OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*: IR23-002267

- [■] PHOTOS TAKEN
- [ ] SECONDARY CRASH
- [ ] OH-2 [ ] OH-3 [ ] OH-1P [ ] OTHER [ ] PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME*: Fairfield Police Department

NCIC*: 00901

HIT/SKIP (1 - SOLVED, 2 - UNSOLVED): 1

NUMBER OF UNITS: 2

UNIT IN ERROR (98 - ANIMAL, 99 - UNKNOWN): 1

COUNTY*: 09

LOCALITY* (1 - CITY, 2 - VILLAGE, 3 - TOWNSHIP): 1

LOCATION: CITY, VILLAGE, TOWNSHIP*: Fairfield

CRASH DATE/TIME*: 09/06/2023 07:18

CRASH SEVERITY: 5
(1 - FATAL, 2 - SERIOUS INJURY SUSPECTED, 3 - MINOR INJURY SUSPECTED, 4 - INJURY POSSIBLE, 5 - PROPERTY DAMAGE ONLY)

LOCATION

ROUTE TYPE	ROUTE NUMBER	PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST)	LOCATION ROAD NAME	ROAD TYPE
US	127			

LATITUDE: 39.310350

REFERENCE

ROUTE TYPE	ROUTE NUMBER	PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST)	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			6330	

LONGITUDE: -84.562222

REFERENCE POINT (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE #): 3

DIRECTION FROM REFERENCE (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST):

DISTANCE FROM REFERENCE:

DISTANCE UNIT OF MEASURE (1 - MILES, 2 - FEET, 3 - YARDS):

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; AV - AVENUE; BL - BOULEVARD; CR - CIRCLE; CT - COURT; DR - DRIVE; HE - HEIGHTS; HW - HIGHWAY; LA - LANE; MP - MILEPOST; OV - OVAL; PK - PARKWAY; PI - PIKE; PL - PLACE; RD - ROAD; SQ - SQUARE; ST - STREET; TE - TERRACE; TL - TRAIL; WA - WAY

INTERSECTION RELATED

- [ ] WITHIN INTERSECTION OR ON APPROACH
- [ ] WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES:

ROADWAY

- [ ] ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 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

MANNER OF CRASH COLLISION/IMPACT: 2

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 (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST):

MEDIAN TYPE: 1 - DIVIDED FLUSH MEDIAN (< 4 FEET); 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET); 3 - DIVIDED, DEPRESSED MEDIAN; 4 - DIVIDED, RAISE MEDIAN (ANY TYPE); 9 - OTHER/UNKNOWN

- [ ] WORK ZONE RELATED
- [ ] WORKERS PRESENT
- [ ] LAW ENFORCEMENT PRESENT
- [ ] ACTIVE SCHOOL ZONE

WORK ZONE TYPE: 1 - LANE CLOSURE; 2 - LANE SHFT/CROSSOVER; 3 - WORK ON SHOULDER OR MEDIAN; 4 - INTERMITTENT OR MOVING WORK; 5 - OTHER

LOCATION OF CRASH IN WORK ZONE: 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN; 2 - ADVANCE WARNING AREA; 3 - TRANSITION AREA; 4 - ACTIVITY AREA; 5 - TERMINATION AREA

CONTOUR: 2
1 - STRAIGHT LEVEL; 2 - STRAIGHT GRADE; 3 - CURVE LEVEL; 4 - CURVE GRADE; 9 - OTHER/UNKNOWN

CONDITIONS: 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: 2
1 - CONCRETE; 2 - BLACKTOP, BITUMINOUS, ASPHALT; 3 - BRICK/BLOCK; 4 - SLAG, GRAVEL, STONE; 5 - DIRT; 9 - OTHER/UNKNOWN

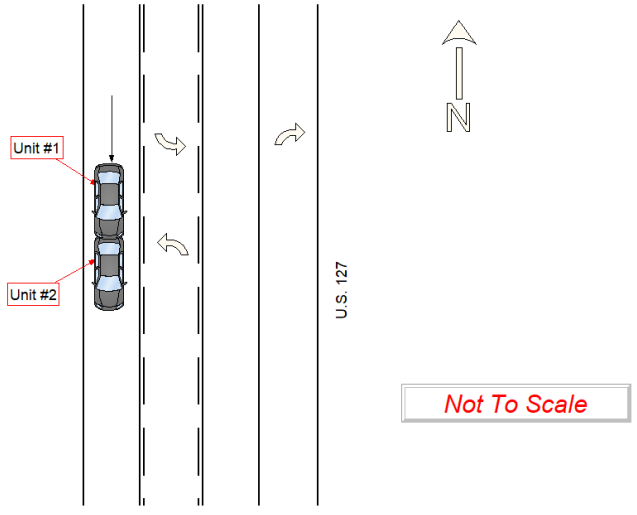
LIGHT CONDITION: 1
1 - DAYLIGHT; 2 - DAWN/DUSK; 3 - DARK - LIGHTED ROADWAY; 4 - DARK - ROADWAY NOT LIGHTED; 5 - DARK - UNKNOWN ROADWAY LIGHTING; 9 - OTHER/UNKNOWN

WEATHER: 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

NARRATIVE

On 09/06/2023 at approximately 7:18 A.M. unit #1 was southbound on U.S. 127. Unit #2 was stopped in traffic on southbound U.S. 127 directly in front of unit #1. The driver of unit #1 failed to maintain assured clear distance ahead and collided into the rear of unit #2. The driver of unit #1 failed to stop or exchange information at the time of the accident. I was able to make contact with the driver of unit #1 the next day and Ms. Braswell was also charged with D.U.S. 335.074A.

DIAGRAM



CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME	SCENE CLEARED DATE/TIME
09/06/2023 07:18	09/06/2023 07:19	09/06/2023 07:23	09/06/2023 07:34

REPORT TAKEN BY

- [■] POLICE AGENCY
- [ ] MOTORIST
- [ ] SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	CHECKED BY OFFICER'S NAME*
0	0	15	Day, Doug	Sprague, Jeffrey

OFFICER'S BADGE NUMBER*: 76

CHECKED BY OFFICER'S BADGE NUMBER*: 84

OHIO DEPARTMENT OF PUBLIC SAFETY — OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*: IR23-002267

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
2	TEAL, HUNTER	11/15/1996	26	M

ADDRESS: STREET, CITY, STATE, ZIP: 630 WALTER AVE, FAIRFIELD, OH 45014

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				4	☐	3	1	1	1

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
☐	☐			☐	☐	☐	☐	☐	☐

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP:

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☐	☐			☐	☐	☐	☐	☐	☐

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP:

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INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
☐	☐			☐	☐	☐	☐	☐	☐

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

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