

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-3 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION		IR25-000066				
			REPORTING AGENCY NAME* Fairfield Police Department		NCIC* 00901	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 2	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN	
COUNTY* 09	LOCALITY* 1 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1	LOCATION: CITY, VILLAGE, TOWNSHIP* Fairfield			CRASH DATE/TIME* 01/05/2025 11:41		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Mack		ROAD TYPE RD	LATITUDE 39.310550			
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) S. Gilmore		ROAD TYPE RD	LONGITUDE -84.522636			
REFERENCE POINT 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	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		
DISTANCE FROM REFERENCE 20		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2					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 6 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 1		CONDITIONS 3	SURFACE 2
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 6 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			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/ UNKNOWN		1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN
NARRATIVE On 01/05/25 at about 11:41 A.M. Unit 1 was attempting to make a right hand turn from north bound S. Gilmore Rd onto east bound Mack Rd. As Unit 1 was turning, it was traveling too fast on the snow covered roadway and began to slide in a forward direction. Unit 1 traveled north bound across both East bound lanes of Mack Rd and struck Unit 2 which was stopped in the left turn lane of west bound Mack Rd. at S. Gilmore Rd.					DIAGRAM 				
CRASH REPORTED DATE/TIME 01/05/2025 11:41		DISPATCH DATE/TIME 01/05/2025 11:41		ARRIVAL DATE/TIME 01/05/2025 11:50		SCENE CLEARED DATE/TIME 01/05/2025 12:45		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST	
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 64	OFFICER'S NAME* Lamb, Gregg		CHECKED BY OFFICER'S NAME* Wolfe, Bradley		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
			OFFICER'S BADGE NUMBER* 65		CHECKED BY OFFICER'S BADGE NUMBER* 103				

IR25-000066

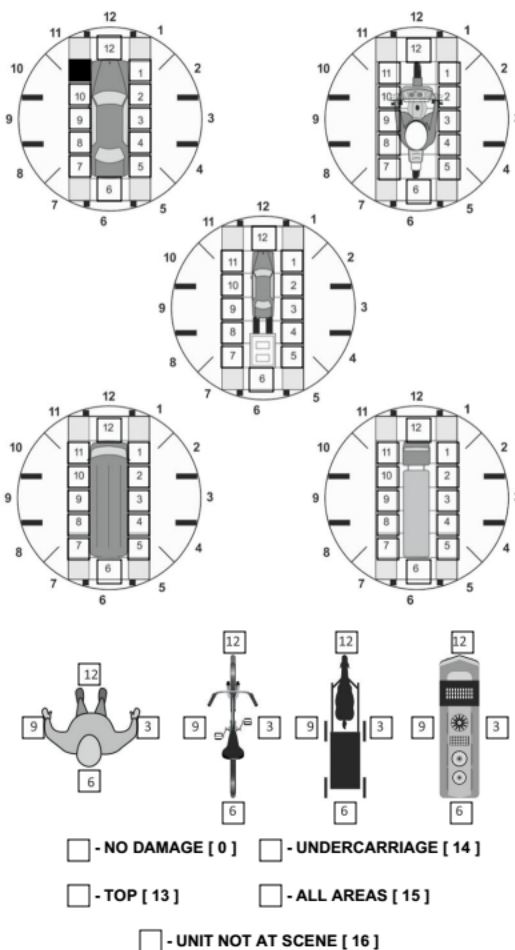
UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) LOVING CARE TRANSITIONAL HOME LLC	OWNER PHONE: INCLUDE AREA CODE ☐ SAME AS DRIVER
OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER) 8354 PRINCETON GLENDALE RD #209, WEST CHESTER TWP, OH 45069		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
LP STATE OH	LICENSE PLATE # FYJ5287	VEHICLE IDENTIFICATION # 4S4BSANC6K3357742
VEHICLE YEAR 2019		VEHICLE MAKE Subaru
INSURANCE VERIFIED	INSURANCE COMPANY AMERICAN HERITAGE	INSURANCE POLICY # PHPK2255242
COLOR Red		VEHICLE MODEL Outback
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		
US DOT #		
HAZARDOUS MATERIAL ☐ MATERIAL CLASS # ☐ PLACARD ID #		
TOWED BY: COMPANY NAME FOX TOWING		
HAZARDOUS MATERIAL ☐ RELEASED ☐ PLACARD		
INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT ☐		
# OCCUPANTS 1		
VEHICLE WEIGHT GVWR/GCWR 1 - <= 10K LBS. 2 - 10,001 - 26K LBS. 3 - >= 26K LBS.		
UNIT TYPE 3		
# OF TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 1		
CARGO BODY TYPE 1		
VEHICLE DEFECTS 1		
NON-MOTORIST LOCATION AT IMPACT 1		
ACTION 4		
CONTRIBUTING CIRCUMSTANCES 1		
SEQUENCE OF EVENTS 1		
EVENTS 1		
COLLISION WITH FIXED OBJECT - STRUCK 1		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

DAMAGE

DAMAGE SCALE

4 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

INITIAL POINT OF CONTACT

11 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL

6 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

4

RAIL GRADE CROSSING

1 1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER/UNKNOWN

UNIT SPEED

0

DETECTED SPEED

1 1 - STATED/ESTIMATED SPEED
2 - CALCULATED/EDR
3 - UNDETERMINED

POSTED SPEED

35

MOTORIST / NON-MOTORIST

										LOCAL REPORT NUMBER*																																																												
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER																																																											
	1	CHEEK, MAKENZIE LEANNE					08/18/1998			26	F																																																											
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																
	3605 WOODRIDGE BLVD APT 6, FAIRFIELD, OH 45014																																																																					
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	5						4	☐	1	1	1	1																																																										
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER																																																												
	OH			333.03 a			Speeding - Unreasonable for Condi			2500004951																																																												
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	2	SEGAR, MARQUIZE LAMAR DESHAWN					09/11/1989			35	M																																																											
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																																																
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER*

IR25-000066

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER																	
	1	JACKSON, JAMES EDWARD				09/13/1989		35	M																	
	ADDRESS: STREET, CITY, STATE, ZIP 1806 DALEWOOD PL, CINCINNATI, OH 45237					CONTACT PHONE - INCLUDE AREA CODE																				
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