



# Traffic Crash Report

|                       |   |                                 |
|-----------------------|---|---------------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                        |
| 17008884              | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 2<br>1 - Solved<br>2 - Unsolved |

|   |  |  |                         |                             |   |
|---|--|--|-------------------------|-----------------------------|---|
| Local Information   |  | Reporting Agency NCIC *  | Reporting Agency Name * | Number of Units             | Unit in error                           |
| <input checked="" type="checkbox"/> Photos Taken<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<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 | 00901                   | Fairfield Police Department | 02<br>01<br>98 - Animal<br>99 - Unknown |

|          |           |                           |              |               |             |
|----------|-----------|---------------------------|--------------|---------------|-------------|
| County * | City *    | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 09       | Fairfield | Fairfield                 | 02022017     | 1757          | THU         |

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
| 0 / /                                | 0 / /     | 39.310521                | -84.522850 |

|   |  |                      |  |
|---|--|----------------------|--|
| 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 | 04                   | 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>  |
|                                  |                       |                    | Mack               | RD                              | IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route SR - State Route TR - Numbered Township Route |

|                              |              |                        |            |  |                                  |
|------------------------------|--------------|------------------------|------------|--|----------------------------------|
| Distance From Reference      | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 50<br>Miles<br>Feet<br>Yards | E<br>N,S,E,W |                        |            | S. Gilmore                               | RD                               |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| Reference Point Used                                  | Crash Location  | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 01<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 | <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 | 01<br>Primary<br>Secondary | 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   |
| 2<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 - Slideswipe, Same Direction<br>8 - Slideswipe, 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 |

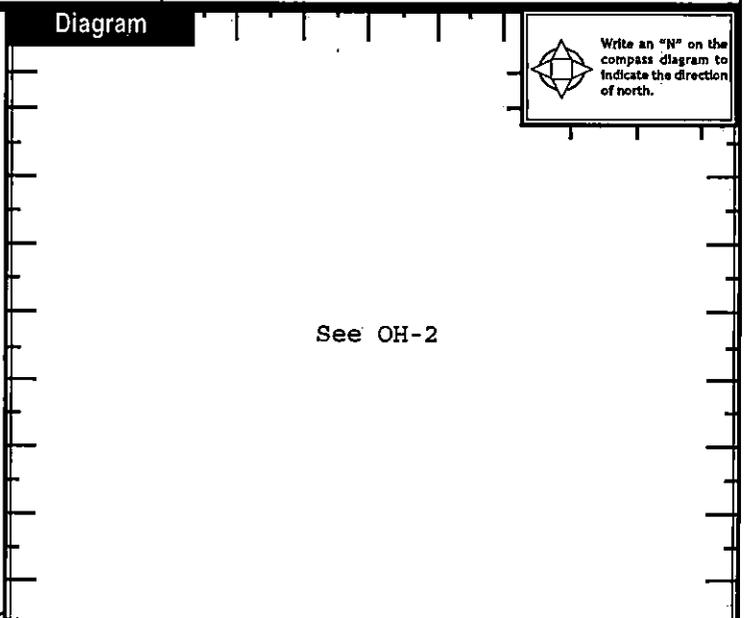
|   |  |   |
|---|--|---|
| Road Surface  | Light Conditions   | School Bus Related  |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 1<br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other<br>9 - Unknown | <input type="checkbox"/> School Bus 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 type="checkbox"/> Work Zone Related<br><input 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 2-2-2017 at about 5:57 P.M. Unit 1 was traveling west on Mack Rd. at about 15 M.P.H. and when at S.Gilmore Rd. failed to stop within assured clear distance ahead and collided with Unit 2 which was stopped in traffic. Brake lights on Unit 2 were inspected and were working properly.

After the accident Unit 1 left the scene without exchanging information.



|                           |  |                     |                     |               |              |              |                          |               |
|---------------------------|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By           | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| Police Agency<br>Motorist | <input type="checkbox"/>   | 02022017            | 1758                | 1807          | 1818         | 1832         | 30                       | 49            |
| Officer's Name *          | Officer's Badge Number   | Checked By          | Page 1 of 5         |               |              |              |                          |               |
| A. Hoelle                 | 144  | [Signature]         |                     |               |              |              |                          |               |



# Unit

Local Report Number  
**17008884**

|   |   |   |                                  |                  |
|---|---|---|----------------------------------|------------------|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) | Damage Scale<br><b>9</b>         | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) |   |   | 1 - None                         |                  |
| LP State  | License Plate Number  | Vehicle Identification Number   | 2 - Minor                        |                  |
| Vehicle Year  | Vehicle Make  | Vehicle Model   | 3 - Functional                   |                  |
| <input type="checkbox"/> Proof of Insurance Shown                           | Insurance Company   | Policy Number   | 4 - Disabling                    |                  |
| Carrier Name, Address, City, State, Zip                                     |   |   | 9 - Unknown                      |                  |
|   |   |   | 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><input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable<br><input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver)<br><input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver)<br><input type="checkbox"/> 04 - Vehicle Towing Another Vehicle<br><input type="checkbox"/> 05 - Logging<br><input type="checkbox"/> 06 - Intermodal Container Chassis<br><input type="checkbox"/> 07 - Cargo Van/Enclosed Box<br><input type="checkbox"/> 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><input type="checkbox"/> 1 - Two-Way, Not Divided<br><input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane<br><input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br><input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier<br><input type="checkbox"/> 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released  |  |   | <input checked="" type="checkbox"/> Hit / Skip Unit  |

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

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| Special Function<br><input type="checkbox"/> 01 - None<br><input type="checkbox"/> 02 - Taxi<br><input type="checkbox"/> 03 - Rental Truck (over 10k Lbs)<br><input type="checkbox"/> 04 - Bus - School (Public or Private)<br><input type="checkbox"/> 05 - Bus - Transit<br><input type="checkbox"/> 06 - Bus - Charter<br><input type="checkbox"/> 07 - Bus - Shuttle<br><input type="checkbox"/> 08 - Bus - Other | <input type="checkbox"/> 09 - Ambulance<br><input type="checkbox"/> 10 - Fire<br><input type="checkbox"/> 11 - Highway/Maintenance<br><input type="checkbox"/> 12 - Military<br><input type="checkbox"/> 13 - Police<br><input type="checkbox"/> 14 - Public Utility<br><input type="checkbox"/> 15 - Other Government<br><input type="checkbox"/> 16 - Construction Equip. | <input type="checkbox"/> 17 - Farm Vehicle<br><input type="checkbox"/> 18 - Farm Equipment<br><input type="checkbox"/> 19 - Motorhome<br><input type="checkbox"/> 20 - Golf Cart<br><input type="checkbox"/> 21 - Train<br><input type="checkbox"/> 22 - Other (Explain in Narrative) | Most Damaged Area<br><input type="checkbox"/> 99 - Unknown<br><input type="checkbox"/> 02 - Center Front<br><input type="checkbox"/> 03 - Right Front<br><input type="checkbox"/> 04 - Right Side<br><input type="checkbox"/> 05 - Right Rear<br><input type="checkbox"/> 06 - Rear Center<br><input type="checkbox"/> 07 - Left Rear | <input type="checkbox"/> 08 - Left Side<br><input type="checkbox"/> 09 - Left Front<br><input type="checkbox"/> 10 - Top and Windows<br><input type="checkbox"/> 11 - Undercarriage<br><input type="checkbox"/> 12 - Load/Trailer<br><input type="checkbox"/> 13 - Total (All Areas)<br><input type="checkbox"/> 14 - Other | Action<br><input type="checkbox"/> 3 - 1 - Non-Contact<br><input type="checkbox"/> 2 - Non-Collision<br><input type="checkbox"/> 3 - Striking<br><input type="checkbox"/> 4 - Struck<br><input type="checkbox"/> 5 - Striking/Struck<br><input type="checkbox"/> 9 - Unknown |
|---|---|---|---|---|--|

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| Pre-Crash Actions<br><input type="checkbox"/> 99 - Unknown | Motorist<br><input type="checkbox"/> 01 - Straight Ahead<br><input type="checkbox"/> 02 - Backing<br><input type="checkbox"/> 03 - Changing Lanes<br><input type="checkbox"/> 04 - Overtaking/Passing<br><input type="checkbox"/> 05 - Making Right Turn<br><input type="checkbox"/> 06 - Making Left Turn | <input type="checkbox"/> 07 - Making U-Turn<br><input type="checkbox"/> 08 - Entering Traffic Lane<br><input type="checkbox"/> 09 - Leaving Traffic Lane<br><input type="checkbox"/> 10 - Parked<br><input type="checkbox"/> 11 - Slowing or Stopped in Traffic<br><input type="checkbox"/> 12 - Driverless | <input type="checkbox"/> 13 - Negotiating a Curve<br><input type="checkbox"/> 14 - Other Motorist Action | Non-Motorist<br><input type="checkbox"/> 15 - Entering or Crossing Specified Location<br><input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling<br><input type="checkbox"/> 17 - Working<br><input type="checkbox"/> 18 - Pushing Vehicle<br><input type="checkbox"/> 19 - Approaching or Leaving Vehicle<br><input type="checkbox"/> 20 - Standing | <input type="checkbox"/> 21 - Other Non-Motorist Action |
|--|--|---|--|--|---|

|  |  |   |   |   |
|--|--|---|---|---|
| Contributing Circumstances<br>Primary<br><input type="checkbox"/> 99 - Unknown | Motorist<br><input type="checkbox"/> 01 - None<br><input type="checkbox"/> 02 - Failure to Yield<br><input type="checkbox"/> 03 - Ran Red Light<br><input type="checkbox"/> 04 - Ran Stop Sign<br><input type="checkbox"/> 05 - Exceeded Speed Limit<br><input type="checkbox"/> 06 - Unsafe Speed<br><input type="checkbox"/> 07 - Improper Turn<br><input type="checkbox"/> 08 - Left of Center<br><input type="checkbox"/> 09 - Followed Too Closely/ACDA<br><input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road | <input type="checkbox"/> 11 - Improper Backing<br><input type="checkbox"/> 12 - Improper Start From Parked Position<br><input type="checkbox"/> 13 - Stopped or Parked Illegally<br><input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner<br><input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions)<br><input type="checkbox"/> 16 - Wrong Side/Wrong Way<br><input type="checkbox"/> 17 - Failure to Control<br><input type="checkbox"/> 18 - Vision Obstruction<br><input type="checkbox"/> 19 - Operating Defective Equipment<br><input type="checkbox"/> 20 - Load Shifting/Falling/Spilling<br><input type="checkbox"/> 21 - Other Improper Action | Non-Motorist<br><input type="checkbox"/> 22 - None<br><input type="checkbox"/> 23 - Improper Crossing<br><input type="checkbox"/> 24 - Darting<br><input type="checkbox"/> 25 - Lying and/or Illegally in Roadway<br><input type="checkbox"/> 26 - Failure to Yield Right of Way<br><input type="checkbox"/> 27 - Not Visible (Dark Clothing)<br><input type="checkbox"/> 28 - Inattentive<br><input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer<br><input type="checkbox"/> 30 - Wrong Side of the Road<br><input type="checkbox"/> 31 - Other Non-Motorist Action | Vehicle Defects<br><input type="checkbox"/> 01 - Turn Signals<br><input type="checkbox"/> 02 - Head Lamps<br><input type="checkbox"/> 03 - Tail Lamps<br><input type="checkbox"/> 04 - Brakes<br><input type="checkbox"/> 05 - Steering<br><input type="checkbox"/> 06 - Tire Blowout<br><input type="checkbox"/> 07 - Worn or Slitk Tires<br><input type="checkbox"/> 08 - Trailer Equipment Defective<br><input type="checkbox"/> 09 - Motor Trouble<br><input type="checkbox"/> 10 - Disabled From Prior Accident<br><input type="checkbox"/> 11 - Other Defects |
|--|--|---|---|---|

