

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901		IR23-001690		HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input checked="" type="checkbox"/> 99 - UNKNOWN					
		COUNTY* 09		LOCALITY* <input checked="" type="checkbox"/> 1 - CITY <input type="checkbox"/> 2 - VILLAGE <input type="checkbox"/> 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield		CRASH DATE/TIME* 08/12/2023 19:29		CRASH SEVERITY <input checked="" type="checkbox"/> 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY									
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE NUMBER <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		LOCATION ROAD NAME Pleasant		ROAD TYPE AV		LATITUDE 39.340936		REFERENCE POINT <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE #		DIRECTION FROM REFERENCE <input checked="" type="checkbox"/> 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <input checked="" type="checkbox"/> 4	
ROUTE TYPE <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		ROUTE NUMBER <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Patterson		ROAD TYPE BL		LONGITUDE -84.559824											
DISTANCE FROM REFERENCE 10		DISTANCE UNIT OF MEASURE <input checked="" type="checkbox"/> 2 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 7 1 - 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 - OTHER/UNKNOWN		DIRECTION OF TRAVEL <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST		MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISE MEDIAN (ANY TYPE) <input type="checkbox"/> 9 - OTHER/UNKNOWN											
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER OR MEDIAN <input type="checkbox"/> 3 - WORK ON SHOULDER <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER				LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA		CONTOUR <input checked="" type="checkbox"/> 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		CONDITIONS <input checked="" type="checkbox"/> 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE <input checked="" type="checkbox"/> 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN							
LIGHT CONDITION <input checked="" type="checkbox"/> 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN		WEATHER <input checked="" type="checkbox"/> 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER/UNKNOWN		ROADWAY DIVIDED <input type="checkbox"/>													
NARRATIVE On August 12, 2023, at 7:29 p.m., unit 1 and unit 2 were traveling north on Pleasant Avenue near Patterson Boulevard. Unit 1 crossed over marked lanes and struck unit 2 in the drivers side passenger door.					DIAGRAM 														
CRASH REPORTED DATE/TIME 08/12/2023 19:29		DISPATCH DATE/TIME 08/12/2023 19:35		ARRIVAL DATE/TIME 08/12/2023 19:43		SCENE CLEARED DATE/TIME 08/12/2023 20:11		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)											
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 66		OFFICER'S NAME* Spradling, Nicholas		CHECKED BY OFFICER'S NAME* Meyer, Aaron		OFFICER'S BADGE NUMBER* 175		CHECKED BY OFFICER'S BADGE NUMBER* 132							

LOCAL REPORT NUMBER*
IR23-001690

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
	2	TMANG, BUDHI			01/01/1969		54	F			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
3017 STRUBLE RD, COLERAIN TWP, OH 45251											
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		
5				4	<input type="checkbox"/>	3	1	1	1		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
	2	MOKTAN, MAYA			01/25/1989		34	F			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
3017 STRUBLE RD, COLERAIN TWP, OH 45251											
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		
5				4	<input type="checkbox"/>	6	1	1	1		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
	2	MOKTAN, REEYA			06/26/2008		15	F			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
3017 STRUBLE RD, COLERAIN TWP, OH 45251											
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		
5				4	<input type="checkbox"/>	5	1	1	1		
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER			
	2	MOKTAN, REEYUSH			09/28/2015		7	F			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
3017 STRUBLE RD, COLERAIN TWP, OH 45251											
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		
5				4	<input type="checkbox"/>	4	1	1	1		
INJURY											
1 - FATAL		2 - SUSPECTED SERIOUS INJURY		3 - SUSPECTED MINOR INJURY		4 - POSSIBLE INJURY		5 - NO APPARENT INJURY			
INJURED TAKEN BY											
1 - NOT TRANSPORTED / TREATED AT SCENE		2 - EMS		3 - POLICE		9 - OTHER / UNKNOWN					
GENDER											
F - FEMALE		M - MALE		U - OTHER / UNKNOWN							
SAFETY EQUIPMENT USED											
1 - NONE USED - VEHICLE OCCUPANT		2 - SHOULDER BELT ONLY USED		3 - LAP BELT ONLY USED		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									
SEATING POSITION											
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		2 - FRONT - MIDDLE		3 - FRONT - RIGHT SIDE		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		5 - SECOND - MIDDLE			
6 - SECOND - RIGHT SIDE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT		10 - SLEEPER SECTION OF TRUCK CAB			
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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			
99 - OTHER / UNKNOWN											
AIR BAG USAGE											
1 - NOT DEPLOYED		2 - DEPLOYED FRONT		3 - DEPLOYED SIDE		4 - DEPLOYED BOTH FRONT / SIDE		5 - NOT APPLICABLE			
9 - DEPLOYMENT UNKNOWN											
EJECTION											
1 - NOT EJECTED		2 - PARTIALLY EJECTED		3 - TOTALLY EJECTED		4 - NOT APPLICABLE					
TRAPPED											
1 - NOT TRAPPED		2 - EXTRICATED BY MECHANICAL MEANS		3 - FREED BY NON-MECHANICAL MEANS							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE						