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|--|--|--|--|--|-------------|--|--|--|--|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> PRIVATE PROPERTY  |  | <b>LOCAL INFORMATION</b><br>REPORTING AGENCY NAME*<br>Fairfield Police Department  |             | NCIC*<br>00901   |  | IR23-001684  |  | HIT/SKIP<br><input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED  |  | NUMBER OF UNITS<br>3   |  | UNIT IN ERROR<br><input type="checkbox"/> 99<br>98 - ANIMAL<br>99 - UNKNOWN |  |
| COUNTY*<br>09  |  | LOCALITY*<br><input checked="" type="checkbox"/> 1 - CITY<br><input type="checkbox"/> 2 - VILLAGE<br><input type="checkbox"/> 3 - TOWNSHIP   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Fairfield  |             | CRASH DATE/TIME*<br>08/12/2023 11:36   |  | CRASH SEVERITY<br><input checked="" type="checkbox"/> 5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                        |  |   |  |  |  |   |  |
| <b>LOCATION</b><br>ROUTE TYPE<br>SR  |  | ROUTE NUMBER<br>127  |  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |             | LOCATION ROAD NAME   |  | ROAD TYPE<br>RD  |  | LATITUDE<br>39.337912   |  | LONGITUDE<br>-84.561696  |  |   |  |
| <b>REFERENCE</b><br>ROUTE TYPE<br>SR   |  | ROUTE NUMBER<br>127  |  | PREFIX<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |             | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>Nilles  |  | ROAD TYPE<br>RD  |  |   |  |  |  |   |  |
| REFERENCE POINT<br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE #  |  | DIRECTION FROM REFERENCE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                      |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><input checked="" type="checkbox"/> 4<br>NUMBER OF APPROACHES |  |   |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS   |  | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/> 1 - MILES<br><input type="checkbox"/> 2 - FEET<br><input type="checkbox"/> 3 - YARDS  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |             | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                      |  | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFIC WAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP   |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER/UNKNOWN   |  | MANNER OF CRASH COLLISION/IMPACT<br><input checked="" type="checkbox"/> 6<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  |             | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER/UNKNOWN                  |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST                                    |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER/UNKNOWN |  |  |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA |             | CONTOUR<br><input checked="" type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/ UNKNOWN |  | CONDITIONS<br><input checked="" type="checkbox"/> 2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN       |  | SURFACE<br><input checked="" type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/ UNKNOWN   |  |  |  |   |  |
| LIGHT CONDITION<br><input checked="" type="checkbox"/> 1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER/UNKNOWN  |  | WEATHER<br><input checked="" type="checkbox"/> 2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER/UNKNOWN   |             |  |  |  |  |   |  |  |  |   |  |
| NARRATIVE<br>On 8-12-23 at around 11:36 a.m. Unit 1 was traveling west on Nilles Rd through the intersection of Pleasant Ave. Unit 2 was traveling South on Pleasant Ave through the intersection of Nilles Rd at the same time and collided with Unit 1. Unit 3 was stopped in traffic facing east in the left turn lane of Nilles Rd. and was struck by Unit 1 after Unit 2 Struck Unit 1.<br><br>The traffic lights were out due to a prior storm.<br><br>Unit 1 and Unit 2 both claimed they had the right of way. |  |  |  |  | DIAGRAM<br> |  |  |  |  |   |  |  |  |   |  |
| CRASH REPORTED DATE/TIME<br>08/12/2023 11:36   |  | DISPATCH DATE/TIME<br>08/12/2023 11:40   |  | ARRIVAL DATE/TIME<br>08/12/2023 11:40  |             | SCENE CLEARED DATE/TIME<br>08/12/2023 12:22  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |  |   |  |  |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>30   |  | TOTAL MINUTES<br>72  |             | OFFICER'S NAME*<br>Hoelle, Andrew  |  | CHECKED BY OFFICER'S NAME*<br>Sprague, Jeffrey   |  | OFFICER'S BADGE NUMBER*<br>144  |  |  |  |   |  |
|  |  |  |  |  |             | CHECKED BY OFFICER'S BADGE NUMBER*<br>84   |  |  |  |   |  |  |  |   |  |









LOCAL REPORT NUMBER\*  
IR23-001684

|                 |  |  |                          |  |                              |  |                         |                      |                 |                |
|-----------------|--|--|--------------------------|--|------------------------------|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b> | <b>UNIT #</b>  | NAME: LAST, FIRST, MIDDLE<br>MIMS, KEANU | <b>DATE OF BIRTH</b>     | AGE  | GENDER                       |  |                         |                      |                 |                |
|                 |  |  | 02/20/2018               | 5  | M                            |  |                         |                      |                 |                |
|                 | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP<br>11100 Hanover St, Cincinnati, OH 45240 |  |                          | <b>CONTACT PHONE</b> - INCLUDE AREA CODE               |                              |  |                         |                      |                 |                |
|                 | <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b> | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
|                 | 5  |  |                          |  | 5                            |  | 6                       | 1                    | 1               | 1              |

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

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

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

| INJURY                       | 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  |                                |
|                              | 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   |                                |

|                |  |                      |  |        |
|----------------|--|----------------------|--|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE                | <b>DATE OF BIRTH</b> | AGE                                      | GENDER |
|                |  |                      |  |        |
|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                      | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |        |
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE                | <b>DATE OF BIRTH</b> | AGE                                      | GENDER |
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| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE                | <b>DATE OF BIRTH</b> | AGE                                      | GENDER |
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|                | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                      | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |        |