|  |   |  |
|--|---|--|
| Sequence of Events<br>1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <input type="checkbox"/> 1<br>Most Harmful Event <input type="checkbox"/> 1<br>99 - Unknown | Non-Collision Events<br><input type="checkbox"/> 01 - Overturn/Rollover<br><input type="checkbox"/> 02 - Fire/Explosion<br><input type="checkbox"/> 03 - Immersion<br><input type="checkbox"/> 04 - Jackknife<br><input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift<br><input type="checkbox"/> 06 - Equipment Failure (Blow Tire, Brake Failure, etc)<br><input type="checkbox"/> 07 - Separation of Units<br><input type="checkbox"/> 08 - Ran Off Road Right<br><input type="checkbox"/> 09 - Ran Off Road Left<br><input type="checkbox"/> 10 - Cross Median<br><input type="checkbox"/> 11 - Cross Center Line<br><input type="checkbox"/> 12 - Downhill Runaway<br><input type="checkbox"/> 13 - Other Non-Collision | Collision With Person, Vehicle or Object Not Fixed<br><input type="checkbox"/> 14 - Pedestrian<br><input type="checkbox"/> 15 - Pedacyclist<br><input type="checkbox"/> 16 - Railway Vehicle (Train, Engine)<br><input type="checkbox"/> 17 - Animal - Farm<br><input type="checkbox"/> 18 - Animal - Deer<br><input type="checkbox"/> 19 - Animal - Other<br><input type="checkbox"/> 20 - Motor Vehicle in Transport<br><input type="checkbox"/> 21 - Parked Motor Vehicle<br><input type="checkbox"/> 22 - Work Zone Maintenance Equipment<br><input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br><input type="checkbox"/> 24 - Other Movable Object<br><input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion<br><input type="checkbox"/> 26 - Bridge Overhead Structure<br><input type="checkbox"/> 27 - Bridge Pier or Abutment<br><input type="checkbox"/> 28 - Bridge Parapet<br><input type="checkbox"/> 29 - Bridge Rail<br><input type="checkbox"/> 30 - Guardrail Face<br><input type="checkbox"/> 31 - Guardrail End<br><input type="checkbox"/> 32 - Portable Barrier<br><input type="checkbox"/> 33 - Median Cable Barrier<br><input type="checkbox"/> 34 - Median Guardrail Barrier<br><input type="checkbox"/> 35 - Median Concrete Barrier<br><input type="checkbox"/> 36 - Median Other Barrier<br><input type="checkbox"/> 37 - Traffic Sign Post<br><input type="checkbox"/> 38 - Overhead Sign Post<br><input type="checkbox"/> 39 - Light/Luminaries Support<br><input type="checkbox"/> 40 - Utility Pole<br><input type="checkbox"/> 41 - Other Post, Pole or Support<br><input type="checkbox"/> 42 - Culvert<br><input type="checkbox"/> 43 - Curb<br><input type="checkbox"/> 44 - Ditch<br><input type="checkbox"/> 45 - Embankment<br><input type="checkbox"/> 46 - Fence<br><input type="checkbox"/> 47 - Mailbox<br><input type="checkbox"/> 48 - Tree<br><input type="checkbox"/> 49 - Fire Hydrant<br><input type="checkbox"/> 50 - Work Zone Maintenance Equipment<br><input type="checkbox"/> 51 - Wall, Building, Tunnel<br><input type="checkbox"/> 52 - Other Fixed Object |
|--|---|--|

|   |   |  |   |
|---|---|--|---|
| Unit Speed<br><input type="checkbox"/> 15<br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated | Posted Speed<br><input type="checkbox"/> 35 | Traffic Control<br><input type="checkbox"/> 04<br><input type="checkbox"/> 01 - No Controls<br><input type="checkbox"/> 02 - Stop Sign<br><input type="checkbox"/> 03 - Yield Sign<br><input type="checkbox"/> 04 - Traffic Signal<br><input type="checkbox"/> 05 - Traffic Flashers<br><input type="checkbox"/> 06 - School Zone<br><input type="checkbox"/> 07 - Railroad Crossbucks<br><input type="checkbox"/> 08 - Railroad Flashers<br><input type="checkbox"/> 09 - Railroad Gates<br><input type="checkbox"/> 10 - Construction Barricade<br><input type="checkbox"/> 11 - Person (Flagger, Officer)<br><input type="checkbox"/> 12 - Pavement Markings<br><input type="checkbox"/> 13 - Crosswalk Lines<br><input type="checkbox"/> 14 - Walk/Don't Walk<br><input type="checkbox"/> 15 - Other<br><input type="checkbox"/> 16 - Not Reported | Unit Direction<br>From <input type="checkbox"/> 3 To <input type="checkbox"/> 4<br><input type="checkbox"/> 1 - North<br><input type="checkbox"/> 2 - South<br><input type="checkbox"/> 3 - East<br><input type="checkbox"/> 4 - West<br><input type="checkbox"/> 5 - Northeast<br><input type="checkbox"/> 6 - Northwest<br><input type="checkbox"/> 7 - Southeast<br><input type="checkbox"/> 8 - Southwest<br><input type="checkbox"/> 9 - Unknown |
|---|---|--|---|



# Unit

Local Report Number  
17008884

|   |  |   |   |  |                          |
|---|--|---|---|--|--------------------------|
| Unit Number<br><b>02</b>  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Bennett, Brandon J.</b> | Owner Phone Number - Inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(843) 602-3489</b> | Damage Scale<br><b>2</b>  |  |                          |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>2819 Blue Rock Rd. Apt.10 Cincinnati, OH 45239</b> | LP State<br><b>OH</b>  | License Plate Number<br><b>GTW6037</b>  | Vehicle Identification Number<br><b>1GN D T 1 3 W 8 Y 2 1 2 5 6 2 5</b> |  | # Occupants<br><b>01</b> |
| Vehicle Year<br><b>2000</b>   | Vehicle Make<br><b>Chevy</b>   | Vehicle Model<br><b>Trailblazer</b>   | Vehicle Color<br><b>White</b>   |  |                          |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>State Farm</b>   | Policy Number<br><b>9025134D2735</b>  | Towed By  |  |                          |

Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

|                     |   |   |   |
|---------------------|---|---|---|
| US DOT<br><b>01</b> | 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>  | Trafficway Description<br><b>1</b>  |
| HM Placard ID No.   | <input type="checkbox"/> Hazardous Material Released  | 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 |
| HM Class Number     |   |   | <input checked="" type="checkbox"/> Hit / Skip Unit   |

|  |                         |   |   |   |  |
|--|-------------------------|---|---|---|--|
| Non-Motorist Location Prior to Impact<br><b>01</b> | Type of Use<br><b>1</b> | Unit Type<br><b>06</b>                  | 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 |
| <input type="checkbox"/> In Emergency Response     |                         | <input type="checkbox"/> Has HM Placard |   |   |  |

|                               |   |   |   |                                |  |   |                    |  |
|-------------------------------|---|---|---|--------------------------------|--|---|--------------------|--|
| Special Function<br><b>01</b> | 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 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>06</b> | 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 | Action<br><b>4</b> | 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>11</b> | 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>99 - Unknown | 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 | 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>01</b> | Motorist<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<br>/Passing/Off Road | 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><b>01</b> | 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>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>   | 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 - Immersion<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 Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacyclist<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle In Transport<br>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<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><b>0</b> | Posted Speed<br><b>35</b> | Traffic Control<br><b>04</b> | 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 <b>3</b> To <b>4</b> | 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  
**17008884**

Motorist/Non-Motorist

|                          |                           |               |     |                                  |
|--------------------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number<br><b>01</b> | 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            |                  |                |
|          |                         |            |                                   |                          | <input type="checkbox"/>        |                        |                     |                   |                    |                  |                |
| 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 |
|          |                         |            | <input type="checkbox"/>          | <input type="checkbox"/> |                                 |                        |                     |                   |                    |                  |                |

|  |                     |                 |                          |                      |
|--|---------------------|-----------------|--------------------------|----------------------|
| Offense Charged ( <input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free Device Used   | Driver Distracted By |
|  |                     |                 | <input type="checkbox"/> |                      |

Motorist/Non-Motorist

|                          |  |                                  |                  |  |
|--------------------------|--|----------------------------------|------------------|--|
| Unit Number<br><b>02</b> | Name: Last, First, Middle<br><b>Bennett, Brandon J</b> | Date of Birth<br><b>01241980</b> | Age<br><b>37</b> | Gender<br>F - Female<br>M - Male<br><b>M</b> |
|--------------------------|--|----------------------------------|------------------|--|

|  |   |
|--|---|
| Address, City, State, Zip<br><b>2819 Blue Rock Rd. Apt.10 Cincinnati, OH 45239</b> | Contact Phone- include area code<br><b>(843) 602-3489</b> |
|--|---|

|                       |  |                      |                                   |                                    |                                 |                                    |                                 |                               |                     |                              |                            |
|-----------------------|--|----------------------|-----------------------------------|------------------------------------|---------------------------------|------------------------------------|---------------------------------|-------------------------------|---------------------|------------------------------|----------------------------|
| Injuries<br><b>1</b>  | Injured Taken By                           | EMS Agency           | Medical Facility Injured Taken To | Safety Equipment Used<br><b>04</b> | DOT Compliant Motorcycle Helmet | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b> |                              |                            |
| OL State<br><b>OH</b> | Operator License Number<br><b>RT192044</b> | OL Class<br><b>4</b> | No Valid OL                       | M/C End.                           | Condition<br><b>1</b>           | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value  | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |

|  |                     |                 |                          |                                  |
|--|---------------------|-----------------|--------------------------|----------------------------------|
| Offense Charged ( <input type="checkbox"/> Local Code) | Offense Description | Citation Number | Hands-Free Device Used   | Driver Distracted By<br><b>1</b> |
|  |                     |                 | <input type="checkbox"/> |                                  |

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

|  |   |
|--|---|
| <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 |
|--|---|

|  |   |  |   |  |
|--|---|--|---|--|
| <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 | 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 |
|          |                  |            |                                   |                       | <input type="checkbox"/>        |                  |               |          |         |

