



# Traffic Crash Report

Local Report Number \*

1 6 0 7 0 6 7 2

Crash Severity

3 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved  
2 - Unsolved

Local Information

 Photos Taken  
 OH-2  OH-1P  
 OH-3  Other

 PDO Under State Reportable Dollar Amount

 Private Property

Reporting Agency NCIC \*

0 0 9 0 1

Reporting Agency Name \*

Fairfield Police Department

Number of Units

0 2

Unit In error

9 9 98 - Animal  
99 - Unknown

County \*

0 9

City \*

 Village \*  
 Township \*

City, Village, Township \*

Fairfield

Crash Date \*

0 9 3 0 2 0 1 6

Time of Crash

2 2 2 5

Day of Week

F R I

Degrees / Minutes / Seconds

Latitude

0 / /

Longitude

0 / /

Decimal Degrees

Latitude

3 3 3 3 2 6 1 4

Longitude

- 8 4 5 2 1 3 7 3

Roadway Division

 Divided  
 Undivided

Divided Lane Direction of Travel

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

Number of Thru Lanes

0 4

Road Types or Milepost <sup>2</sup>
 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 PJ - Pike SQ - Square TL - Trail

 S  R  
 Location Route Type <sup>1</sup>

Location Route Number

4

Loc Prefix

N, S, E, W

Location Road Name

DIXIE

 H  W  
 Location Road Type <sup>2</sup>
Route Types <sup>1</sup>
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
 US - US Route SR - State Route  
 TR - Numbered Township Route

Distance From Reference

 Miles  
 Feet  
 Yards

Dir From Ref

 N, S, E, W

Reference Route

Type <sup>1</sup>

Reference Route Number

Ref Prefix

 N, S, E, W

Reference Name (Road, Milepost, House #)

HOLDEN

Reference Road

Type <sup>2</sup>

B L

Reference Point Used

 1 - Intersection  
 2 - Mile Post  
 3 - House Number

Crash Location

0 2

 01 - Not an Intersection 06 - Five-point, or more 11 - Railway Grade Crossing  
 02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails  
 03 - T-Intersection 08 - Off Ramp 99 - Unknown  
 04 - Y-Intersection 09 - Crossover  
 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

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 Roadside

Road Contour

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

Road Conditions

 Primary  
 Secondary

Primary

0 1

Secondary

 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement\*  
 02 - Wet 06 - Water (Standing, Moving) 10 - Other  
 03 - Snow 07 - Slush 99 - Unknown  
 04 - Ice 08 - Debris\*

\* Secondary Condition Only

Manner of Crash Collision/Impact

 6 - Not Collision Between Two Motor Vehicles In Transport  
 2 - Rear-End  
 3 - Head-On  
 4 - Rear-to-Rear  
 5 - Backing  
 6 - Angle  
 7 - Sideswipe, Same Direction  
 8 - Sideswipe, Opposite Direction  
 9 - Unknown

Weather

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

Road Surface

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

Light Conditions

 Primary  
 Secondary

Primary

4

Secondary

 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown  
 2 - Dawn 6 - Dark - Unknown Roadway Lighting 10 - Other  
 3 - Dusk 7 - Glare\*  
 4 - Dark - Lighted Roadway 8 - Other

\* Secondary Condition Only

School Bus Related

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

Work Zone Related

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

Type of Work Zone

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

Location of Crash in Work Zone

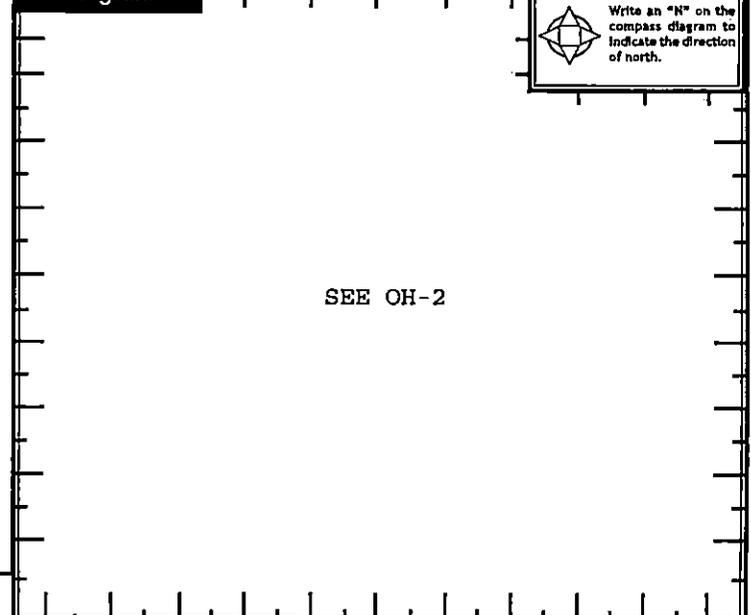
 1 - Before the First Work Zone Warning Sign 4 - Activity Area  
 2 - Advance Warning Area 5 - Termination Area  
 3 - Transition Area

