

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3	LOCAL INFORMATION	2 2 0 6 6 6 2 8
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	HIT/SKIP
<input type="checkbox"/> PRIVATE PROPERTY			Fairfield Police Department	1-SOLVED
				2-UNSOLVED
			NCIC*	NUMBER OF UNITS
			0 0 9 0 1	0 1
				UNIT IN ERROR
				98-ANIMAL
				99-UNKNOWN

COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*	CRASH DATE / TIME*	CRASH SEVERITY
0 9	1	City of Fairfield	0 9 1 3 2 0 2 2 2 0 3 0	5

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES
		1-NORTH 2-SOUTH 3-EAST 4-WEST	Camelot	C T	3 9 3 2 8 1 3 1
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES
		1-NORTH 2-SOUTH 3-EAST 4-WEST	Camelot	D R	8 4 5 3 1 1 9 1

REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED
1-INTERSECTION	1-NORTH	IR-INTERSTATE ROUTE(TYP)	AL-ALLEY HW-HIGHWAY RD-ROAD	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
2-MILE POST	2-SOUTH	US-FEDERAL US ROUTE	AV-AVENUE LA-LANE SQ-SQUARE	<input type="checkbox"/> WITHIN INTERCHANGE AREA
3-HOUSE #	3-EAST	SR-STATE ROUTE	BL-BOULEVARD MP-MILEPOST ST-STREET	NUMBER OF APPROACHES
	4-WEST	CR-NUMBERED COUNTY ROUTE	CR-CIRCLE OV-OVAL TE-TERRACE	3
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR-NUMBERED TOWNSHIP ROUTE	DR-DRIVE PL-PIKE WA-WAY	
3	2		HE-HEIGHTS PL-PLACE	
	1-MILES			
	2- FEET			
	3-YARDS			

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1-ON ROADWAY	1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1-NORTH	1-DIVIDED FLUSH MEDIAN (<4 FEET)
2-ON SHOULDER	2-REAR-END	2-SOUTH	2-DIVIDED FLUSH MEDIAN (>=4 FEET)
3-IN MEDIAN	3-HEAD-ON	3-EAST	3-DIVIDED, DEPRESSED MEDIAN
4-ON ROADSIDE	4-REAR-TO-REAR	4-WEST	4-DIVIDED, RAISED MEDIAN (ANY TYPE)
5-ON GORE	5-BACKING		9-OTHER/UNKNOWN
6-OUTSIDE TRAFFIC WAY	6-ANGLE		
7-ON RAMP	7-SIDESWIPE, SAME DIRECTION		
8-OFF RAMP	8-SIDESWIPE, OPPOSITE DIRECTION		
9-CROSSOVER	9-OTHER / UNKNOWN		
10-DRIVEWAY/ALLEY ACCESS			
11-RAILWAY GRADE CROSSING			
12-SHARED USE PATHS OR TRAILS			
13-BIKE LANE			
14-TOLL BOOTH			
99-OTHER / UNKNOWN			

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT	ACTIVE SCHOOL ZONE	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-LANE CLOSURE	1-BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1	2
				2-LANE SHIFT/CROSSOVER	2-ADVANCE WARNING AREA			
				3-WORK ON SHOULDER OR MEDIAN	3-TRANSITION AREA			
				4-INTERMITTENT OR MOVING WORK	4-ACTIVITY AREA			
				5-OTHER	5-TERMINATION AREA			

LIGHT CONDITION	WEATHER
1-DAYLIGHT	1-CLEAR
2-DAWN/DUSK	2-CLOUDY
3-DARK-LIGHTED ROADWAY	3-FOG, SMOG, SMOKE
4-DARK-ROADWAY NOT LIGHTED	4-RAIN
5-DARK-UNKNOWN ROADWAY LIGHTING	5-SLEET, HAIL
9-OTHER / UNKNOWN	6-SNOW
	7-SEVERE CROSSWINDS
	8-BLOWING SAND, SOIL, DIRT, SNOW
	9-FREEZING RAIN OR FREEZING DRIZZLE
	99-OTHER / UNKNOWN

NARRATIVE	Indicate the north direction with an "N" on the compass diagram.
On 9/13/22 at 8:30 P.M. Unit 1 was traveling southbound on Camelot Drive. They attempted to turn left onto Camelot Court but went off the roadway and struck the stop sign. Unit 1 then left the scene without contacting authorities.	See OH-2
Owner of the stop sign is the City of Fairfield Street Department at 8870 N. Gilmore Rd. Fairfield, OH 45014.	

CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
0 9 1 3 2 0 2 2 2 0 3 0	0 9 1 3 2 0 2 2 2 0 3 2	0 9 1 3 2 0 2 2 2 0 3 7	0 9 1 3 2 0 2 2 2 0 5 0	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0 0	2 0	3 8	N. Davis	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
			OFFICER'S BADGE NUMBER*	
			1 6 9	
			CHECKED BY OFFICER'S NAME*	
			Sgt. Aaron Meyer	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			1 3 2	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 2 0 6 6 6 2 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1			
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	ALCOHOL TEST		DRUG TEST(S)			
							STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
							STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
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ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER						
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)			
							STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	
	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	
	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY		
	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT		
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER		
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		
	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			14 - MILITARY VEHICLES ONLY		
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES		
	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR		
				17 - PROSTHETIC AID		
				18 - OTHER		

INJURED TAKEN BY	EJECTION	TRAPPED	OL ENDORSEMENT	CONDITION	ALCOHOL TEST TYPE	DRUG TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	1 - NOT TRAPPED	H - HAZMAT	1 - APPARENTLY NORMAL	1 - NONE	1 - NONE
2 - EMS	2 - PARTIALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	M - MOTORCYCLE	2 - PHYSICAL IMPAIRMENT	2 - BLOOD	2 - BARBITURATES
3 - POLICE	3 - TOTALLY EJECTED	3 - FREED BY NON-MECHANICAL MEANS	P - PASSENGER	3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3 - URINE	3 - BENZODIAZEPINES
9 - OTHER / UNKNOWN			N - TANKER	4 - ILLNESS	4 - BREATH	4 - CANNABINOIDS
			Q - MOTOR SCOOTER	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - OTHER	5 - COCAINE
			R - THREE-WHEEL MOTORCYCLE	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - OPIATES / OPIOIDS
			S - SCHOOL BUS	9 - OTHER / UNKNOWN		7 - OTHER
			T - DOUBLE & TRIPLE TRAILERS			8 - NEGATIVE RESULTS
			X - TANKER / HAZMAT			

SAFETY EQUIPMENT	GENDER
1 - NONE USED	F - FEMALE
2 - SHOULDER BELT ONLY USED	M - MALE
3 - LAP BELT ONLY USED	U - OTHER / UNKNOWN
4 - SHOULDER & LAP BELT USED	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	
7 - BOOSTER SEAT	
8 - HELMET USED	
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	
10 - REFLECTIVE CLOTHING	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	
99 - OTHER / UNKNOWN	



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2 2 0 6 6 6 2 8

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION: 9 9 AIR BAG USAGE: 0 9 EJECTION: 1 TRAPPED: 1

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
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OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

WITNESS	NAME: LAST, FIRST, MIDDLE Payne, Seth	DATE OF BIRTH 0 8 2 5 1 9 8 9	AGE 3 3	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 2 Camelot Ct. Apt. 57 Fairfield, OH 45014			CONTACT PHONE - INCLUDE AREA CODE

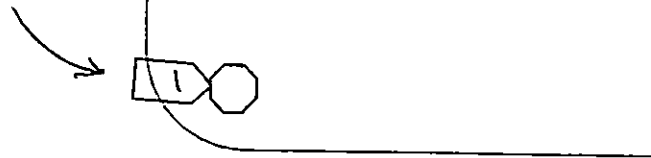
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

LOCAL REPORT NUMBER 22-066628	REPORTING AGENCY Fairfield Police Department	DATE OF ACCIDENT 9/13/22
IN COUNTY OF Butler	ACCIDENT LOCATION Camelot Court/Camelot Drive	

△ Not to Scale
|
N

Camelot Dr.



Camelot Ct.

OFFICER'S SIGNATURE

BADGE NO.

169