Occupant

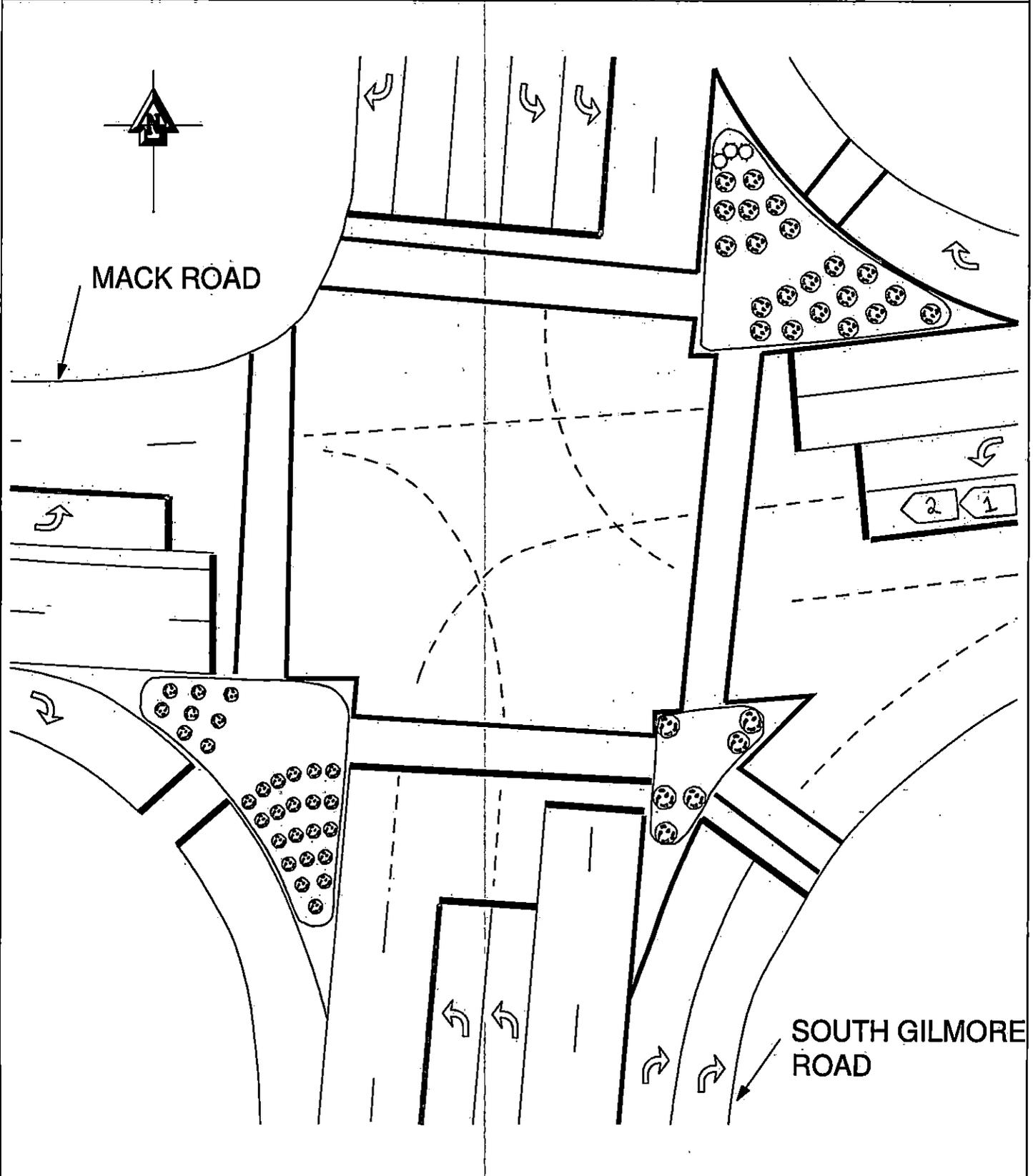
|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                  |
|---------------------------|----------------------------------|
| 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 |
|          |                  |            |                                   |                       | <input type="checkbox"/>        |                  |               |          |         |



|                                     |   |                                     |
|-------------------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER<br>PD-17-008884 | REPORTING AGENCY<br>Fairfield Police Department | DATE OF CRASH<br>M 02   D 02   Y 17 |
| IN COUNTY OF<br>Butler              | CRASH LOCATION<br>Mack Rd at S. Gilmore Rd      |                                     |



NOT TO SCALE

OFFICER'S SIGNATURE  
A. Hoelle

BADGE NUMBER  
144