Narrative

On 09/30/16 at about 10:25PM unit 1 was traveling northbound on Dixie Hwy and when at Holden Blvd. attempted to turn eastbound onto Holden Blvd. and struck unit 2 which was southbound on Dixie Hwy turning onto eastbound Holden Blvd.

\*Could not determine at fault unit due to drivers of unit 1 and unit 2 both stating that they had green light. Units were also moved prior to my arrival and no independent witnesses were located.

Diagram



Report Taken By

 Police Agency  Motorist

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

Date Crash Reported

0 9 3 0 2 0 1 6

Time Crash Reported

2 2 2 6

Dispatch Time

2 2 3 1

Arrival Time

2 2 3 9

Time Cleared

2 2 5 6

Other Investigation Time

2 0

Total Minutes

3 7

Officer's Name \*

P. O. M. KELLUM

Officer's Badge Number

143

Checked By

[Signature] 94

Page

1

of

5



# Unit

Local Report Number

16070672

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>SOW, MAMADOU</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 410-4202</b>	Damage Scale <b>2</b>	
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>233 S. WAYNE #15, CINCINNATI, OHIO, 45215</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>GTB4787</b>	Vehicle Identification Number <b>1B3CC5FB7AN113458</b>	2 - Minor	
Vehicle Year <b>2010</b>	Vehicle Make <b>DODGE</b>	Vehicle Model <b>AVENGER</b>	3 - Functional	
Vehicle Color <b>TAN</b>	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>FOUNDERS</b>	4 - Disabling	9 - Unknown
Policy Number <b>ITOH152538</b>	Towed By	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 <b>01</b>	Trafficway Description <b>3</b>
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	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	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		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

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>03</b>	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+ axes 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
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip	<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b>	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 <b>09</b>	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 <b>3</b>	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>05</b>	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 <b>99</b>	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 <b>01</b>	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 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>	First Harmful Event <b>1</b>	Most Harmful Event <b>1</b>	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				Collision With Fixed Object			
14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle In Transport				21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object			
				25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier			
				33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole			
				41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox			
				48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object			

Unit Speed <b>20</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	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 <b>2</b> To <b>3</b>	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  
**16070672**

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>LEHNERD, SHANNON</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>(513) 546-4841</b>	Damage Scale <b>2</b>	Damaged Area 
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Owner Address: City, State, Zip (  Same As Driver )  
**5351 BOEHM DR # A, FAIRFIELD, OHIO, 45014**

LP State <b>OH</b>	License Plate Number <b>FWQ9932</b>	Vehicle Identification Number <b>5NPE146C07H231290</b>	# Occupants <b>01</b>
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Vehicle Year <b>2007</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>SONATA</b>	Vehicle Color <b>BLUE</b>
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>MET LIFE</b>	Policy Number <b>4723031690</b>	Towed By
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Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

US DOT <b>01</b>	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 <b>01</b> 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 <b>1</b> 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
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HM Placard ID No. <b>01</b>	HM Class Number <b>01</b>	<input type="checkbox"/> Hazardous Material Released	Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>04</b> 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	Passenger Vehicles (less than 9 passengers) 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) 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 19 - Tractor/Triples 27 - Other Non-Motorist
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Special Function <b>01</b> 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 <b>04</b> 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 <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>06</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 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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Unit Speed <b>20</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>1</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 7 0 6 7 2

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle SOW, MAMADOU	Date of Birth 07/21/1986	Age 30	Gender M (F - Female, M - Male)
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Address, City, State, Zip 233 S. WAYNE #15, CINCINNATI, OHIO, 45215	Contact Phone- include area code (513) 410-4202
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number UK073040	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Unit Number 02	Name: Last, First, Middle LEHNERD, SHANNON	Date of Birth 06/18/1978	Age 38	Gender F (F - Female, M - Male)
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Address, City, State, Zip 5351 BOEHM DR. #A, FAIRFIELD, OHIO, 45014	Contact Phone- include area code (513) 546-4841
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number RM114098	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> 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 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female, M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female, M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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IN COUNTY OF BUTLER

ACCIDENT LOCATION

DIXIE // HOLDEN

