code: (513) 570-7684

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:

OL State: Operator License Number: UJ830890
 OL Class: No Valid OL M/C End. Condition: Alcohol/Drug Suspected: Alcohol Test Status: Alcohol Test Type: Alcohol Test Value: _____ Drug Test Status: Drug Test Type:

Offense Charged (Local Code): 331.34a Offense Description: Failure To Control Citation Number: 230041
 Hands-Free Device Used: Driver Distracted By:

Motorist/Non-Motorist

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

OL State: Operator License Number: _____
 OL Class: No Valid OL M/C End. Condition: Alcohol/Drug Suspected: Alcohol Test Status: Alcohol Test Type: Alcohol Test Value: _____ Drug Test Status: Drug Test Type:

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

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

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: _____ Name: Last, First, Middle: _____
 Date of Birth: _____ Age: _____ Gender: F - Female
 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:

Occupant

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

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 16-070353	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 09/29/2016
IN COUNTY OF Butler	ACCIDENT LOCATION 8655 Seward Rd. Fairfield, OH 45014	

